

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program... 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: IBB LOCAL LODGE NO. ONE LEGAL ASSISTANCE TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF IBB LOCAL LODGE NO ONE LEGAL ASST. TRUST FUND
2b Employer Identification Number (EIN): 51-6146088
2c Plan Sponsor's telephone number: 331-334-8037
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 12/12/2025, ERIC DAVIS; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 12/12/2025, JOSEPH P. REYNOLDS; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	319
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)	319
	6a(2)	329
	6b	
	6c	
	6d	329
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	30

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:
4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

A Name of plan IBB LOCAL LODGE NO. ONE LEGAL ASSISTANCE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IBB LOCAL LODGE NO ONE LEGAL ASST. TRUST FUND	D Employer Identification Number (EIN) 51-6146088	

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

THE VANGUARD GROUP INC.

23-1945930

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

BLACKROCK FUND ADVISORS **400 HOWARD ST**
SAN FRANCISCO, CA 94105

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

FEDERATED INVESTMENT MANAGEMENT CO. **1001 LIBERTY AVE.**
PITTSBURGH, PA 15222

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

HARBOR CAPITAL ADVISORS **111 S WACKER DR 34**
CHICAGO, IL 60606

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

VAN ECK ASSOCIATES CORPORATION

666 THIRD AVENUE
NEW YORK, NY 10017

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

SSGA FM

1 IRON STREET
BOSTON, MA 02210

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

ABRDN ETFS ADVISORS LLC

875 3RD AVENUE, SUITE 403
NEW YORK, NY 10022

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

JANUS HENDERSON INVESTORS US LLC

151 DETROIT ST.
DENVER, CO 80206

(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)

DOWD, BLOCH, BENNETT, CERVONE

36-3371377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	20178	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)

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	18220	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)

GREAT LAKES ADVISORS

80-0292839

(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	11141	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

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 07/01/2024 and ending 06/30/2025	
A Name of plan IBB LOCAL LODGE NO. ONE LEGAL ASSISTANCE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF IBB LOCAL LODGE NO ONE LEGAL ASST. TRUST FUND	D Employer Identification Number (EIN) 51-6146088

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 32947	19681
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 1884	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 9294	86892
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2) 416959	494730
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A) 67917	52485
(B) All other	1c(3)(B) 211025	185325
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B) 569413	664665
(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) 1257305	1276724
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 13915	14545

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	140	100
f Total assets (add all amounts in lines 1a through 1e).....	1f	2580799	2795147
Liabilities			
g Benefit claims payable.....	1g	3961	1725
h Operating payables.....	1h	9164	12411
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	6897	1497
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	20022	15633
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2560777	2779514

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)	36090	
(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)		36090
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1437	
(B) U.S. Government securities.....	2b(1)(B)	13019	
(C) Corporate debt instruments.....	2b(1)(C)	10072	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	332	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24860
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	7746	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	43604	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		51350
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	895182	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	888318	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		6864
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	107023	
(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)		122117
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		348304

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	57935	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		57935
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)	9113	
(2) Contract administrator fees	2i(2)	250	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18220	
(5) Investment advisory and investment management fees	2i(5)	14325	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	20178	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	9546	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		71632
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		129567

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		218737
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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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		800000
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 _____.

**International Brotherhood of Boilermakers
Local Lodge No. One Legal Assistance Trust Fund**

Financial Statements

June 30, 2025

**International Brotherhood of Boilermakers
Local Lodge No. One Legal Assistance Trust Fund**

Financial Statements with Supplementary Information

June 30, 2025 and 2024

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Report of Independent Auditors

To the Participants and Trustees of
International Brotherhood of Boilermakers
Local Lodge No. One Legal Assistance Trust Fund

Opinion

We have audited the financial statements of International Brotherhood of Boilermakers Local Lodge No. One Legal Assistance Trust Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits and benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of International Brotherhood of Boilermakers Local Lodge No. One Legal Assistance Trust Fund as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations 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 (GAAS). Our responsibilities under those standards are further described in the *Auditors' 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.

Responsibilities of Management for the Financial Statements (continued)

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 within one year after the date that 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.

Auditors' 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 and auditors' 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 GAAS 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; and
- 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.

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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.

Legacy Professionals LLP

Westchester, Illinois

December 19, 2025

**International Brotherhood of Boilermakers
Local Lodge No. One Legal Assistance Trust Fund**

Statements of Net Assets Available for Benefits and Benefit Obligations

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Net Assets Available for Benefits		
Assets		
Investments - at fair value		
Mutual funds	\$ 1,276,724	\$ 1,257,305
Common stocks	664,665	569,413
U.S. Government and Government		
Agency obligations	494,730	416,959
Corporate bonds	237,810	278,942
Municipal bonds	14,545	13,915
Total investments	<u>2,688,474</u>	<u>2,536,534</u>
Receivables		
Employer contributions	-	1,884
Accrued interest income	6,325	5,265
Due from SUB Fund	61,450	-
Due from Training and Education Fund	15,349	-
Total receivables	<u>83,124</u>	<u>7,149</u>
Property and equipment		
Office furniture and equipment	4,858	4,858
Less accumulated depreciation and amortization	<u>(4,758)</u>	<u>(4,718)</u>
Net property and equipment	<u>100</u>	<u>140</u>
Prepaid insurance	<u>3,768</u>	<u>4,029</u>
Cash	<u>19,681</u>	<u>32,947</u>
Total assets	<u>2,795,147</u>	<u>2,580,799</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	12,411	9,164
Accrued salaries	1,497	-
Due to Training and Education Fund	-	6,897
Total liabilities	<u>13,908</u>	<u>16,061</u>
Net assets available for benefits	2,781,239	2,564,738
Benefit Obligations		
Amounts currently payable		
Legal assistance benefits payable	<u>1,725</u>	<u>3,961</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 2,779,514</u>	<u>\$ 2,560,777</u>

See accompanying notes to financial statements.

**International Brotherhood of Boilermakers
Local Lodge No. One Legal Assistance Trust Fund**

**Statements of Changes in Net Assets Available for Benefits
and Benefit Obligations**

Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Net Increase in Net Assets Available for Benefits		
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 236,004	\$ 181,856
Interest and dividends	<u>76,210</u>	<u>69,908</u>
	312,214	251,764
Less investment expenses	<u>(14,325)</u>	<u>(13,354)</u>
Net investment income	297,889	238,410
Employer contributions	36,090	40,813
Miscellaneous income	<u>-</u>	<u>95</u>
Total additions	<u>333,979</u>	<u>279,318</u>
Deductions		
Legal assistance benefits	60,171	35,375
Administrative expenses	<u>57,307</u>	<u>78,724</u>
Total deductions	<u>117,478</u>	<u>114,099</u>
Net increase in net assets available for benefits	216,501	165,219
Net Increase in Benefit Obligations		
Net increase during the year attributable to changes in Legal assistance benefits payable	<u>2,236</u>	<u>7,897</u>
Excess of Net Assets Available for Benefits over Benefit Obligations		
Net increase	218,737	173,116
Excess		
Beginning of year	<u>2,560,777</u>	<u>2,387,661</u>
End of year	<u>\$ 2,779,514</u>	<u>\$ 2,560,777</u>

See accompanying notes to financial statements.

**International Brotherhood of Boilermakers
Local Lodge No. One Legal Assistance Trust Fund**

Notes to Financial Statements

June 30, 2025 and 2024

Note 1. Description of the Plan and Tax Status

International Brotherhood of Boilermakers Local Lodge No. One Legal Assistance Trust Fund (the Plan) was established on November 20, 1975, pursuant to a collective bargaining agreement between International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers Local Lodge No. One (the Local Union) and Boiler and Tank Contractors of Illinois (the Association). The Plan is a multiemployer welfare plan subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan assists individuals employed under the collective bargaining agreement in protecting their personal rights by assisting them to secure and pay for competent legal services. The Plan pays for legal representation up to a maximum number of hours per calendar year and at a rate determined by the Trustees. For calendar years 2025 and 2024, the maximum number of representation hours was 30 hours. Effective January 1, 2024, the rate per hour was \$250. Prior to January 1, 2024, the rate in effect was \$150 per hour.

A participant, other than an apprentice, is eligible to participate in the Plan on the first day of the calendar year after either of the following: (a) a year in which the primary source of employment, as defined by the Plan, was through the referral system, or (b) a year in which 1,000 hours or more were worked under the Building and Construction Trades Agreement; and if the participant maintains a residence so that they are available for work in the jurisdiction of the Local Union. An apprentice is eligible to participate upon employment as an apprentice. Participants should refer to the Plan document for a complete description of certain other eligibility rules.

The Plan received a notice of exemption in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Trustees and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 2. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

Contributions Receivable - Employer contributions due and not paid at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over estimated useful lives of five years.

Depreciation expense was \$40 for each of the years ended June 30, 2025 and 2024.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based upon the number of hours paid for work performed in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 1 within a jurisdiction primarily located in Chicago and surrounding areas of Illinois.

Benefit Obligations - The benefit obligations for legal assistance benefits payable represent benefits provided prior to but not paid as of year end.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through December 19, 2025, which is the date the financial statements were available to be issued.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purpose other than the exclusive benefit of the participants. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan.

Note 4. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement:

Note 4. Fair Value Measurements (continued)

	<u>Fair Value Measurements at 6/30/25 Using</u>			
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 1,276,724	\$ 1,276,724	\$ -	\$ -
Common stocks	664,665	664,665	-	-
U.S. Government and Government Agency obligations	494,730	414,809	79,921	-
Corporate bonds	237,810	-	237,810	-
Municipal bonds	14,545	-	14,545	-
Total	\$ 2,688,474	\$ 2,356,198	\$ 332,276	\$ -

	<u>Fair Value Measurements at 6/30/24 Using</u>			
	<u>Total</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 1,257,305	\$ 1,257,305	\$ -	\$ -
Common stocks	569,413	569,413	-	-
U.S. Government and Government Agency obligations	416,959	379,245	37,714	-
Corporate bonds	278,942	-	278,942	-
Municipal bonds	13,915	-	13,915	-
Total	\$ 2,536,534	\$ 2,205,963	\$ 330,571	\$ -

Note 4. Fair Value Measurements (continued)

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Common stocks and U.S. Treasury securities are traded in active markets on national and international securities exchanges and are value at closing prices on the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations and corporate and municipal bonds are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on valuation models that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and benefit obligations. The current economic environment has increased the degree of uncertainty.

Note 5. Funding Policy

The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. For the years ended June 30, 2025 and 2024 the hourly contribution rate was \$0.10 for straight-time hours paid, \$0.15 for one-half hours paid, and \$0.20 for double-time hours paid. Effective May 1, 2025, employer contributions to the Plan were suspended through April 2028.

Note 6. Major Employers

Contributions from four employers accounted for approximately 57% of total contributions during the year ended June 30, 2025. Contributions from three employers accounted for approximately 46% of total contributions during the year ended June 30, 2024. In the event these employers were to suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 7. Related Organizations

The Plan is related through common governance to a supplemental unemployment benefit plan, a training and education fund and a local union, all of which are tax-exempt.

During 2025, the Plan began sharing an employee with the related supplemental unemployment benefit plan and training and education fund. The Plan initially pay the employee's salary, taxes and benefits, which are allocated to the related plans based upon estimates of time spent and costs incurred. Amounts allocated to the Plan for the shared employee totaled \$9,622 during the year ended June 30, 2025.

At times, the Plan may owe the supplemental unemployment benefit plan and the training and education fund for certain administrative expenses that were jointly incurred.

Total amounts due from the related plans were \$76,799 for the year ended June 30, 2025. Total amounts due to the related plans were \$6,897 for the year ended June 30, 2024.

Note 8. Participation in Multiemployer Plans

The Plan shares an employee with the related supplemental unemployment benefit plan and the training and education Fund. The Plan's shared employee is covered by a multiemployer defined benefit pension plan and multiemployer defined contribution plan.

Defined Benefit Pension Plan

The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

Note 8. Participation in Multiemployer Plans (continued)

Defined Benefit Pension Plan (continued)

The Fund’s participation in the multiemployer defined benefit pension plan - Boilermaker-Blacksmith National Pension Trust (employer identification number 48-6168020 and plan number 001) for the years ended June 30, 2025 and 2024, is outlined in the following table. The most recent Pension Protection Act Zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65% funded, plans in the yellow zone are between 65% and 80% funded, and plans in the green zone are at least 80% funded. The FIP/RP Status Pending/Implemented column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Fund may be subject to a surcharge if the plan is in the red zone. The Surcharge Imposed column indicates whether a surcharge has been imposed on contributions to the plan. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

Pension Protection Act Zone Status		FIP/RP Status Pending/Implemented	Contributions		Surcharge Imposed	Most Recently Available Annual Report (Form 5500)
<u>2025</u>	<u>2024</u>		<u>2025</u>	<u>2024</u>		
Red as of 1/1/25	Red as of 1/1/24	Implemented	\$ 16,800	\$ -	No	12/31/2024

Contributions to the plan are made monthly under the terms of a participation agreement, which does not have an expiration date. The Fund’s contributions do not represent more than 5% of the total contributions to the plan as indicated in the plan’s most recently available annual report. The gross contributions above are allocated to the related organizations as described in Note 7. The increase in contributions is primarily due to the hiring of a full-time employee during the year ended June 30, 2025.

Defined Contribution Retirement Plan

Contributions to the defined contribution retirement plan are made monthly under the terms of a participation agreement and are allocated to the related plans as described in Note 7. During the year ended June 30, 2025, gross contributions amounted to \$4,815.

Note 9. Transactions with Affiliated Organization

The Plan shared administrative employees, office space and other administrative expenses with Common Arc Corporation, a not-for profit corporation through August 9, 2024. The Plan reimbursed Common Arc Corporation for shared administrative expenses based upon an agreement. Total reimbursements for shared employees, office space and other administrative expenses was approximately \$1,000 and \$11,000 for the years ended June 30, 2025 and 2024, respectively.

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 2,781,239	\$ 2,564,738
Less - benefits currently payable	<u>(1,725)</u>	<u>(3,961)</u>
Net assets available for benefits per the Form 5500	<u>\$ 2,779,514</u>	<u>\$ 2,560,777</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended June 30, 2025:

Benefits paid to or for participants per the financial statements	\$ 60,171
Add - amounts currently payable at end of year	1,725
Less - amounts currently payable at beginning of year	<u>(3,961)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 57,935</u>

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
International Brotherhood of Boilermakers
Local Lodge No. One Legal Assistance Trust Fund

We have audited the financial statements of International Brotherhood of Boilermakers Local Lodge No. One Legal Assistance Trust Fund (the Plan) as of and for the years ended June 30, 2025 and 2024 and our report thereon dated December 19, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statement as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 GAAS.

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.

Legacy Professionals LLP

Westchester, Illinois

December 19, 2025

SUPPLEMENTAL SCHEDULE 2

International Brotherhood of Boilermakers Local Lodge No. One

Legal Assistance Trust Fund

FIN: #51-6146088

PN: 501

Schedule Supporting Form 5500 for 2024

(Year ended June 30, 2025)

Schedule H, line 4j - Schedule of Reportable Transactions

<u>(a)</u> <u>Identity of</u> <u>Party</u> <u>Involved</u>	<u>(b)</u> <u>Description of Asset</u>	<u>(c)</u> <u>Purchase</u> <u>Price</u>	<u>(d)</u> <u>Selling</u> <u>Price</u>	<u>(e)</u> <u>Lease</u> <u>rental</u>	<u>(f)</u> <u>Expense</u> <u>incurred with</u> <u>transaction</u>	<u>(g)</u> <u>Cost of</u> <u>Asset</u>	<u>(h)</u> <u>Current value</u> <u>of asset on</u> <u>transaction date</u>	<u>(i)</u> <u>Net</u> <u>Gain</u> <u>(Loss)</u>
<u>Series of Transactions</u>								
	Federated Government Oblig Fd (357 purchases)	\$ 489,846				\$ 489,846	\$ 489,846	
	Federated Government Oblig Fd (64 sales)		\$ 489,129			\$ 489,129	\$ 489,129	\$ -
	SPDR Emerging Markets ETF (1 purchases)	\$ 51,457				\$ 51,457	\$ 51,457	
	SPDR Emerging Markets ETF (3 sales)		\$ 87,657			\$ 87,657	\$ 82,853	\$ 4,804

SUPPLEMENTAL SCHEDULE 1

International Brotherhood of Boilermakers Local Lodge No. One

Legal Assistance Trust Fund

EIN # 51-6146088

Plan # 501

Schedule Supporting Form 5500 for 2024

(Year ended June 30, 2025)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Description	Shares/ Units	Cost	Fair Value
U.S. Government and Government Agency Securities:			
Fed Home Ln Bks 5% 5/06/30	10,000	10,000	\$ 10,001
FHLM Gold Pool #C90920 4.5% 8/01/25	3	3	3
FHLM Pool #A71807 5% 2/01/38	498	528	506
FHLM Remic 3% 11/25/50	23,542	21,719	22,073
FHLM Remic 5.5% 4/25/49	7,299	7,296	7,353
FNMA Gtd Remic 5.5% 1/25/32	819	939	821
FNMA Remic 3% 12/25/32	5,460	5,803	5,311
FNMA Remic Trust 2025- 5.5% 4/25/52	4,632	4,650	4,689
FNMA Remic Trust 2025- 5.5% 11/25/51	14,579	14,634	14,727
FNMA Remic Trust 2025- 5.5% 12/25/49	14,294	14,489	14,437
U S Treasury Note 4% 1/31/29	42,000	41,708	42,379
U S Treasury Note 1.5% 8/15/26	56,000	54,851	54,497
U S Treasury Note 2.25% 8/15/27	39,000	36,464	37,830
U S Treasury Note 2.25% 11/15/25	5,000	4,832	4,962
U S Treasury Note 2.75% 8/15/28	22,000	20,799	21,477
U S Treasury Note 3.75% 8/31/31	10,000	9,575	9,907
U S Treasury Note 1.125% 10/31/26	45,000	42,502	43,395
U S Treasury Note 2.625% 5/31/27	10,000	9,374	9,793
U S Treasury Note 2.875% 5/15/28	15,000	14,723	14,665
U S Treasury Note 3.125% 8/31/29	10,000	9,828	9,759
U S Treasury Note 3.125% 11/15/28	104,000	101,027	102,058
U S Treasury Note 3.375% 5/15/33	10,000	9,177	9,532
U S Treasury Note 3.875% 8/15/34	10,000	9,762	9,767
U S Treasury Note 2.375% 3/31/29	10,000	9,379	9,528
U S Treasury Note 3.875% 9/30/29	15,000	14,632	15,069
U S Treasury Notes 4% 10/31/29	20,000	19,891	20,191
		<u>\$ 488,585</u>	<u>\$ 494,730</u>
Municipal Obligations:			
Rosemont Ill	15,000	15,000	14,545
		<u>\$ 15,000</u>	<u>\$ 14,545</u>
Corporate Bonds and Notes:			
Allstate Corp 0.75% 12/15/25	10,000	9,998	9,829
At&T Inc 4.35% 3/01/29	10,000	9,883	10,021

SUPPLEMENTAL SCHEDULE 1

International Brotherhood of Boilermakers Local Lodge No. One

Legal Assistance Trust Fund

EIN # 51-6146088

Plan # 501

Schedule Supporting Form 5500 for 2024

(Year ended June 30, 2025)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Description	Shares/ Units	Cost	Fair Value
Corporate Bonds and Notes (continued):			
Bank Amer Corp 4.25% 10/22/26	5,000	4,967	4,991
Bank America Corp 4.183% 11/25/27	10,000	9,672	9,960
Bristol-Myers Squibb 3.9% 2/20/28	5,000	4,946	4,977
Cadence Design 4.2% 9/10/27	10,000	10,056	10,014
Campbell Soup Co 5.2% 3/21/29	10,000	10,125	10,240
Citigroup Inc 4.125% 7/25/28	10,000	9,279	9,929
Comcast Corp 4.15% 10/15/28	10,000	9,651	9,981
Dollar Tree Inc 4.2% 5/15/28	11,000	10,625	10,896
Edwards Lifesciences 4.3% 6/15/28	10,000	9,594	9,985
Energy Transfer 4.2% 4/15/27	8,000	8,765	7,968
Goldman Sachs 3.8% 3/15/30	10,000	9,658	9,759
Goldman Sachs Group 3.5% 11/16/26	10,000	9,557	9,883
Jpm Chase & Co 3.625% 12/01/27	15,000	14,552	14,789
Keysight Tech 4.6% 4/06/27	10,000	10,125	10,039
Mcdonalds Corp 6.375% 1/08/28	3,000	3,229	3,144
Motorola Solutions 4.6% 2/23/28	10,000	9,919	10,073
Mplx Lp 4% 3/15/28	10,000	10,556	9,902
Phillips 66 4.65% 11/15/34	10,000	9,307	9,545
Prologis L P 3.875% 9/15/28	18,000	16,807	17,840
T Mobile Usa Inc 3.375% 4/15/29	10,000	9,385	9,621
Tjx Cos Inc 2.25% 9/15/26	5,000	5,293	4,897
Vulcan Matls Co 3.5% 6/01/30	10,000	9,552	9,567
Wells Fargo & Co 4.1% 6/03/26	10,000	11,055	9,960
		<u>\$ 236,556</u>	<u>\$ 237,810</u>
Common Stock:			
Abbott Labs	75	10,005	10,201
Acadia Pharmaceuticals Inc	173	3,031	3,732
Aci Worldwide Inc	81	4,446	3,719
Aecom	50	4,889	5,643
Affirm Hldgs Inc	55	3,359	3,803
Alphabet Inc Class A	36	6,623	6,344
Altria Group Inc	247	14,599	14,482
Amazon Com Inc	112	13,948	24,572

SUPPLEMENTAL SCHEDULE 1

International Brotherhood of Boilermakers Local Lodge No. One

Legal Assistance Trust Fund

EIN # 51-6146088

Plan # 501

Schedule Supporting Form 5500 for 2024

(Year ended June 30, 2025)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Description	Shares/ Units	Cost	Fair Value
Common Stock (continued):			
American Express	39	9,595	12,440
Apple Computer	101	15,386	20,722
Atlassian Corp Plc ADR	13	2,963	2,640
Autodesk Inc	33	8,819	10,216
Automatic Data Processing Inc	18	5,112	5,551
Baker Hughes A Ge Co	179	7,343	6,863
Bank Of America Corp	269	11,372	12,729
Block Inc	122	7,539	8,287
Boston Scientific Corp	88	7,518	9,452
Bristol Myers Squibb Co	68	4,070	3,148
Broadcom Inc	75	12,209	20,674
Cadence Design System Inc	18	5,633	5,547
Cisco Systems Inc	312	17,834	21,646
Citigroup Inc	242	14,441	20,599
Cnx Res Corp	153	2,669	5,153
Coherent Corp	60	4,768	5,353
Confluent Inc	98	3,114	2,443
Costco Wholesale Corp	7	4,931	6,929
Coupang Inc	243	6,252	7,280
Datadog Inc	21	3,297	2,821
Draftkings Inc New	85	3,212	3,646
Dte Energy Co	88	11,921	11,656
East West Bancorp Inc	85	6,156	8,583
Eli Lilly & Co	9	6,362	7,016
Encompass Health Corp	61	5,361	7,480
Frontdoor Inc	61	3,570	3,595
Gilead Sciences Inc	58	6,540	6,430
Globe Life Inc	67	5,433	8,327
Goldman Sachs Group Inc	15	6,535	10,616
Hancock Whitney Corp	93	4,345	5,338
Henry Schein Inc	53	3,853	3,872
International Business Machines	28	5,858	8,254
Intuitive Surgical Inc	24	11,377	13,042
J P Morgan Chase & Company	90	19,741	26,092
Johnson Ctls Intl Plc	33	3,192	3,485

SUPPLEMENTAL SCHEDULE 1

International Brotherhood of Boilermakers Local Lodge No. One

Legal Assistance Trust Fund

EIN # 51-6146088

Plan # 501

Schedule Supporting Form 5500 for 2024

(Year ended June 30, 2025)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Description	Shares/ Units	Cost	Fair Value
Common Stock (continued):			
Kinder Morgan Inc Del	499	10,088	14,671
Mastec Inc	38	4,696	6,476
Mastercard Inc	17	9,150	9,553
Meta Platforms Inc	16	10,558	11,809
Microsoft Corporation	49	11,654	24,373
Mondelez International Inc-A	88	6,014	5,935
National Fuel Gas Co	58	3,327	4,913
Newmont Corp	125	6,958	7,283
Northern Tr Corp	30	3,299	3,804
Nrg Energy Inc	24	3,604	3,854
Nvidia Corp	327	15,537	51,663
Phillips 66	48	5,761	5,726
Prudential Financial Inc	94	9,998	10,099
Qualcomm Inc	61	10,310	9,715
Roblox Corp	63	2,561	6,628
Semtech Corp	92	3,899	4,153
Southern Company	75	6,828	6,887
Sprouts Farmers Market Inc	19	3,062	3,128
Sterling Infrastructure Inc	26	3,698	5,999
Strategy Inc	10	4,130	4,042
Targa Res Corp	37	3,102	6,441
Tjx Cos Inc New	34	3,979	4,199
Toast Inc	107	3,193	4,739
Travel + Leisure	105	4,877	5,419
Uber Technologies Inc	189	14,016	17,634
US Foods Hldg Corp	93	6,602	7,162
Vertiv Holdings Co	34	3,692	4,366
Vornado Rlty Tr	91	3,936	3,480
Walmart Inc	31	2,982	3,031
Warby Parker Inc	120	3,192	2,632
Waste Management Inc	18	3,900	4,119
Williams Cos Inc	114	6,772	7,160
Zillow Group Inc	46	2,970	3,151
		<u>\$ 517,566</u>	<u>\$ 664,665</u>

SUPPLEMENTAL SCHEDULE 1

International Brotherhood of Boilermakers Local Lodge No. One

Legal Assistance Trust Fund

EIN # 51-6146088

Plan # 501

Schedule Supporting Form 5500 for 2024

(Year ended June 30, 2025)

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

<u>Description</u>	<u>Shares/ Units</u>	<u>Cost</u>	<u>Fair Value</u>
Mutual Funds:			
Federated Government Oblig Fd #05	42,650	42,650	42,650
Abrn Bloomberg Commodity	1,213	24,174	25,194
Harbor Commodity All-Weather Etf	1,038	24,177	25,213
Ishares 0-3 Month Treasury Etf	274	27,566	27,589
Ishares Core Msci Etf	3,748	251,959	312,883
Ishares Global Infrastructure Etf	1,728	82,858	102,298
Ishares Global Reit Etf	2,104	57,399	51,969
Ishares Intermediate Gov/Cred Etf	1,182	123,464	126,226
Ishares Msci Eafe Small-Cap Etf	699	43,627	50,803
Janus Detroit Str Tr	1,014	48,689	49,889
Spdr Emerging Markets Etf	3,078	118,712	131,554
Spdr Port S&P 1500 Com Stk Mark Etf	1,667	68,443	124,841
Vaneck Fallen Angel High Yield Etf	4,478	133,280	131,116
Vanguard Whitehall Fds	1,140	73,209	74,499
		<u>\$ 1,120,207</u>	<u>\$ 1,276,724</u>
 Total investments held		 <u>\$ 2,377,914</u>	 <u>\$ 2,688,474</u>

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1	
DESCRIPTION		BEGINNING	ENDING
PREPAID INSURANCE		4,029.	3,768.
ACCRUED INTEREST		5,265.	6,325.
DUE FROM SUB FUND		0.	61,450.
DUE FROM TRAINING & EDUCATION FUND		0.	15,349.
TOTAL TO SCHEDULE H, LINE 1B(3)		9,294.	86,892.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2	
DESCRIPTION		BEGINNING	ENDING
MUNICIPAL BONDS		13,915.	14,545.
TOTAL TO SCHEDULE H, LINE 1C(15)		13,915.	14,545.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 3	
DESCRIPTION		BEGINNING	ENDING
DUE TO TRAINING & EDUCATION FUND		6,897.	0.
ACCRUED SALARIES		0.	1,497.
TOTAL TO SCHEDULE H, LINE 1J		6,897.	1,497.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 4	
DESCRIPTION		AMOUNT	
BENEFITS PAID ON BEHALF OF PARTICIPANTS		57,935.	
TOTAL TO SCHEDULE H, LINE 2E(3)		57,935.	

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 5

DESCRIPTION	AMOUNT
COMPUTER CONSULTING FEES	1,596.
DEPRECIATION EXPENSE	40.
INSURANCE	5,079.
MEETING EXPENSE	81.
MISCELLANEOUS EXPENSE	128.
OFFICE AND TELEPHONE EXPENSE	726.
POSTAGE AND PRINTING EXPENSE	192.
RENT EXPENSE	145.
ADMINISTRATIVE STAFFING FEES	1,050.
PAYROLL TAXES	509.
 TOTAL TO SCHEDULE H, LINE 2I(11)	 <u>9,546.</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0029

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

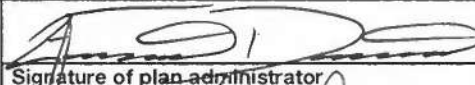
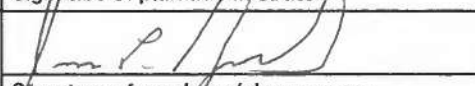
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final 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 IBB LOCAL LODGE NO. ONE LEGAL ASSISTANCE TRUST FUND	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>01/01/1976</u>
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) TRUSTEES OF IBB LOCAL LODGE NO ONE LEGAL ASST. TRUS P.O. BOX 6054 ST. CHARLES IL 60174-6054	2b Employer Identification Number (EIN) <u>51-6146088</u>
	2c Plan Sponsor's telephone number <u>331-334-8037</u>
	2d Business code (see instructions) <u>238220</u>

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		<u>12-12-25</u>	ERIC DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>12-12-25</u>	JOSEPH P. REYNOLDS
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	319
a (2) Total number of active participants at the end of the plan year	6a(2)	329
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	329
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	30

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:

4Q

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)

<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 type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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