

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 07/01/2024 and ending 06/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: GMR ASSOCIATES EMPLOYEE BENEFIT MASTER WELFARE TRU
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/2000
2a Plan sponsor's name (employer, if for a single-employer plan): GMR ASSOCIATES, INC.
2b Employer Identification Number (EIN): 16-1587270
2c Plan Sponsor's telephone number: 585-429-1330
2d Business code (see instructions)

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 for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>GMR ASSOCIATES, INC.</p> <p>300 BUELL ROAD ROCHESTER, NY 14624</p>	<p>3b Administrator's EIN 16-1412837</p> <p>3c Administrator's telephone number 585-429-1330</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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

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

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

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

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

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 **07/01/2024** and ending **06/30/2025**

A Name of plan GMR ASSOCIATES EMPLOYEE BENEFIT MASTER WELFARE TRU	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GMR ASSOCIATES, INC.	D Employer Identification Number (EIN) 16-1587270	

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

M&T TRUST CO	1100 NORTH MARKET STREET WILMINGTON, DE 19890
16-0538020	

(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)

GMR ASSOCIATES INC.

300 BUEL ROAD
ROCHESTER, NY 14624

16-1412837

(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	PLAN ADMINISTRATOR	2795396	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RDG AND PARTNERS PLLC

10 WINTHROP ST
ROCHESTER, NY 14607

20-3723571

(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	AUDITORS	16500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>GMR ASSOCIATES EMPLOYEE BENEFIT MASTER WELFARE TRU</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GMR ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>16-1587270</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WELFARE BENEFITS PLAN OF AB CONSTRUCTION	
b	Name of plan sponsor	AB CONSTRUCTION	c EIN-PN 16-1492423-510
a	Plan name	WELFARE BENEFITS 716 SITE CONTRACTING, INC	
b	Name of plan sponsor	716 SITE CONTRACTING, INC.	c EIN-PN 47-3223000-510
a	Plan name	WELFARE BENEFITS A. TREFFEISEN & SON	
b	Name of plan sponsor	A. TREFFEISEN & SON	c EIN-PN 16-1590910-510
a	Plan name	WELFARE BENEFITS AAA CARTING & RUBBISH	
b	Name of plan sponsor	AAA CARTING & RUBBISH	c EIN-PN 13-4068572-510
a	Plan name	WELFARE BENEFITS ANNSEAL INC	
b	Name of plan sponsor	ANNSEAL INC	c EIN-PN 03-0435899-510
a	Plan name	WELFARE BENEFITS ASHLAR CONTRACTING LLC	
b	Name of plan sponsor	ASHLAR CONTRACTING LLC	c EIN-PN 46-1511477-510
a	Plan name	WELFARE BENEFITS ATLAS FENCE	
b	Name of plan sponsor	ATLAS FENCE	c EIN-PN 45-4182606-510
a	Plan name	WELFARE BENEFITS C.O. FALTER CONSTRUCTION	
b	Name of plan sponsor	C.O. FALTER CONSTRUCTION	c EIN-PN 16-0968314-510
a	Plan name	WELFARE BENEFITS CRAFTCO, INC.	
b	Name of plan sponsor	CRAFTCO, INC.	c EIN-PN 86-0324978-510
a	Plan name	WELFARE BENEFITS DAY AUTOMATION SYSTEMS	
b	Name of plan sponsor	DAY AUTOMATION SYSTEMS	c EIN-PN 16-1576146-510
a	Plan name	WELFARE BENEFITS DEKATHERM	
b	Name of plan sponsor	DEKATHERM, INC.	c EIN-PN 16-1484175-510
a	Plan name	WELFARE BENEFITS DELALIO SOUTH FORK	
b	Name of plan sponsor	DELALIO SOUTH FORK	c EIN-PN 11-2348790-510

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WELFARE BENEFITS EMPIRE INSULATION SPECIAL	
b	Name of plan sponsor	EMPIRE INSULATION SPECIAL	c EIN-PN 14-1787956-510
a	Plan name	WELFARE BENEFITS EMPIRE STATE MERIT APPRENTICE TRUST	
b	Name of plan sponsor	EMPIRE STATE MERIT APPRENTICE TRUST	c EIN-PN 20-8482142-510
a	Plan name	WELFARE BENEFITS ENVIRONMENTAL CONSTRUCTION	
b	Name of plan sponsor	ENVIRONMENTAL CONSTRUCTION	c EIN-PN 20-3796829-510
a	Plan name	WELFARE BENEFITS GALLO CONSTRUCTION CORP	
b	Name of plan sponsor	GALLO CONSTRUCTION CORP	c EIN-PN 14-1454116-510
a	Plan name	WELFARE BENEFITS GYM DOOR REPAIR, INC.	
b	Name of plan sponsor	GYM DOOR REPAIR, INC.	c EIN-PN 11-2418984-510
a	Plan name	WELFARE BENEFITS H&K SERVICES, INC.	
b	Name of plan sponsor	H&K SERVICES, INC.	c EIN-PN 16-1607770-510
a	Plan name	WELFARE BENEFITS HYNES CONCRETE	
b	Name of plan sponsor	HYNES CONCRETE	c EIN-PN 16-1085101-510
a	Plan name	WELFARE BENEFITS INTER CONNECTION ELECTRIC	
b	Name of plan sponsor	INTER CONNECTION ELECTRIC	c EIN-PN 11-3027956-510
a	Plan name	WELFARE BENEFITS JAVEN CONSTRUCTION	
b	Name of plan sponsor	JAVEN CONSTRUCTION	c EIN-PN 16-1177303-510
a	Plan name	WELFARE BENEFITS LRS EXCAVATING	
b	Name of plan sponsor	LRS EXCAVATING	c EIN-PN 16-0985468-510
a	Plan name	WELFARE BENEFITS M L CACCAMISE	
b	Name of plan sponsor	M L CACCAMISE	c EIN-PN 16-1469532-510
a	Plan name	WELFARE BENEFITS MAINSTREAM ELECTRIC, INC.	
b	Name of plan sponsor	MAINSTREAM ELECTRIC, INC.	c EIN-PN 13-3802153-510

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name WELFARE BENEFITS MARKIS INC DBA LANDMARK	
b	Name of plan sponsor MARKIS INC DBA LANDMARK	c EIN-PN 16-1289457-510
a	Plan name WELFARE BENEFITS MCPHERSON BUILDERS	
b	Name of plan sponsor MCPHERSON BUILDERS	c EIN-PN 16-0997523-510
a	Plan name WELFARE BENEFITS MEYER CONTRACTING	
b	Name of plan sponsor MEYER CONTRACTING	c EIN-PN 14-1693847-510
a	Plan name WELFARE BENEFITS MORSCH PIPELINE, INC.	
b	Name of plan sponsor MORSCH PIPELINE, INC.	c EIN-PN 54-2122707-510
a	Plan name WELFARE BENEFITS NAGAN CONSTRUCTION, INC.	
b	Name of plan sponsor NAGAN CONSTRUCTION, INC.	c EIN-PN 11-2926914-510
a	Plan name WELFARE BENEFITS NORTHERN GLASS COMPANY	
b	Name of plan sponsor NORTHERN GLASS COMPANY	c EIN-PN 16-1134337-510
a	Plan name WELFARE BENEFITS NORTHERN PAVING LLC	
b	Name of plan sponsor NORTHERN PAVING LLC	c EIN-PN 81-5298395-510
a	Plan name WELFARE BENEFITS ORCHARD EARTH & PIPE COMPANY	
b	Name of plan sponsor ORCHARD EARTH & PIPE CORP	c EIN-PN 16-1140507-510
a	Plan name WELFARE BENEFITS PILON CONSTRUCTION COMPANY	
b	Name of plan sponsor PILON CONSTRUCTION COMPANY	c EIN-PN 16-0997428-510
a	Plan name WELFARE BENEFITS R.H. MARCON, INC.	
b	Name of plan sponsor RH MARCON, INC.	c EIN-PN 25-1419769-510
a	Plan name WELFARE BENEFITS RANDSCO PIPELINE, INC.	
b	Name of plan sponsor RANDSCO PIPELINE, INC.	c EIN-PN 16-1160897-510
a	Plan name WELFARE BENEFITS ROCHESTER EARTH, INC.	
b	Name of plan sponsor ROCHESTER EARTH, INC.	c EIN-PN 81-2494655-510

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	WELFARE BENEFITS RILEY EXCAVATING & CONTRACTING	
b Name of plan sponsor	RILEY EXCAVATING & CONTRACTING	c EIN-PN 11-2648930-510
a Plan name	WELFARE BENEFITS ROSEMAR CONSTRUCTION	
b Name of plan sponsor	ROSEMAR CONSTRUCTION	c EIN-PN 11-2895967-510
a Plan name	WELFARE BENEFITS SENECA STONE CORP	
b Name of plan sponsor	SENECA STONE CORP	c EIN-PN 16-1124518-510
a Plan name	WELFARE BENEFITS SUIT KOTE CORPORATION	
b Name of plan sponsor	SUIT KOTE CORPORATION	c EIN-PN 16-1177189-510
a Plan name	WELFARE BENEFITS UA CONSTRUCTION	
b Name of plan sponsor	UA CONSTRUCTION	c EIN-PN 13-3942105-510
a Plan name	WELFARE BENEFITS VILLAGER CONSTRUCTION	
b Name of plan sponsor	VILLAGER CONSTRUCTION	c EIN-PN 16-1146699-510
a Plan name	WELFARE BENEFITS WIND SUN CONSTRUCTION	
b Name of plan sponsor	WIND SUN CONSTRUCTION	c EIN-PN 16-1367723-510
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

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 07/01/2024 and ending 06/30/2025	
A Name of plan GMR ASSOCIATES EMPLOYEE BENEFIT MASTER WELFARE TRU	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GMR ASSOCIATES, INC.	D Employer Identification Number (EIN) 16-1587270

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	721259	879562
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	72838	188090
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(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)	7143881	7492514
(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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7937978	8560166
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	444584	491662
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	444584	491662
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7493394	8068504

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)	48322958	
(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)		48322958
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	409311	
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		409311
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		9498
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		48741767

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	45371261	
(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)		45371261
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)	2795396	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2795396
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48166657

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		575110
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:

(2) EIN:

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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
PLAN #001
EMPLOYER IDENTIFICATION NUMBER 16-1587270
JUNE 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Money Market Funds:</u>				
	* Cash	Money Market	\$ 133	\$ 133
	* Wilmington US Gov't Money Market	Money Market	7,340,354	7,362,648
			<u>7,340,487</u>	<u>7,362,781</u>
<u>Mutual Funds:</u>				
	PIMCO Real Return Fund	Mutual Fund	44,517	40,014
	BNY Mellon Mid-Cap Index Fund	Mutual Fund	15,000	14,106
	BNY Mellon Small-Cap Index Fund	Mutual Fund	10,000	10,672
	MFS Core Equity Fund	Mutual Fund	20,000	57,268
	Vanguard REIT Index Fund	Mutual Fund	5,000	7,673
			<u>94,517</u>	<u>129,733</u>
			<u>\$ 7,435,004</u>	<u>\$ 7,492,514</u>

* Denotes party-in-interest



REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
--------------------	--------------------	------------	------------------	-------------------	------------------	----------------------

BEGINNING MARKET VALUE 7,143,880.59
COMPARATIVE VALUE (5%) 357,194.03

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 07/05/24 B	378,157	1.000	0	378,157*	378,157
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 07/15/24 S	369,421	1.000	0	369,421*	369,421
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 07/16/24 B	460,089	1.000	0	460,089*	460,089
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 07/18/24 B	695,840	1.000	0	695,840*	695,840
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 07/25/24 B	607,930	1.000	0	607,930*	607,930
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 07/30/24 B	556,844	1.000	0	556,844*	556,844
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 08/01/24 B	1,085,558	1.000	0	1,085,558*	1,085,558
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 08/02/24 S	628,964	1.000	0	628,964*	628,964
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 08/08/24 B	831,925	1.000	0	831,925*	831,925
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 08/15/24 B	686,333	1.000	0	686,333*	686,333
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 08/22/24 B	850,080	1.000	0	850,080*	850,080

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 08/27/24 B	468,696	1.000	0	468,696*	468,696	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 08/28/24 S	549,402	1.000	0	549,402*	549,402	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 08/29/24 B	851,396	1.000	0	851,396*	851,396	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 09/04/24 S	401,530	1.000	0	401,530*	401,530	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 09/05/24 B	569,945	1.000	0	569,945*	569,945	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 09/06/24 S	370,961	1.000	0	370,961*	370,961	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 09/10/24 B	909,753	1.000	0	909,753*	909,753	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 09/12/24 B	724,812	1.000	0	724,812*	724,812	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 09/19/24 B	868,620	1.000	0	868,620*	868,620	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 09/24/24 B	360,591	1.000	0	360,591*	360,591	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 09/26/24 B	840,118	1.000	0	840,118*	840,118	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 10/03/24 B	643,136	1.000	0	643,136*	643,136	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 10/09/24 S	437,430	1.000	0	437,430*	437,430	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 10/10/24 B	372,978	1.000	0	372,978*	372,978	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 10/17/24 B	485,795	1.000	0	485,795*	485,795	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 10/22/24 B	599,335	1.000	0	599,335*	599,335	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 10/23/24 S	361,927	1.000	0	361,927 *	361,927	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 10/29/24 B	583,320	1.000	0	583,320*	583,320	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 10/30/24 S	387,470	1.000	0	387,470 *	387,470	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 11/05/24 B	631,743	1.000	0	631,743*	631,743	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 11/14/24 B	518,715	1.000	0	518,715*	518,715	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 11/18/24 S	439,817	1.000	0	439,817 *	439,817	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 11/19/24 B	459,864	1.000	0	459,864*	459,864	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 12/04/24 S	538,148	1.000	0	538,148 *	538,148	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 12/18/24 S	493,920	1.000	0	493,920 *	493,920	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 12/26/24 B	387,905	1.000	0	387,905*	387,905	

continued



1040157 - GMR ASSOC EB WELFARE TR

July 01, 2024 through June 30, 2025

Page 80 of 100

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 12/27/24 S	492,687	1.000	0	492,687 *	492,687	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 01/02/25 S	512,222	1.000	0	512,222 *	512,222	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 01/09/25 S	737,006	1.000	0	737,006 *	737,006	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 01/15/25 S	607,676	1.000	0	607,676 *	607,676	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 01/22/25 S	856,339	1.000	0	856,339 *	856,339	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 01/29/25 S	408,358	1.000	0	408,358 *	408,358	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 02/05/25 S	362,559	1.000	0	362,559 *	362,559	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 02/20/25 B	445,501	1.000	0	445,501 *	445,501	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 02/21/25 S	559,771	1.000	0	559,771 *	559,771	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 03/12/25 S	392,057	1.000	0	392,057 *	392,057	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 04/21/25 S	563,152	1.000	0	563,152 *	563,152	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 04/22/25 B	534,817	1.000	0	534,817 *	534,817	0
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 04/24/25 B	421,822	1.000	0	421,822 *	421,822	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 05/01/25 B	480,945	1.000	0	480,945.*	480,945		
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 05/07/25 S	362,477	1.000	0	362,477 *	362,477	0	
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 05/08/25 B	462,609	1.000	0	462,609.*	462,609		
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 05/20/25 B	638,481	1.000	0	638,481.*	638,481		
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 05/22/25 B	596,024	1.000	0	596,024.*	596,024		
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 05/29/25 B	478,161	1.000	0	478,161.*	478,161		
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 06/05/25 B	494,751	1.000	0	494,751.*	494,751		
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 06/20/25 B	650,016	1.000	0	650,016.*	650,016		
1040157	ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST 06/26/25 B	847,795	1.000	0	847,795.*	847,795		
GRAND TOTAL							0	33,313,694

continued



1040157 - GMR ASSOC EB WELFARE TR
 July 01, 2024 through June 30, 2025

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
--------------------	--------------------	------------	------------------	-------------------	------------------	----------------------

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
ISSUE: 97181C605 - WILMINGTON US GOVT MONEY MKT CL INST							
1040157	07/01/24 B	26,171	1.000	0	26,171-	26,171	
1040157	07/02/24 B	228	1.000	0	228-	228	
1040157	07/02/24 B	282,118	1.000	0	282,118-	282,118	
1040157	07/05/24 B	378,157	1.000	0	378,157*	378,157	
1040157	07/09/24 B	203,435	1.000	0	203,435-	203,435	
1040157	07/11/24 B	241,898	1.000	0	241,898-	241,898	
1040157	07/16/24 B	460,089	1.000	0	460,089*	460,089	
1040157	07/18/24 B	695,840	1.000	0	695,840*	695,840	
1040157	07/23/24 B	93,744	1.000	0	93,744-	93,744	
1040157	07/25/24 B	607,930	1.000	0	607,930*	607,930	
1040157	07/30/24 B	556,844	1.000	0	556,844*	556,844	
1040157	08/01/24 B	1,085,558	1.000	0	1,085,558*	1,085,558	
1040157	08/01/24 B	33,464	1.000	0	33,464-	33,464	
1040157	08/02/24 B	97	1.000	0	97-	97	
1040157	08/08/24 B	831,925	1.000	0	831,925*	831,925	
1040157	08/13/24 B	326,948	1.000	0	326,948-	326,948	
1040157	08/15/24 B	686,333	1.000	0	686,333*	686,333	
1040157	08/20/24 B	296,490	1.000	0	296,490-	296,490	
1040157	08/22/24 B	850,080	1.000	0	850,080*	850,080	
1040157	08/27/24 B	468,696	1.000	0	468,696*	468,696	
1040157	08/29/24 B	851,396	1.000	0	851,396*	851,396	
1040157	09/03/24 B	42,713	1.000	0	42,713-	42,713	
1040157	09/03/24 B	85,589	1.000	0	85,589-	85,589	

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	09/04/24 B	31	1.000	0	31-	31	
1040157	09/05/24 B	569,945	1.000	0	569,945*	569,945	
1040157	09/10/24 B	909,753	1.000	0	909,753*	909,753	
1040157	09/12/24 B	724,812	1.000	0	724,812*	724,812	
1040157	09/17/24 B	147,206	1.000	0	147,206-	147,206	
1040157	09/19/24 B	868,620	1.000	0	868,620*	868,620	
1040157	09/24/24 B	360,591	1.000	0	360,591*	360,591	
1040157	09/26/24 B	840,118	1.000	0	840,118*	840,118	
1040157	10/01/24 B	48,995	1.000	0	48,995-	48,995	
1040157	10/01/24 B	147,107	1.000	0	147,107-	147,107	
1040157	10/02/24 B	53	1.000	0	53-	53	
1040157	10/03/24 B	643,136	1.000	0	643,136*	643,136	
1040157	10/08/24 B	323,298	1.000	0	323,298-	323,298	
1040157	10/10/24 B	372,978	1.000	0	372,978*	372,978	
1040157	10/15/24 B	80,301	1.000	0	80,301-	80,301	
1040157	10/17/24 B	485,795	1.000	0	485,795*	485,795	
1040157	10/22/24 B	599,335	1.000	0	599,335*	599,335	
1040157	10/24/24 B	259,723	1.000	0	259,723-	259,723	
1040157	10/29/24 B	583,320	1.000	0	583,320*	583,320	
1040157	10/31/24 B	173,445	1.000	0	173,445-	173,445	
1040157	11/01/24 B	54,533	1.000	0	54,533-	54,533	
1040157	11/04/24 B	67	1.000	0	67-	67	
1040157	11/05/24 B	631,743	1.000	0	631,743*	631,743	
1040157	11/07/24 B	352,888	1.000	0	352,888-	352,888	
1040157	11/14/24 B	518,715	1.000	0	518,715*	518,715	
1040157	11/19/24 B	459,864	1.000	0	459,864*	459,864	
1040157	11/26/24 B	3,433	1.000	0	3,433-	3,433	

continued



1040157 - GMR ASSOC EB WELFARE TR

July 01, 2024 through June 30, 2025

Page 85 of 100

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	11/29/24 B	12,236	1.000	0	12,236-	12,236	
1040157	12/02/24 B	51,196	1.000	0	51,196-	51,196	
1040157	12/03/24 B	58	1.000	0	58-	58	
1040157	12/03/24 B	112,337	1.000	0	112,337-	112,337	
1040157	12/10/24 B	132,825	1.000	0	132,825-	132,825	
1040157	12/12/24 B	17,263	1.000	0	17,263-	17,263	
1040157	12/17/24 B	336,891	1.000	0	336,891-	336,891	
1040157	12/19/24 B	4,482	1.000	0	4,482-	4,482	
1040157	12/19/24 B	207,927	1.000	0	207,927-	207,927	
1040157	12/26/24 B	387,905	1.000	0	387,905*	387,905	
1040157	12/26/24 B	3,730	1.000	0	3,730-	3,730	
1040157	01/02/25 B	45,400	1.000	0	45,400-	45,400	
1040157	01/03/25 B	52	1.000	0	52-	52	
1040157	01/14/25 B	72,734	1.000	0	72,734-	72,734	
1040157	01/16/25 B	74,892	1.000	0	74,892-	74,892	
1040157	01/23/25 B	241,758	1.000	0	241,758-	241,758	
1040157	01/28/25 B	25,162	1.000	0	25,162-	25,162	
1040157	01/30/25 B	57,804	1.000	0	57,804-	57,804	
1040157	02/03/25 B	33,849	1.000	0	33,849-	33,849	
1040157	02/04/25 B	17	1.000	0	17-	17	
1040157	02/04/25 B	132,144	1.000	0	132,144-	132,144	
1040157	02/11/25 B	112,487	1.000	0	112,487-	112,487	
1040157	02/20/25 B	445,501	1.000	0	445,501*	445,501	
1040157	02/25/25 B	170,505	1.000	0	170,505-	170,505	
1040157	03/03/25 B	22,389	1.000	0	22,389-	22,389	
1040157	03/04/25 B	15	1.000	0	15-	15	
1040157	03/04/25 B	86,703	1.000	0	86,703-	86,703	

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	03/11/25 B	116,709	1.000	0	116,709-	116,709	
1040157	03/13/25 B	111,890	1.000	0	111,890-	111,890	
1040157	03/18/25 B	169,674	1.000	0	169,674-	169,674	
1040157	03/25/25 B	133,748	1.000	0	133,748-	133,748	
1040157	03/27/25 B	80	1.000	0	80-	80	
1040157	04/01/25 B	19,645	1.000	0	19,645-	19,645	
1040157	04/01/25 B	207,626	1.000	0	207,626-	207,626	
1040157	04/02/25 B	238	1.000	0	238-	238	
1040157	04/03/25 B	186,281	1.000	0	186,281-	186,281	
1040157	04/08/25 B	166,925	1.000	0	166,925-	166,925	
1040157	04/15/25 B	204,089	1.000	0	204,089-	204,089	
1040157	04/22/25 B	534,817	1.000	0	534,817-*	534,817	
1040157	04/24/25 B	421,822	1.000	0	421,822-*	421,822	
1040157	05/01/25 B	480,945	1.000	0	480,945-*	480,945	
1040157	05/01/25 B	15,600	1.000	0	15,600-	15,600	
1040157	05/02/25 B	212	1.000	0	212-	212	
1040157	05/06/25 B	282,711	1.000	0	282,711-	282,711	
1040157	05/08/25 B	462,609	1.000	0	462,609-*	462,609	
1040157	05/13/25 B	170,662	1.000	0	170,662-	170,662	
1040157	05/15/25 B	46,657	1.000	0	46,657-	46,657	
1040157	05/20/25 B	638,481	1.000	0	638,481-*	638,481	
1040157	05/22/25 B	596,024	1.000	0	596,024-*	596,024	
1040157	05/27/25 B	287,034	1.000	0	287,034-	287,034	
1040157	05/29/25 B	478,161	1.000	0	478,161-*	478,161	
1040157	06/02/25 B	17,284	1.000	0	17,284-	17,284	
1040157	06/03/25 B	111	1.000	0	111-	111	
1040157	06/03/25 B	282,528	1.000	0	282,528-	282,528	

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS	
1040157	06/05/25 B	494,751	1.000	0	494,751*	494,751		
1040157	06/12/25 B	276,238	1.000	0	276,238-	276,238		
1040157	06/17/25 B	310,222	1.000	0	310,222-	310,222		
1040157	06/20/25 B	650,016	1.000	0	650,016*	650,016		
1040157	06/24/25 B	309,403	1.000	0	309,403-	309,403		
1040157	06/26/25 B	847,795	1.000	0	847,795*	847,795		
1040157	06/30/25 B	75	1.000	0	75-	75		
SUB-TOTAL OF BUYS # 111							30,974,873	
1040157	07/03/24 S	314,611	1.000	0	314,611	314,611	0	
1040157	07/08/24 S	116,850	1.000	0	116,850	116,850	0	
1040157	07/10/24 S	231,580	1.000	0	231,580	231,580	0	
1040157	07/15/24 S	369,421	1.000	0	369,421*	369,421	0	
1040157	07/17/24 S	101,840	1.000	0	101,840	101,840	0	
1040157	07/19/24 S	281,992	1.000	0	281,992	281,992	0	
1040157	07/22/24 S	147,130	1.000	0	147,130	147,130	0	
1040157	07/26/24 S	89,721	1.000	0	89,721	89,721	0	
1040157	07/29/24 S	114,180	1.000	0	114,180	114,180	0	
1040157	07/31/24 S	216,536	1.000	0	216,536	216,536	0	
1040157	08/02/24 S	628,964	1.000	0	628,964*	628,964	0	
1040157	08/06/24 S	234,351	1.000	0	234,351	234,351	0	
1040157	08/07/24 S	145,930	1.000	0	145,930	145,930	0	
1040157	08/09/24 S	319,682	1.000	0	319,682	319,682	0	
1040157	08/14/24 S	221,521	1.000	0	221,521	221,521	0	
1040157	08/19/24 S	213,501	1.000	0	213,501	213,501	0	
1040157	08/21/24 S	140,625	1.000	0	140,625	140,625	0	
1040157	08/23/24 S	231,622	1.000	0	231,622	231,622	0	
1040157	08/26/24 S	107,700	1.000	0	107,700	107,700	0	

continued

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	08/28/24 S	549,402	1.000	0	549,402 *	549,402	0
1040157	08/30/24 S	209,014	1.000	0	209,014	209,014	0
1040157	09/04/24 S	401,530	1.000	0	401,530 *	401,530	0
1040157	09/06/24 S	370,961	1.000	0	370,961 *	370,961	0
1040157	09/09/24 S	122,720	1.000	0	122,720	122,720	0
1040157	09/11/24 S	356,614	1.000	0	356,614	356,614	0
1040157	09/13/24 S	121,448	1.000	0	121,448	121,448	0
1040157	09/18/24 S	144,235	1.000	0	144,235	144,235	0
1040157	09/20/24 S	219,981	1.000	0	219,981	219,981	0
1040157	09/25/24 S	271,164	1.000	0	271,164	271,164	0
1040157	09/27/24 S	316,021	1.000	0	316,021	316,021	0
1040157	10/02/24 S	353,545	1.000	0	353,545	353,545	0
1040157	10/04/24 S	133,746	1.000	0	133,746	133,746	0
1040157	10/07/24 S	102,305	1.000	0	102,305	102,305	0
1040157	10/09/24 S	437,430	1.000	0	437,430 *	437,430	0
1040157	10/11/24 S	176,755	1.000	0	176,755	176,755	0
1040157	10/16/24 S	221,715	1.000	0	221,715	221,715	0
1040157	10/18/24 S	248,532	1.000	0	248,532	248,532	0
1040157	10/21/24 S	123,870	1.000	0	123,870	123,870	0
1040157	10/23/24 S	361,927	1.000	0	361,927 *	361,927	0
1040157	10/25/24 S	194,939	1.000	0	194,939	194,939	0
1040157	10/28/24 S	117,710	1.000	0	117,710	117,710	0
1040157	10/30/24 S	387,470	1.000	0	387,470 *	387,470	0
1040157	10/31/24 S	274,705	1.000	0	274,705	274,705	0
1040157	11/04/24 S	122,775	1.000	0	122,775	122,775	0
1040157	11/06/24 S	343,991	1.000	0	343,991	343,991	0
1040157	11/08/24 S	344,333	1.000	0	344,333	344,333	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	11/12/24 S	34,679	1.000	0	34,679	34,679	0
1040157	11/13/24 S	342,454	1.000	0	342,454	342,454	0
1040157	11/15/24 S	215,746	1.000	0	215,746	215,746	0
1040157	11/18/24 S	439,817	1.000	0	439,817 *	439,817	0
1040157	11/20/24 S	322,699	1.000	0	322,699	322,699	0
1040157	11/21/24 S	14,801	1.000	0	14,801	14,801	0
1040157	11/27/24 S	285,245	1.000	0	285,245	285,245	0
1040157	12/02/24 S	117,840	1.000	0	117,840	117,840	0
1040157	12/04/24 S	538,148	1.000	0	538,148 *	538,148	0
1040157	12/05/24 S	144,578	1.000	0	144,578	144,578	0
1040157	12/09/24 S	142,660	1.000	0	142,660	142,660	0
1040157	12/11/24 S	248,525	1.000	0	248,525	248,525	0
1040157	12/13/24 S	260,123	1.000	0	260,123	260,123	0
1040157	12/18/24 S	493,920	1.000	0	493,920 *	493,920	0
1040157	12/20/24 S	351,126	1.000	0	351,126	351,126	0
1040157	12/24/24 S	160,099	1.000	0	160,099	160,099	0
1040157	12/27/24 S	492,687	1.000	0	492,687 *	492,687	0
1040157	12/31/24 S	274,942	1.000	0	274,942	274,942	0
1040157	01/02/25 S	512,222	1.000	0	512,222 *	512,222	0
1040157	01/07/25 S	57,278	1.000	0	57,278	57,278	0
1040157	01/08/25 S	271,015	1.000	0	271,015	271,015	0
1040157	01/09/25 S	737,006	1.000	0	737,006 *	737,006	0
1040157	01/13/25 S	73,842	1.000	0	73,842	73,842	0
1040157	01/15/25 S	607,676	1.000	0	607,676 *	607,676	0
1040157	01/17/25 S	76,295	1.000	0	76,295	76,295	0
1040157	01/21/25 S	23,876	1.000	0	23,876	23,876	0
1040157	01/22/25 S	856,339	1.000	0	856,339 *	856,339	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	01/24/25 S	199,709	1.000	0	199,709	199,709	0
1040157	01/29/25 S	408,358	1.000	0	408,358 *	408,358	0
1040157	01/31/25 S	197,630	1.000	0	197,630	197,630	0
1040157	02/03/25 S	81,575	1.000	0	81,575	81,575	0
1040157	02/05/25 S	362,559	1.000	0	362,559 *	362,559	0
1040157	02/06/25 S	261,228	1.000	0	261,228	261,228	0
1040157	02/10/25 S	95,645	1.000	0	95,645	95,645	0
1040157	02/12/25 S	243,200	1.000	0	243,200	243,200	0
1040157	02/13/25 S	82,752	1.000	0	82,752	82,752	0
1040157	02/14/25 S	124,871	1.000	0	124,871	124,871	0
1040157	02/18/25 S	13,012	1.000	0	13,012	13,012	0
1040157	02/19/25 S	214,680	1.000	0	214,680	214,680	0
1040157	02/21/25 S	559,771	1.000	0	559,771 *	559,771	0
1040157	02/24/25 S	73,325	1.000	0	73,325	73,325	0
1040157	02/26/25 S	291,264	1.000	0	291,264	291,264	0
1040157	02/27/25 S	138,854	1.000	0	138,854	138,854	0
1040157	03/05/25 S	250,544	1.000	0	250,544	250,544	0
1040157	03/06/25 S	47,844	1.000	0	47,844	47,844	0
1040157	03/07/25 S	70,623	1.000	0	70,623	70,623	0
1040157	03/10/25 S	120,190	1.000	0	120,190	120,190	0
1040157	03/12/25 S	392,057	1.000	0	392,057 *	392,057	0
1040157	03/14/25 S	167,572	1.000	0	167,572	167,572	0
1040157	03/17/25 S	61,105	1.000	0	61,105	61,105	0
1040157	03/19/25 S	178,460	1.000	0	178,460	178,460	0
1040157	03/20/25 S	92,843	1.000	0	92,843	92,843	0
1040157	03/24/25 S	76,185	1.000	0	76,185	76,185	0
1040157	03/26/25 S	263,508	1.000	0	263,508	263,508	0

continued



REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	03/27/25 S	54,459	1.000	0	54,459	54,459	0
1040157	03/31/25 S	101,340	1.000	0	101,340	101,340	0
1040157	04/02/25 S	273,191	1.000	0	273,191	273,191	0
1040157	04/04/25 S	245,316	1.000	0	245,316	245,316	0
1040157	04/07/25 S	128,335	1.000	0	128,335	128,335	0
1040157	04/09/25 S	152,775	1.000	0	152,775	152,775	0
1040157	04/10/25 S	171,004	1.000	0	171,004	171,004	0
1040157	04/14/25 S	169,298	1.000	0	169,298	169,298	0
1040157	04/16/25 S	154,080	1.000	0	154,080	154,080	0
1040157	04/17/25 S	102,249	1.000	0	102,249	102,249	0
1040157	04/21/25 S	563,152	1.000	0	563,152 *	563,152	0
1040157	04/25/25 S	276,306	1.000	0	276,306	276,306	0
1040157	04/29/25 S	10,165	1.000	0	10,165	10,165	0
1040157	04/30/25 S	195,100	1.000	0	195,100	195,100	0
1040157	05/02/25 S	151,619	1.000	0	151,619	151,619	0
1040157	05/05/25 S	100,215	1.000	0	100,215	100,215	0
1040157	05/07/25 S	362,477	1.000	0	362,477 *	362,477	0
1040157	05/09/25 S	297,330	1.000	0	297,330	297,330	0
1040157	05/14/25 S	317,685	1.000	0	317,685	317,685	0
1040157	05/21/25 S	342,639	1.000	0	342,639	342,639	0
1040157	05/28/25 S	329,935	1.000	0	329,935	329,935	0
1040157	06/02/25 S	125,460	1.000	0	125,460	125,460	0
1040157	06/04/25 S	168,050	1.000	0	168,050	168,050	0
1040157	06/09/25 S	126,800	1.000	0	126,800	126,800	0
1040157	06/10/25 S	101,564	1.000	0	101,564	101,564	0
1040157	06/16/25 S	103,975	1.000	0	103,975	103,975	0
1040157	06/18/25 S	287,198	1.000	0	287,198	287,198	0

continued



1040157 - GMR ASSOC EB WELFARE TR

July 01, 2024 through June 30, 2025

Page 92 of 100

REPORTABLE TRANSACTIONS WORKSHEET

	DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
1040157	06/23/25 S	90,750	1.000	0	90,750	90,750	0
1040157	06/25/25 S	216,900	1.000	0	216,900	216,900	0
1040157	06/27/25 S	260,323	1.000	0	260,323	260,323	0
1040157	06/30/25 S	222,977	1.000	0	222,977	222,977	0
SUB-TOTAL OF SALES # 131				0	30,624,264	30,624,264	0
SUB-TOTAL				0	61,599,137	61,599,137	0
GRAND TOTAL				0	61,599,137	61,599,137	0

continued



1040157 - GMR ASSOC EB WELFARE TR
July 01, 2024 through June 30, 2025

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
--------------------	--------------------	------------	------------------	-------------------	------------------	----------------------

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***