

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>TOTALTRUST RETIREMENT FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES, TOTALTRUST RETIREMENT FUND</u></p> <p><u>1000 BURNETT AVE STE 110</u> <u>CONCORD, CA 94520</u></p>	<p>1c Effective date of plan <u>07/01/2012</u></p> <p>2b Employer Identification Number (EIN) <u>46-6133352</u></p> <p>2c Plan Sponsor's telephone number <u>800-552-2400</u></p> <p>2d Business code (see instructions) <u>561300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2804
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)	2014
	6a(2)	1282
	6b	12
	6c	399
	6d	1693
	6e	2
	6f	1695
	6g(1)	1225
6g(2)	1695	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	13

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

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TOTALTRUST RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, TOTALTRUST RETIREMENT FUND	D Employer Identification Number (EIN) 46-6133352	

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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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)

TOTALTRUST, LLC

26-0048379

(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?
13 50	NONE	95763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCCRACKEN STEMERMAN & HOLSBERY LLP

94-1709555

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	19951	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	117692	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input 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)

HUDSON EDGE INVESTMENT PARTNERS,INC

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	21223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input 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"/>

(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

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(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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TOTALTRUST RETIREMENT FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, TOTALTRUST RETIREMENT FUND	D Employer Identification Number (EIN) 46-6133352

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	1149740	617968
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1641532	1844320
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18756	14724
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	463558	501776
(2) U.S. Government securities	1c(2)	389330	773107
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	232088	1099656
(B) All other	1c(3)(B)	49814	180238
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	202560	694878
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	433637	1436088
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	2060	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	4583075	7162755
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	60617	67015
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	60617	67015
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4522458	7095740

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)	2515083	
(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)		2515083
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	23059	
(B) U.S. Government securities.....	2b(1)(B)	19087	
(C) Corporate debt instruments.....	2b(1)(C)	22695	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		64841
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	14412	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	54554	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		68966
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2672655	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2624213	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		48442
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	34963	
(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)		126663
c Other income	2c		21
d Total income. Add all income amounts in column (b) and enter total.....	2d		2858979

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16239	
(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)		16239
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)	95763	
(3) Recordkeeping fees	2i(3)	99192	
(4) IQPA audit fees	2i(4)	18500	
(5) Investment advisory and investment management fees	2i(5)	21223	
(6) Bank or trust company trustee/custodial fees	2i(6)	1930	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	19951	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	424	
(11) Other expenses.....	2i(11)	12475	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		269458
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		285697

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2573282
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: MILLER KAPLAN ARASE LLP

(2) EIN: 95-2036255

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

TOTALTRUST RETIREMENT FUND
(Effective July 1, 2025, Professional and Commercial
Trades Individual Account Plan Fund)

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
TotalTrust Retirement Fund
(Effective July 1, 2025, Professional and Commercial
Trades Individual Account Plan Fund)
1000 Burnette Avenue, Suite 110
Concord, California 94520

Members of the Board:

Opinion

We have audited the accompanying financial statements of TotalTrust Retirement Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 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 the Plan 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 3, 2025



TOTALTRUST RETIREMENT FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	December 31, 2024	December 31, 2023
INVESTMENTS - AT FAIR VALUE		
Money Market Funds	\$ 501,776	\$ 463,558
Government Debt Securities	773,107	389,330
Corporate Debt Securities	1,279,894	281,902
Common Stocks	694,878	202,560
Exchange Traded Funds	1,043,766	234,424
Mutual Fund	392,322	199,213
TOTAL INVESTMENTS	\$ 4,685,743	\$ 1,770,987
CASH		
Checking Accounts	617,968	1,149,740
RECEIVABLES		
Employer Contributions	1,844,320	1,641,532
Investment Income	13,166	6,951
Other	1,558	13,013
TOTAL RECEIVABLES	1,859,044	1,661,496
PREPAID EXPENSES	-	2,060
TOTAL ASSETS	7,162,755	4,584,283
LIABILITIES		
Accounts and Expenses Payable	67,015	61,825
NET ASSETS AVAILABLE FOR BENEFITS	\$ 7,095,740	\$ 4,522,458

TOTALTRUST RETIREMENT FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
ADDITIONS		
NET INVESTMENT INCOME		
Interest Income:		
Money Market Funds	\$ 23,059	\$ 10,265
Government Debt Securities	19,087	13,140
Corporate Debt Securities	22,695	7,826
Dividend Income:		
Common Stocks	14,412	4,637
Exchange Traded Funds	21,208	15,544
Mutual Fund	33,346	16,986
Net Appreciation of Investments	210,068	6,333
Less: Investment Expenses	(22,905)	(9,803)
NET INVESTMENT INCOME	320,970	64,928
EMPLOYER CONTRIBUTIONS	2,515,083	2,184,137
OTHER INCOME	21	145
TOTAL ADDITIONS	2,836,074	2,249,210
DEDUCTIONS		
BENEFITS	16,239	40,892
ADMINISTRATIVE EXPENSES		
Administration Fees	95,763	75,189
Legal Fees	19,951	33,718
Accounting and Audit Fees	18,500	18,000
Payroll Compliance Fees	99,192	78,676
Insurance Expense	2,670	2,060
Trustee Meeting Expenses	424	275
Printing, Postage and Mailing	9,805	6,267
Bank Fees	248	19
TOTAL DEDUCTIONS	262,792	255,096
NET INCREASE FOR THE YEAR	2,573,282	1,994,114
Balance, Beginning of Year	4,522,458	2,528,344
Balance, End of Year	\$ 7,095,740	\$ 4,522,458

TOTALTRUST RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The TotalTrust Retirement Fund (the “Plan”) is a multiemployer defined contribution pension plan that provides retirement, death, disability or job termination benefits to participants who work for employers signatory to a collective bargaining agreement or special agreement requiring contributions to the Plan. The Plan has established an individual account for each participant, and benefits are based on the participant’s share of employer contributions made to the Plan plus any income, expenses, gains and losses that may be allocated to the participant’s account. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results may differ from those estimates.

C. Employer Contributions

Employer contributions are reported on the financial statements on the accrual basis. Employer contributions as reported are contributions made by employers on behalf of employees for hours worked during the year (except for Samuel Hale employees that are not participants yet plus funds to be received from the Escrow Account for Samuel Hale). Employer contributions receivable is estimated based on contributions received subsequent to the end of the year, which includes contributions received from the Escrow Account for Samuel Hale (see Note 9).

D. Employer Payroll Compliance Program

Employer remittance reports were accepted as submitted, without examination or verification of employers’ payroll records. The system of internal control provides for examination of employers’ payroll records under a separate employer payroll compliance program.

E. Investments

Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

TOTALTRUST RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investments (Continued)

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 – Inputs to the valuation methodology are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

- Money Market Funds are Level 1 investments and are valued at cost which approximates the fair value.
- Government Debt Securities and Corporate Debt Securities are Level 2 investments and are valued based on third party pricing services or using matrices of trades in similar securities.
- Common Stocks are a Level 1 investment and are valued at the closing price reported on the active market on which the individual securities are traded.
- Exchange Traded Funds are Level 1 investments and are valued at the closing price reported on the active market on which the exchange traded funds are traded.
- Mutual Fund is a Level 1 investment and is valued at the closing price reported on the active market on which the mutual fund is traded.

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

TOTALTRUST RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

E. Investments (Continued)

The following tables represent the Plan's fair value hierarchy for its financial assets measured at fair value on a recurring basis:

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 501,776	\$ -	\$ -	\$ 501,776
Government Debt Securities	-	773,107	-	773,107
Corporate Debt Securities	-	1,279,894	-	1,279,894
Common Stocks	694,878	-	-	694,878
Exchange Traded Funds	1,043,766	-	-	1,043,766
Mutual Fund	392,322	-	-	392,322
	<u>\$ 2,632,742</u>	<u>\$ 2,053,001</u>	<u>\$ -</u>	<u>\$ 4,685,743</u>

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 463,558	\$ -	\$ -	\$ 463,558
Government Debt Securities	-	389,330	-	389,330
Corporate Debt Securities	-	281,902	-	281,902
Common Stocks	202,560	-	-	202,560
Exchange Traded Funds	234,424	-	-	234,424
Mutual Fund	199,213	-	-	199,213
	<u>\$ 1,099,755</u>	<u>\$ 671,232</u>	<u>\$ -</u>	<u>\$ 1,770,987</u>

Valuations are furnished by the Plan's investment custodian. Investment purchases and sales are recorded on the transaction trade date. Investment income, realized gains and losses on sale of investments and investment expenses are recorded on the accrual basis. Realized gains or losses from the sale of investments and unrealized appreciation or (depreciation) in the fair value of investments is reported as net appreciation of investments.

Realized gains and losses on sale of investments for financial statement purposes is the difference between proceeds from the sale or redemption of investments and the carry value (normally historical cost) of the investments sold. Form 5500 requires realized gains and losses to be reported as the difference between proceeds from the sale or redemptions of investments and the current fair value of the investments at the beginning of the year, for those investments on hand at the beginning of the year, or the purchase price of investments acquired during the year. Form 5500 also requires realized and unrealized gains or losses from investments in exchange traded funds and mutual funds (interest in registered investment companies) to be reported on a separate line.

F. Cash

Cash consists of cash deposited with financial institutions in checking accounts.

G. Accounts and Expenses Payable

Accounts payable consists of unpaid expenses and benefit underpayments.

TOTALTRUST RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Benefits

Benefits are charged to expense when participants enters into pay status.

I. Other Income and Expenses

Other income and expenses are reported on the accrual basis, except for nominal amounts of recurring monthly expenses.

NOTE 3 - VESTING AND PARTICIPANT ACCOUNT BALANCES

Participants are vested in the Plan on July 1, 2012, if the participant had at least 750 hours of service during 2010 and 2011 and had not suffered a loss of seniority as of July 1, 2012. An employee may also become a Participant in this Plan as set forth in a collective bargaining agreement between the Union and an Employer consistent with applicable law and accepted by the Trust Fund. All other participants will vest in the Plan on the earlier of 1) the January first of the year immediately following the earlier of the following events or 2) six months after the earlier of the following events:

- a. The completion of two Plan years with at least 750 hours of service in each of those two Plan years, or
- b. The completion of two "anniversary years" with at least 750 hours of service in each of those two anniversary years. An anniversary year is defined as one year from the date which an employee begins working.

Vested participants have their account balances credited with employer contributions and have their account balances charged with administrative expenses, net of investment income. Payments to participants and beneficiaries are charged to each individual participant's account balance.

Account balances of participants who have withdrawn from the Plan and still have an account balance owed to them totaled \$46,870, for each of the years ended at December 31, 2024 and 2023, respectively. These amounts are included in accounts and expenses payable.

NOTE 4 - PLAN AMENDMENTS

The Board of Trustees at their May 31, 2023 meeting approved the following:

- a. To raise the required beginning date for when participants are required to begin withdrawing money from age 72 to age 73 effective January 1, 2023 for participants who reach age 72 after December 31, 2022.
- b. To end the practice of dormant accounts effective with the December 31, 2023 valuation of the Plan.

NOTE 5 - PLAN TERMINATION

In the event of termination of the Plan, the assets then remaining, after providing for the expenses of the Plan and for the payment of any account balance theretofore approved, shall be distributed among the participants. Each participant shall receive that part of the total remaining assets in the same ratio as his or her account balance bears to the aggregate amount of the account balance of all participants. No part of the assets shall be returned to any individual employer or inure to the benefit of any individual employer or the union.

TOTALTRUST RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - PLAN TERMINATION (Continued)

In the event that a participant cannot be located and no claim is made by the participant for payment of his or her account balance within ninety (90) days following the sending of notice by registered mail to participant's last known address, his or her account balance shall be forfeited and redistributed on a uniform basis among participants to whom payments have or can be made.

In the event the liquidation value of the assets on the date of termination is less than the total of all account balances plus expenses, the Board shall have the option of paying all account balances to participants over a period not to exceed 10 years to the extent permitted by the assets available.

NOTE 6 - CONCENTRATION OF EMPLOYER CONTRIBUTIONS

The December 31, 2024 and 2023, receivable for employer contributions includes \$1,832,816 and \$1,631,909, respectively, due from one significant employer. Employer contributions from this employer totaled \$2,379,125 or 94.6% and \$2,032,026 or 93.0% of total contributions for the years ended December 31, 2024 and 2023, respectively.

NOTE 7 - ADMINISTRATION

The Plan is administered by TotalTrust LLC. The monthly fee is \$4.15 per reported employee for employers contributing to the Plan that utilize an escrow account and \$2.50 per reported employee for employers contributing to the Plan that do not utilize an escrow account.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - ESCROW ACCOUNT

The Board of Trustees accepted a Collective Bargaining Agreement (CBA) between the Union and Samuel Hale (the employer), which provides that the bargaining parties will establish and maintain an escrow account for employees who were hired subsequent to December 31, 2019, as permitted by Amendment 5, Section 2.01 of the Plan. Pursuant to the terms of the CBA, the employer will pay monies on behalf of these employees into an escrow account until the employee becomes a participant in the Plan, as set forth in the CBA. Once an employee becomes a participant in the Plan, the employer transfers contributions for the hours worked by the employee from the date of hire plus an additional 15% from the escrow account to the Plan. As of December 31, 2024 and 2023, the receivables from the escrow account were \$1,832,816 and \$1,602,102, respectively, and are part of employer contributions receivable. The escrow account is set up independent of the Plan and is not included in the Plan assets.

NOTE 10 - TAX-EXEMPT STATUS

The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 401(a); therefore, no provision is made for federal income tax.

TOTALTRUST RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 10 - TAX-EXEMPT STATUS (Continued)

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 3, 2025, the date on which the financial statements were available to be issued. On August 26, 2025, the Board of Trustees approved to change the name of the Plan to Professional and Commercial Trades Individual Account Plan Fund, effective July 1, 2025. Other than the change in the name of the Plan, there were no material subsequent events that required recognition or additional disclosures in these financial statements.

TOTALTRUST RETIREMENT FUND
(Effective July 1, 2025, Professional and Commercial
Trades Individual Account Plan Fund)

FORM 5500
SCHEDULE H - PART IV, LINE 4
E.I.N. 46-6133352; PLAN NO. 001

SUPPLEMENTAL SCHEDULES REQUIRED
BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
TotalTrust Retirement Fund
(Effective July 1, 2025, Professional and Commercial
Trades Individual Account Plan Fund)
1000 Burnett Avenue, Suite 110
Concord, California 94520

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and 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.

Miller Kaplan Arase LLP
MILLER KAPLAN ARASE LLP
Burbank, California
October 3, 2025

TOTALTRUST RETIREMENT FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 46-6133352; PLAN NO. 001
DECEMBER 31, 2024

Face Value	Description of Assets	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
<u>Money Market Funds</u>					
\$ 72,466	First American Institutional Prime Obligation Fund	Var.	N/A	\$ 72,466	\$ 72,466
429,310	Freemont Bank Business Money Market Account	Var.	N/A	429,310	429,310
<u>TOTALS - MONEY MARKET FUNDS</u>				<u>\$ 501,776</u>	<u>\$ 501,776</u>
<u>Government Debt Securities</u>					
\$ 10,000	Federal Home Loan Mortgage Corp	4.000	07/14/25	\$ 9,984	\$ 10,000
862	Federal National Mortgage Association	2.500	07/25/46	797	871
7,610	Federal National Mortgage Association	4.000	06/20/52	7,366	7,600
6,153	Government National Mortgage Association	3.000	06/16/49	5,808	5,878
5,122	Government National Mortgage Association	1.000	07/20/50	3,858	5,113
2,572	Government National Mortgage Association	1.000	05/20/51	1,952	2,556
3,004	Government National Mortgage Association	4.500	02/20/53	2,949	2,964
9,857	Small Business Admin Pool #530040	Var.	04/25/37	10,255	10,461
3,208	Small Business Admin Pool #510786	Var.	04/25/46	3,266	3,463
6,540	Small Business Admin Pool #53001	Var.	10/25/46	6,784	7,186
800,000	U.S. Treasury Note	0.500	10/31/27	720,088	730,837
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				<u>\$ 773,107</u>	<u>\$ 786,929</u>
<u>Corporate Debt Securities</u>					
\$ 25,000	Abbvie Inc	3.600	05/14/25	\$ 24,896	\$ 24,665
50,000	American Express Co	4.990	05/01/26	50,012	50,042
50,000	Bank of America Corp	3.248	10/21/27	48,188	48,290
50,000	Bank of Nova Scotia	1.300	09/15/26	47,281	45,015
45,000	BP Capital Markets	5.017	11/17/27	45,494	45,576
50,000	Caterpillar	1.450	05/15/25	49,450	47,359
55,000	Citigroup Inc	1.122	01/28/27	52,819	51,052
45,000	Columbia Pipeline	4.500	06/01/25	44,881	44,599
50,000	Comcast Corp	2.350	01/15/27	47,799	46,830
50,000	Commonwealth Edison	2.950	08/15/27	47,978	48,807
50,000	Deere Co	2.750	04/15/25	49,732	49,235
35,000	Goldman Sachs Group Inc	1.948	10/21/27	33,207	33,221
50,000	Home Depot Inc	2.700	04/15/25	49,747	49,081
50,000	Intercontinental	3.650	05/23/25	49,786	49,307
50,000	Jpmorgan Chase Co	3.960	01/29/27	49,611	48,822
35,000	Marsh McLennan	4.550	11/08/27	34,973	35,025
50,000	Microsoft Corp	2.700	02/12/25	49,896	49,153
50,000	Morgan Stanley	1.593	05/04/27	47,926	46,345
50,000	National Rural Mtn	4.120	09/16/27	49,327	49,389
35,000	Paypal Holdings Inc	3.900	06/01/27	34,501	34,555
50,000	Philip Morris International	4.375	11/01/27	49,585	49,575
<u>Forward</u>				<u>\$ 957,089</u>	<u>\$ 945,943</u>

TOTALTRUST RETIREMENT FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 46-6133352; PLAN NO. 001
DECEMBER 31, 2024

Face Value	Description of Assets	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
<u>Corporate Debt Securities (Continued)</u>					
	<u>Forwarded</u>			\$ 957,089	\$ 945,943
\$ 50,000	Public Storage	1.500	11/09/26	47,298	45,924
50,000	Royal Bank of Canada	1.600	01/21/25	49,920	48,780
30,000	Schwab Charles Corp	5.615	05/13/26	29,987	29,289
50,000	The Toronto Dominion Bank	1.250	09/10/26	47,237	45,339
50,000	Truist Bank Charlotte	3.625	09/16/25	49,604	48,783
50,000	US Bancorp	1.450	05/12/25	49,428	47,733
50,000	Wells Fargo	4.300	07/22/27	49,331	49,448
	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 1,279,894</u>	<u>\$ 1,261,239</u>
No. of Shares	<u>Common Stocks</u>				
77	Abbvie Inc			\$ 13,683	\$ 12,362
36	Accenture Plc			12,664	11,146
141	Aflac Inc			14,585	11,376
146	American Electric Power Company Inc			13,466	12,724
194	Berry Global Group Inc			12,546	11,063
284	Bristol Myers Squibb Co			16,063	14,453
105	Capital One Financial Corp			18,724	13,601
53	Cencora Inc			11,908	11,714
273	Cisco Systems Inc			16,162	13,124
286	Citigroup Inc			20,132	16,104
345	Citizens Financial Group			15,097	12,297
387	Comcast Corp			14,524	15,507
121	Conocophillips			12,000	13,663
56	Constellation Brands Inc			12,376	13,749
252	CVS Health Corp			11,312	17,068
166	Dollar General Corp			12,586	19,803
81	Dover Corp			15,196	13,219
126	Duke Energy Holding Corp			13,575	15,124
122	Emerson Electric Co			15,119	12,009
96	EOG Resources Inc			11,768	11,680
80	Fiserv Inc			16,434	11,000
123	Genuine Parts Co			14,361	17,707
44	HCA Healthcare Inc			13,207	13,097
63	Hershey Co			10,669	12,102
37	Home Depot Inc			14,393	12,454
35	Hubbell Inc			14,661	11,617
488	Intel Corp			9,784	15,974
64	International Business Machines Corp			14,069	10,248
514	Interpublic Group Cos Inc			14,402	16,721
	<u>Forward</u>			<u>\$ 405,466</u>	<u>\$ 392,706</u>

TOTALTRUST RETIREMENT FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 46-6133352; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	Description of Assets	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
<u>Common Stocks (Continued)</u>					
	<u>Forwarded</u>			\$ 405,466	\$ 392,706
80	J P Morgan Chase Co			19,177	13,694
96	Johnson & Johnson			13,883	15,066
484	Kraft Heinz Co			14,864	16,825
32	Lockheed Martin Corp			15,550	15,071
86	M T Bank Corp			16,169	11,911
92	Marathon Petroleum Corp			12,834	14,071
179	Medtronic Plc			14,298	14,646
219	Metlife Inc			17,932	15,333
123	Nucor Corp			14,355	18,558
128	Oneok Inc			12,851	11,469
97	Schein Henry Inc			6,712	7,427
89	Simon Property Group Inc			15,327	12,331
105	JM Smucker Co			11,563	12,960
48	Snap On Inc			16,295	13,023
183	State Street Corp			17,961	14,700
337	United Dominion Realty Trust Inc			14,629	13,793
20	United Rentals Inc			14,089	11,341
27	United Health Group Inc			13,658	14,121
1,238	Warner Bros Discovery Inc			13,086	12,295
210	Xcel Energy Inc			14,179	12,538
	<u>TOTALS - COMMON STOCKS</u>			<u>\$ 694,878</u>	<u>\$ 663,879</u>
<u>Exchange Traded Funds</u>					
795	Invesco S&P 500 Equal Weight			\$ 139,308	\$ 136,123
330	Ishares Russell 1000 Growth			132,521	99,987
12,261	Ishares Preferred and Income Securities			385,486	424,628
1,950	Vanguard Small Cap Value Index			386,451	349,336
	<u>TOTALS - EXCHANGE TRADED FUNDS</u>			<u>\$ 1,043,766</u>	<u>\$ 1,010,074</u>
<u>Mutual Fund</u>					
12,380	Reaves Utility Income Fund			\$ 392,322	\$ 390,057
	<u>GRAND TOTALS</u>			<u>\$ 4,685,743</u>	<u>\$ 4,613,954</u>

TOTALTRUST RETIREMENT FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*
E.I.N. 46-6133352; PLAN NO. 001
JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
United States Treasury:	\$455,000 Face Value Note	1.125	02/28/27	\$ 414,531	\$ -	\$ 414,531	\$ -
	\$455,000 Face Value Note	1.125	02/28/27	-	420,697	414,531	6,166
	\$550,000 Face Value Note	4.750	05/15/27	547,973	-	547,973	-
	\$550,000 Face Value Note	4.750	05/15/27	-	564,094	547,973	16,121
	\$435,000 Face Value Note	2.750	07/31/27	418,178	-	418,178	-
	\$435,000 Face Value Note	2.750	07/31/27	-	425,382	418,178	7,204
	\$1,075,000 Face Value Note	0.500	10/31/27	982,062	-	982,062	-
	\$275,000 Face Value Note	0.500	10/31/27	-	247,186	251,225	(4,039)
	Vanguard Small Cap Value Index	Exchange Traded Fund	N/A	N/A	349,336	-	349,336

* Under the Employee Retirement Income Security Act of 1974 (ERISA), a reportable transaction is a transaction or a series of transactions during the year that involves more than 5% of the value of the Plan's total assets at the beginning of the year.

TOTALTRUST RETIREMENT FUND
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS*
E.I.N. 46-6133352; PLAN NO. 001
JANUARY 1, 2024 TO DECEMBER 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Interest Rate (%)</u>	<u>Maturity Date</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gain or (Loss)</u>
United States Treasury:	\$455,000 Face Value Note	1.125	02/28/27	\$ 414,531	\$ -	\$ 414,531	\$ -
	\$455,000 Face Value Note	1.125	02/28/27	-	420,697	414,531	6,166
	\$550,000 Face Value Note	4.750	05/15/27	547,973	-	547,973	-
	\$550,000 Face Value Note	4.750	05/15/27	-	564,094	547,973	16,121
	\$435,000 Face Value Note	2.750	07/31/27	418,178	-	418,178	-
	\$435,000 Face Value Note	2.750	07/31/27	-	425,382	418,178	7,204
	\$1,075,000 Face Value Note	0.500	10/31/27	982,062	-	982,062	-
	\$275,000 Face Value Note	0.500	10/31/27	-	247,186	251,225	(4,039)
Vanguard Small Cap Value Index	Exchange Traded Fund	N/A	N/A	349,336	-	349,336	-

* Under the Employee Retirement Income Security Act of 1974 (ERISA), a reportable transaction is a transaction or a series of transactions during the year that involves more than 5% of the value of the Plan's total assets at the beginning of the year.

TOTALTRUST RETIREMENT FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 46-6133352; PLAN NO. 001
DECEMBER 31, 2024

Face Value	Description of Assets	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
<u>Money Market Funds</u>					
\$ 72,466	First American Institutional Prime Obligation Fund	Var.	N/A	\$ 72,466	\$ 72,466
429,310	Freemont Bank Business Money Market Account	Var.	N/A	429,310	429,310
<u>TOTALS - MONEY MARKET FUNDS</u>				<u>\$ 501,776</u>	<u>\$ 501,776</u>
<u>Government Debt Securities</u>					
\$ 10,000	Federal Home Loan Mortgage Corp	4.000	07/14/25	\$ 9,984	\$ 10,000
862	Federal National Mortgage Association	2.500	07/25/46	797	871
7,610	Federal National Mortgage Association	4.000	06/20/52	7,366	7,600
6,153	Government National Mortgage Association	3.000	06/16/49	5,808	5,878
5,122	Government National Mortgage Association	1.000	07/20/50	3,858	5,113
2,572	Government National Mortgage Association	1.000	05/20/51	1,952	2,556
3,004	Government National Mortgage Association	4.500	02/20/53	2,949	2,964
9,857	Small Business Admin Pool #530040	Var.	04/25/37	10,255	10,461
3,208	Small Business Admin Pool #510786	Var.	04/25/46	3,266	3,463
6,540	Small Business Admin Pool #53001	Var.	10/25/46	6,784	7,186
800,000	U.S. Treasury Note	0.500	10/31/27	720,088	730,837
<u>TOTALS - GOVERNMENT DEBT SECURITIES</u>				<u>\$ 773,107</u>	<u>\$ 786,929</u>
<u>Corporate Debt Securities</u>					
\$ 25,000	Abbvie Inc	3.600	05/14/25	\$ 24,896	\$ 24,665
50,000	American Express Co	4.990	05/01/26	50,012	50,042
50,000	Bank of America Corp	3.248	10/21/27	48,188	48,290
50,000	Bank of Nova Scotia	1.300	09/15/26	47,281	45,015
45,000	BP Capital Markets	5.017	11/17/27	45,494	45,576
50,000	Caterpillar	1.450	05/15/25	49,450	47,359
55,000	Citigroup Inc	1.122	01/28/27	52,819	51,052
45,000	Columbia Pipeline	4.500	06/01/25	44,881	44,599
50,000	Comcast Corp	2.350	01/15/27	47,799	46,830
50,000	Commonwealth Edison	2.950	08/15/27	47,978	48,807
50,000	Deere Co	2.750	04/15/25	49,732	49,235
35,000	Goldman Sachs Group Inc	1.948	10/21/27	33,207	33,221
50,000	Home Depot Inc	2.700	04/15/25	49,747	49,081
50,000	Intercontinental	3.650	05/23/25	49,786	49,307
50,000	Jpmorgan Chase Co	3.960	01/29/27	49,611	48,822
35,000	Marsh McLennan	4.550	11/08/27	34,973	35,025
50,000	Microsoft Corp	2.700	02/12/25	49,896	49,153
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35,000	Paypal Holdings Inc	3.900	06/01/27	34,501	34,555
50,000	Philip Morris International	4.375	11/01/27	49,585	49,575
<u>Forward</u>				<u>\$ 957,089</u>	<u>\$ 945,943</u>

TOTALTRUST RETIREMENT FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 46-6133352; PLAN NO. 001
DECEMBER 31, 2024

Face Value	Description of Assets	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
<u>Corporate Debt Securities (Continued)</u>					
	<u>Forwarded</u>			\$ 957,089	\$ 945,943
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	<u>TOTALS - CORPORATE DEBT SECURITIES</u>			<u>\$ 1,279,894</u>	<u>\$ 1,261,239</u>
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166	Dollar General Corp			12,586	19,803
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35	Hubbell Inc			14,661	11,617
488	Intel Corp			9,784	15,974
64	International Business Machines Corp			14,069	10,248
514	Interpublic Group Cos Inc			14,402	16,721
	<u>Forward</u>			<u>\$ 405,466</u>	<u>\$ 392,706</u>

TOTALTRUST RETIREMENT FUND
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 46-6133352; PLAN NO. 001
DECEMBER 31, 2024

No. of Shares	Description of Assets	Interest Rate (%)	Maturity Date	Fair Value	Carry Value
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219	Metlife Inc			17,932	15,333
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20	United Rentals Inc			14,089	11,341
27	United Health Group Inc			13,658	14,121
1,238	Warner Bros Discovery Inc			13,086	12,295
210	Xcel Energy Inc			14,179	12,538
	<u>TOTALS - COMMON STOCKS</u>			<u>\$ 694,878</u>	<u>\$ 663,879</u>
<u>Exchange Traded Funds</u>					
795	Invesco S&P 500 Equal Weight			\$ 139,308	\$ 136,123
330	Ishares Russell 1000 Growth			132,521	99,987
12,261	Ishares Preferred and Income Securities			385,486	424,628
1,950	Vanguard Small Cap Value Index			386,451	349,336
	<u>TOTALS - EXCHANGE TRADED FUNDS</u>			<u>\$ 1,043,766</u>	<u>\$ 1,010,074</u>
<u>Mutual Fund</u>					
12,380	Reaves Utility Income Fund			\$ 392,322	\$ 390,057
	<u>GRAND TOTALS</u>			<u>\$ 4,685,743</u>	<u>\$ 4,613,954</u>

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

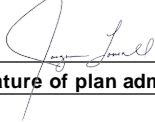
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan	1b Three-digit plan number (PN) ▶	001
TOTALTRUST RETIREMENT FUND	1c Effective date of plan	07/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN)	46-6133352
BOARD OF TRUSTEES, TOTALTRUST RETIREMENT FUND	2c Plan Sponsor's telephone number	800-552-2400
1000 BURNETT AVE STE 110 CONCORD, CA 94520	2d Business code (see instructions)	561300

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

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

SIGN HERE		10/14/2025	Jacques Loveall
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Annual Return/Report of Employee Benefit Plan
 This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).
▶ Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)


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

Part II Basic Plan Information - enter all requested information

1a Name of plan TOTALTRUST RETIREMENT FUND	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan 07/01/2012	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, TOTALTRUST RETIREMENT FUND 1000 BURNETT AVE STE 110 CONCORD, CA 94520	2b Employer Identification Number (EIN) 46-6133352	
	2c Plan Sponsor's telephone number 800-552-2400	
	2d Business code (see instructions) 561300	

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/25	Michael A. DiManno
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE