

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CARPENTERS LOCAL UNION NO 491 ANNUITY PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 04/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): CARPENTERS LOCAL UNION NO 491 ANNUITY PLAN
2b Employer Identification Number (EIN): 52-1840473
2c Plan Sponsor's telephone number: 410-683-6500
2d Business code (see instructions): 813930

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include Todd Weitzman (Signature Administrator) and John Joyce (Signature of Employer/Plan Sponsor).

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

Form 5500 (2024) v. 240311

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	8905
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)	1064
	6a(2)	1130
	6b	
	6c	7938
	6d	9068
	6e	
	6f	9068
	6g(1)	8905
6g(2)	9068	
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:
2C

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 type="checkbox"/> Insurance	(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 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 _____

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.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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

A Name of plan CARPENTERS LOCAL UNION NO 491 ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CARPENTERS LOCAL NO 491 ANNUITY PLAN	D Employer Identification Number (EIN) 52-1840473	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

IRA MARC MILLER AND CO PA

1340 SMITH AVENUE SUITE 200
BALTIMORE, MD 21209

05-0523439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16875	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

YORK INSURANCE SERVICES INC

211 ROCKSPRING ROAD
FOREST HILL, MD 21050

(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?
23	NONE	5011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BATOFF ASSOCIATES

909 SAINT PAUL STREET
BALTIMORE, MD 21202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	38732	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	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)

ASSOCIATED ADMINSTRATORS

911 RIDGEBROOK ROAD
SPARKS, MD 21152

65-1205077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15	NONE	35531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BOLTON PARTNERS INVESTMENT CONSULTI

1W PENNSYLVANIA AVE STE 600
TOWSON, MD 21204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	12975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input 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 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
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CARPENTERS LOCAL UNION NO 491 ANNUITY PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CARPENTERS LOCAL NO 491 ANNUITY PLAN	D Employer Identification Number (EIN) 52-1840473

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	1318503	1512292
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	195506	217117
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3809	1670
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	56554	87210
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30206514	35419703
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	56712	53879

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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	31837598	37291871
Liabilities			
g Benefit claims payable.....	1g	76646	73699
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	76646	73699
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	31760952	37218172

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)	4709915	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4709915
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5940	
(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)	1188	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7128
(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)	1140402	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1140402
(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)		
(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)		
(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)		1756351
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7613796

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2024458	
(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)		2024458
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	35531	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16875	
(5) Investment advisory and investment management fees	2i(5)	15312	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	38732	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	25668	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		132118
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2156576

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5457220
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: **IRA MARC MILLER AND CO PA**

(2) EIN: **05-0523439**

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

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 _____.

CARPENTERS LOCAL NO. 491
ANNUITY PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL
INFORMATION AND INDEPENDENT
AUDITOR'S REPORT

FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023

CARPENTERS LOCAL NO. 491 ANNUITY PLAN

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT..... 1 - 3

FINANCIAL STATEMENTS

 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS4

 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS5

 NOTES TO FINANCIAL STATEMENTS 6 - 10

SUPPLEMENTAL INFORMATION

 SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR11

 SCHEDULE OF REPORTABLE TRANSACTIONS12

IRA MARC MILLER AND Co., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Carpenters Local No. 491 Annuity Plan
Sparks, Maryland

Opinion

We have audited the accompanying financial statements of Carpenters Local No. 491 Annuity Plan, 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 Carpenters Local No. 491 Annuity Plan as of December 31, 2024 and 2023, and the changes in its net 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 Carpenters Local No. 491 Annuity Plan and to meet our ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Carpenters Local No. 491 Annuity 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 participant's, to determine the benefits due or which may become due to such participants.

To the Trustees
Carpenters Local No. 491 Annuity Plan
Sparks, Maryland
(continued)

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 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, 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 Carpenters Local No. 491 Annuity 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 raises substantial doubt about Carpenters Local No. 491 Annuity Plan's ability to continue as a going concern for a reasonable period of time.

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

To the Trustees
Carpenters Local No. 491 Annuity Plan
Sparks, Maryland
(continued)

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes and schedule of reportable transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a require part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

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.

Ira Marc Miller & Co., P.A.

May 21, 2025
Baltimore, Maryland

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments (at fair value):		
Money market mutual fund	\$ 50,985	\$ 55,508
Equity funds	18,371,875	15,341,713
Bond and Income Funds	16,996,843	14,809,293
Total investments	35,419,703	30,206,514
Receivables:		
Participating employers' contributions	217,117	195,506
Notes receivable from participants	87,210	56,554
Accrued dividends and interest	53,879	56,712
Total receivables	358,206	308,772
Prepaid expenses	1,670	3,809
Cash	1,512,292	1,332,790
Total assets	37,291,871	31,851,885
LIABILITIES		
Due to broker for securities purchased	-	14,288
Accounts payable	73,699	76,646
Total liabilities	73,699	90,934
Net assets available for benefits	\$ 37,218,172	\$ 31,760,952

See accompanying notes to financial statements.

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Dividends	\$ 1,140,402	\$ 928,467
Interest	5,940	24,361
Net appreciation in fair value of investments	1,756,351	2,795,124
	2,902,693	3,747,952
Less investment expenses	(15,312)	(15,103)
Net investment income	2,887,381	3,732,849
Participant loan interest	1,188	2,603
Employers' contributions	4,709,915	4,144,007
 Total additions	 7,598,484	 7,879,459
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	2,024,458	1,650,000
Administrative expenses:		
Audit fees	16,250	16,000
Bank charges	2,014	2,078
Contract administrator	35,531	34,165
Employer audits	625	-
Insurance	9,513	8,439
Legal fees	38,732	31,958
Printing and postage	14,141	4,834
Total administrative expenses	116,806	97,474
Total deductions	2,141,264	1,747,474
Net increase in net assets available for benefits	5,457,220	6,131,985
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	31,760,952	25,628,967
End of year	\$ 37,218,172	\$ 31,760,952

See accompanying notes to financial statements.

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE A – DESCRIPTION OF PLAN

The following brief description of the Carpenters Local No. 491 Annuity Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

- A. General – The Plan is a money purchase non-participant directed pension plan covering all persons who are employed under a collective bargaining agreement entered into between an Employer and Carpenters Local No. 491 which requires the Employer to make contributions to the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). A participant in the Plan (or his beneficiary) may become eligible for normal retirement, disability retirement and death benefits. There is no waiting period for a member of Carpenters Local No. 491 to become a participant.
- B. Contributions – The Employers make contributions to the Plan monthly based upon requirements in the Collective Bargaining Agreement at an hourly rate based on an employee's hours worked. No employee contributions are permitted. The rate per hour worked contributed to the Plan by the participating employers is
- \$6.60 per hour worked for the period November 1, 2022 through April 30, 2023,
\$6.70 per hour worked for the period May 1, 2023 through October 31, 2023,
\$7.05 per hour worked for the period November 1, 2023 through April 30, 2024, and
\$7.30 per hour worked for the period May 1, 2024 through April 30, 2025.
- C. Participant Accounts – Each participant's account is credited with the employer's contributions and an allocation of earnings, gains, losses and expenses. A participant is immediately 100% vested in their account balance and there are no forfeitures in any participant account.
- D. Death and Disability Benefits – If a participant becomes permanently and totally disabled, disability benefits equal to the balance of the participant's account as of the date of disability can be paid as permitted under the Plan. If a participant dies prior to commencement of retirement benefits, the beneficiary is entitled to receive a benefit equal to the participant's account balance. If a participant dies after payment of retirement benefits have begun, the beneficiary may be entitled to receive certain benefits, depending on the method of payment which was selected at the time of retirement.
- E. Normal Retirement Benefits – The Plan permits commencement of retirement benefits at termination of employment as described in the Plan document. The normal form of benefit for a single participant is a life annuity and the normal form of benefit for a married participant is a joint and 50% survivor annuity. Other forms of benefit include, where permitted, lump sum and installments.

A participant who attains his normal retirement age under this Plan shall be entitled once per plan year to receive a distribution from the Plan even if the participant remains in the employment of an employer after his retirement age.

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE A – DESCRIPTION OF PLAN (continued)

- F. Forfeitures – Participants are immediately 100% vested in their respective accounts once the employer makes the collectively bargained contribution. The participant is entitled to the entire balance in their account and therefore there are no forfeitures.

- G. Notes Receivable from Participants – Participants may borrow from their annuity accounts up to 50% of their account balance, not to exceed \$50,000. A new loan will not be made to a participant if the participant has one or more loans outstanding. Loans are made pursuant to repayment terms and conditions that the Plan management deems appropriate. Participant loans are written off when deemed so by management after correspondence with the participant, therefore no allowance is considered necessary. Participant loan interest totaled \$1,188 and \$2,603, for the years ended December 31, 2024 and 2023, respectively.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting whereby income and expenses and the related assets and liabilities are recognized when the income is earned, or the obligation is incurred.

The Plan prepares its annual information returns on the same basis as the financial statements.

- C. Investment Valuation and Income Recognition – The Plans 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 fashion between market participants at the measurement date. See Note F for discussion of fair value measurements.

Purchase 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan has invested in Goldman Financial Treasury Obligation Fund. The net asset value is used as an estimate of fair value as the plan has the ability to redeem its investment at net asset value as of the measurement date.

- C. Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**CARPENTERS LOCAL NO. 491 ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

- D. Payment of Benefits – Benefits are recorded when paid.
- E. Expenses – All operating expenses of the plan are paid by the Plan.
- F. Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

NOTE C – TAX EXEMPT STATUS

The Internal Revenue Service (IRS) has determined and informed the Carpenters Local No. 491 Annuity Plan by a letter dated September 22, 2015 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, 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 IRC.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to December 31, 2021.

NOTE D – PLAN TERMINATION

Although the Plan Trustees have not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, net assets are to be used to provide for the payment of any and all obligations of the Plan, subject to the provisions of ERISA. Such payment shall be for the exclusive benefit of the employees, their families, dependents or beneficiaries, and the administrative expenses of the Plan.

NOTE E – INVESTMENTS

During the years ended December 31, 2024 and 2023, the Plan’s investments (including investments bought, sold, as well as held during the year) appreciated in value \$1,756,351 and \$2,795,124, respectively for the years ended December 31, 2024 and 2023 as follows:

		<u>2024</u>		<u>2023</u>
Mutual funds - bond and income	\$	(429,679)	\$	366,295
Mutual funds - equity		<u>2,186,030</u>		<u>2,428,750</u>
	\$	<u>1,756,351</u>	\$	<u>2,795,045</u>

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE F – FAIR VALUE MEASUREMENTS

The Plan’s investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>
<u>December 31, 2024</u>			
Goldman Financial Square Treasury Obligation	\$ 50,985	\$ 50,985	\$ -
Mutual funds - bond and income	18,371,875	18,371,875	-
Mutual funds - equity	6,996,843	6,996,843	-
Total	<u>\$ 25,419,703</u>	<u>\$ 25,419,703</u>	<u>\$ -</u>
<u>December 31, 2023</u>			
Goldman Financial Square Treasury Obligation	\$ 55,508	\$ 55,508	\$ -
Mutual funds - bond and income	15,341,713	15,341,713	-
Mutual funds - equity	14,809,293	14,809,293	-
Total	<u>\$ 30,206,514</u>	<u>\$ 30,206,514</u>	<u>\$ -</u>

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of significant other observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available.

Level 1 Fair Value Measurements

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. The fair values of equity and bond and income mutual funds are based on quoted market prices from active markets.

The Plan has invested in Goldman Financial Treasury Obligation Fund. The net asset value is used as an estimate of fair value as the plan has the ability to redeem its investment at net asset value as of the measurement date.

Gains and losses (realized and unrealized) included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 are reported in net appreciation in fair value of investments. The Plan’s policy is to recognize transfers into and out of Level 3 at the end of the reporting period. For the years ended December 31, 2024 and 2023, there were no significant transfers into or out of Level 3. There have been no changes in valuation techniques for the years ended December 31, 2024 and 2023.

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE G – REPORTABLE TRANSACTIONS

The provisions of ERISA require presentation of a schedule of transactions which exceed 5% of the net assets available for benefits. See page 12 of the financial statements for reportable transactions in 2024.

NOTE H – PLAN NAME CHANGE

The name of the Plan and Trust was changed to the Carpenters Local No. 491 Annuity Plan effective January 1, 2004. The previous name of the Plan and Trust was Cabinetmakers' Local No. 974 and Carpenters' Local No. 1110 Annuity Plan or Trust.

NOTE I – PARTY IN INTEREST TRANSACTIONS

Party in interest transactions consist of audit fees of \$16,875, legal fees of \$38,732, contract administrator fees of \$35,531 and investment expenses of \$15,312 and are reflected on the Statements of Changes in Net Assets Available for Benefits.

NOTE J – RISKS AND UNCERTAINTIES

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

Cash is held at banking institutions which are insured up to \$250,000 by the Federal Deposit Insurance Corporation (FDIC). The Plan had \$1,253,928 and \$1,068,502 of uninsured balances as of December 31, 2024 and 2023, respectively.

NOTE K – DATE OF MANagements REVIEW OF SUBSEQUENT EVENTS

Events that occur after the date of the financial statements, but before the financial statements were available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the date of the statement of net assets available for benefits are recognized in the accompanying financial statements. Management evaluated the activity of the Plan through May 21, 2025, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements.

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
2024 FORM 5500
SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR
E.I.N. 52-1840473 PLAN 002
SCHEDULE H, LINE 4i
FOR THE YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue	Description	Cost	Fair Value	
Amalgamated Bank of Chicago Custodian Account 1554890008	Goldman Treasury Square Treasury Obligation	\$ 50,985	50,985	
	Dodge and Cox Income Fund	4,213,628	4,127,653	
	Alps/Smith Total Return Bond Fund	4,173,890	4,190,456	
	DFA Real Estate Securites Portfolio	1,548,886	1,586,772	
	American Europacific Growth Class R6	3,434,481	3,359,007	
	Fidelity Extended Market Index Fund	3,301,482	3,826,843	
	Vanguard Total Bond market Index Inst Shares	8,883,898	8,678,735	
	Vanguard Institutional Index Fund #94	<u>7,900,995</u>	<u>9,599,252</u>	
	Subtotal	33,508,245	35,419,703	
	Notes receivable from participants maturing through December 2029 with an interest rate of 5% **		<u>87,210</u>	
	Total	\$	<u><u>35,506,913</u></u>	

* *Nonparticipant-directed*

** *A party-in-interest as defined by ERISA*

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
 SCHEDULE OF REPORTABLE TRANSACTIONS
 FORM 5500, SCHEDULE H, LINE 4j
 E.I.N. 52-1840473 PLAN 002
 DECEMBER 31, 2024

Transaction date	Description of asset	Shares	Purchase price	Selling price	FMV at 12/31/23 or purchase cost of asset	Net gain or (loss)
1/1/2024 thru 12/31/2024	Goldman Financial Square Treas Obligation	2363857.0000 3531542.0000	2,363,857	3,531,542	3,531,542	-
1/1/2024 thru 12/31/2024 6/26/2024	Legg Mason Western Asset Core Plus Bond Fund	23228.9220 413430.8940	216,112	3,811,833	3,966,940	(155,107)
			2,579,969	7,343,375		

**CARPENTERS LOCAL NO. 491 ANNUITY PLAN
2024 FORM 5500
SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR
E.I.N. 52-1840473 PLAN 002
SCHEDULE H, LINE 4i
FOR THE YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue	Description	Cost	Fair Value	
Amalgamated Bank of Chicago Custodian Account 1554890008	Goldman Treasury Square Treasury Obligation	\$ 50,985	50,985	
	Dodge and Cox Income Fund	4,213,628	4,127,653	
	Alps/Smith Total Return Bond Fund	4,173,890	4,190,456	
	DFA Real Estate Securites Portfolio	1,548,886	1,586,772	
	American Europacific Growth Class R6	3,434,481	3,359,007	
	Fidelity Extended Market Index Fund	3,301,482	3,826,843	
	Vanguard Total Bond market Index Inst Shares	8,883,898	8,678,735	
	Vanguard Institutional Index Fund #94	<u>7,900,995</u>	<u>9,599,252</u>	
	Subtotal		33,508,245	35,419,703
	Notes receivable from participants maturing through December 2029 with an interest rate of 5% **			<u>87,210</u>
	Total		\$	<u><u>35,506,913</u></u>

* *Nonparticipant-directed*

** *A party-in-interest as defined by ERISA*

CARPENTERS LOCAL NO. 491 ANNUITY PLAN
 SCHEDULE OF REPORTABLE TRANSACTIONS
 FORM 5500, SCHEDULE H, LINE 4j
 E.I.N. 52-1840473 PLAN 002
 DECEMBER 31, 2024

Transaction date	Description of asset	Shares	Purchase price	Selling price	FMV at 12/31/23 or purchase cost of asset	Net gain or (loss)
1/1/2024 thru 12/31/2024	Goldman Financial Square Treas Obligation	2363857.0000 3531542.0000	2,363,857	3,531,542	3,531,542	-
1/1/2024 thru 12/31/2024 6/26/2024	Legg Mason Western Asset Core Plus Bond Fund	23228.9220 413430.8940	216,112	3,811,833	3,966,940	(155,107)
			2,579,969	7,343,375		