

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>I.B.E.W. LOCAL 139 ANNUITY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF IBEW LOCAL 139 ANNUITY FUND</u></p> <p><u>415 WEST SECOND STREET</u> <u>ELMIRA, NY 14901</u></p>	<p>1c Effective date of plan <u>07/01/1966</u></p> <p>2b Employer Identification Number (EIN) <u>51-6029959</u></p> <p>2c Plan Sponsor's telephone number <u>607-732-1237</u></p> <p>2d Business code (see instructions) <u>238210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/19/2026	WARREN ROMAN, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/19/2026	WARREN ROMAN, JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	382
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)	220
	6a(2)	231
	6b	55
	6c	96
	6d	382
	6e	3
	6f	385
	6g(1)	382
6g(2)	385	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	33

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E

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

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

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

<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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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 I.B.E.W. LOCAL 139 ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IBEW LOCAL 139 ANNUITY FUND	D Employer Identification Number (EIN) 51-6029959	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MANNING & NAPIER ADVISORS, INC.

16-0995736

(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	NONE	28984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MENGEL, METZGER, BARR & CO.

16-1092347

(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	ACCOUNTANT	25500	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)

ASB CAPITAL COMPANY

80-0618452

(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?
72	NONE	17545	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"/>

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)

BLITMAN & KING

16-1047304

(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	ATTORNEY	14649	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)

IPS

58-2432390

(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?
	NONE	14250	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)

HGK TRINITY STREET INTERNATIONAL

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72	NONE	14057	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"/>

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)

MCCARTHY & ASSOCIATES

16-1120588

(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	11562	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)

AMAGALMATED

36-0172895

(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?
	NONE	11046	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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 I.B.E.W. LOCAL 139 ANNUITY PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IBEW LOCAL 139 ANNUITY FUND	D Employer Identification Number (EIN) 51-6029959

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	342174	347405
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	91737	80486
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2432957	1803996
(2) U.S. Government securities	1c(2)	3470610	4245141
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5111255	1658323
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2884611	3186707
(5) Partnership/joint venture interests	1c(5)	3293877	8725804
(6) Real estate (other than employer real property)	1c(6)	1196299	1138764
(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)	3763605	4235988
(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	14306	12067
f Total assets (add all amounts in lines 1a through 1e).....	1f	22601431	25434681
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	51993	85608
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	54983	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	106976	85608
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	22494455	25349073

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)	3444035	
(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)		3444035
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	36122	
(B) U.S. Government securities.....	2b(1)(B)	114889	
(C) Corporate debt instruments.....	2b(1)(C)	120234	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	65080	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		336325
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	3092	
(B) Common stock.....	2b(2)(B)	77676	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	19032	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		99800
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	6909603	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	6871010	
(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)	455699	
(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)		643125
c Other income	2c		461278
d Total income. Add all income amounts in column (b) and enter total	2d		5478855

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2378501	
(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)		2378501
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	25500	
(5) Investment advisory and investment management fees	2i(5)	85592	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	2500	
(8) Legal fees	2i(8)	14649	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	11562	
(11) Other expenses	2i(11)	105933	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		245736
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2624237

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2854618
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: MENGEL, METZGER, BARR & CO., LLP

(2) EIN: 16-1092347

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

I.B.E.W. LOCAL 139 ANNUITY PLAN

ELMIRA, NEW YORK

AUDITED FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES

AND

INDEPENDENT AUDITOR'S REPORT

JUNE 30, 2025 AND 2024



BUSINESS
ADVISORS
AND CPAS

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BUSINESS
ADVISORS
AND CPAS

INDEPENDENT AUDITOR'S REPORT

Board of Trustees and Plan Participants
I.B.E.W. Local 139 Annuity Plan

Opinion

We have audited the financial statements of I.B.E.W. Local 139 Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of I.B.E.W. Local 139 Annuity Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of I.B.E.W. Local 139 Annuity Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local 139 Annuity Plan's ability to continue as a going concern for 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 I.B.E.W. Local 139 Annuity Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about I.B.E.W. Local 139 Annuity Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets Held for Investment Purposes at End of Year - June 30, 2025 and Schedule of Reportable Transactions – Year Ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 are 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.

Mengel, Metzger, Baw & Co. LLP

Elmira, New York
November 21, 2025

I.B.E.W. LOCAL 139 ANNUITY PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30,	
	<u>2025</u>	<u>2024</u>
<u>ASSETS</u>		
Cash	\$ 1,636,089	\$ 2,222,925
Investments:		
Cash and cash equivalents	167,907	210,032
Government and agency securities	4,245,141	3,470,610
Corporate stocks	3,186,707	2,884,611
Corporate bonds	1,658,323	5,111,255
Mutual funds	4,235,988	3,763,605
Limited partnerships	8,725,804	3,293,877
Real estate investment trust	<u>1,138,764</u>	<u>1,196,299</u>
	23,358,634	19,930,289
Receivables:		
Employers' contributions	347,405	342,174
Accrued interest	40,296	88,278
Due from other fund	<u>33,038</u>	<u>-</u>
	420,739	430,452
Prepaid expenses	7,152	3,459
Equipment, net of allowances for depreciation of \$23,528 and \$21,289, respectively	<u>12,067</u>	<u>14,306</u>
TOTAL ASSETS	<u>25,434,681</u>	<u>22,601,431</u>
<u>LIABILITIES</u>		
Accounts payable	85,608	51,993
Due to broker	<u>-</u>	<u>54,983</u>
TOTAL LIABILITIES	<u>85,608</u>	<u>106,976</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 25,349,073</u>	<u>\$ 22,494,455</u>

The accompanying notes are an integral part of the financial statements.

I.B.E.W. LOCAL 139 ANNUITY PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

	<u>Year ended June 30,</u>	
	<u>2025</u>	<u>2024</u>
<u>ADDITIONS</u>		
Additions to net assets attributed to:		
Contributions from employers	\$ 3,444,035	\$ 3,233,491
Investment income:		
Interest and dividend income	735,916	639,918
Net appreciation in fair value of investments	<u>1,298,904</u>	<u>845,139</u>
TOTAL ADDITIONS	5,478,855	4,718,548
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefit payments	2,378,501	1,849,839
Investment fees	85,592	98,444
Administrative expenses:		
Administrative and LOT wages	29,752	27,274
Payroll taxes and benefits	25,672	22,552
Legal fees	14,649	14,601
Audit, accounting and actuary fees	39,562	36,154
Rent	24,000	24,000
Office	11,403	14,077
Insurance	5,861	6,403
Depreciation	2,239	2,239
Other	<u>7,006</u>	<u>8,893</u>
Total administrative expenses	<u>160,144</u>	<u>156,193</u>
TOTAL DEDUCTIONS	<u>2,624,237</u>	<u>2,104,476</u>
NET INCREASE	2,854,618	2,614,072
Net assets available for benefits at beginning of year	<u>22,494,455</u>	<u>19,880,383</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 25,349,073</u>	<u>\$ 22,494,455</u>

The accompanying notes are an integral part of the financial statements.

I.B.E.W. LOCAL 139 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE A: DESCRIPTION OF THE PLAN

The following description of the I.B.E.W. Local 139 Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan is a multi-employer defined contribution plan covering substantially all members of the I.B.E.W. Local 139 Union and which provides annuity and pre-retirement death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan permits hardship distributions under certain circumstances, as defined in the Plan.

Contributions

Participating employers contribute based on an hourly rate as determined by a collective bargaining agreement between the employers and I.B.E.W. Local 139. The rate increased from \$7.70 to \$7.85 per hour effective June 1, 2025.

Eligibility and vesting

A union member who earns at least one Plan service hour becomes a participant on the date such hour is earned. Vesting occurs upon becoming a participant.

Participant accounts

Individual account balances are increased annually by employer contributions and by net earnings of the Plan including unrealized appreciation (depreciation) of investments.

Participant notes receivable

Effective January 1, 1989, the loan provisions of the Plan were eliminated at the discretion of the Plan's trustee committee.

Benefits

Upon death, retirement, disability, or other termination of service, a participant may elect to receive either a lump sum distribution equal to the value of their account or an annuity contract which provides for periodic payments and which qualifies under the provision of ERISA. Benefits are determined on the basis of a participant's account balance at the time a participant becomes eligible for benefits. Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with provisions specified in the Plan.

Termination

In the event of a termination of the Plan, the assets then remaining in the Plan shall be allocated for the purposes of paying benefits first to Annuitants and other Participants who have already commenced receiving benefits, and secondly to other members with Annuity account balances. Any balance remaining will be distributed proportionately among members.

I.B.E.W. LOCAL 139 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

JUNE 30, 2025 AND 2024

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

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

Cash and cash equivalents

The Plan considers all highly liquid investments with a maturity of three months or less at the date of acquisition which are available for operations to be cash equivalents. Cash not classified as investments are maintained at a financial institution located in Elmira, New York and are insured by the FDIC up to \$250,000. In the normal course of business, the cash account balances at any given time may exceed insured limits. However, the Plan has not experienced any losses in such accounts and does not believe it is exposed to significant risk in cash and cash equivalents.

Investment valuation and income recognition

Investments held by the Plan are reported at fair value, except for the limited partnership, HGK Trinity Street, which is carried at net assets value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

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

Contributions receivable and allowance for credit losses

Contributions to the Plan are recorded in the period they are earned. Earned contributions not received are included in contributions receivable. The Plan reviews contributions receivable periodically to determine if any receivables will potentially be uncollectible. After attempts to collect a receivable have failed, the receivable is written off. Based on the information available, the Plan believes no allowance for credit losses is necessary as of June 30, 2025 or 2024.

Equipment

Equipment is stated on the basis of cost. Depreciation is computed using the straight-line method on a basis considered adequate to depreciate the assets over their estimated useful lives of five to fifteen years. Major renewals and betterments are capitalized while repairs and maintenance costs are expensed as incurred. Upon sale or retirement, the related cost and allowance for depreciation are removed from the accounts and the related gain or loss is reflected in operations.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

I.B.E.W. LOCAL 139 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

JUNE 30, 2025 AND 2024

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, Cont'd

Use of estimates in the preparation of financial statements

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 the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Subsequent events

The Plan has conducted an evaluation of potential subsequent events occurring after the statement of net assets available for benefits date through November 21, 2025 which is the date the financial statements are available to be issued. See Note G.

NOTE C: FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none">- Quoted prices for similar assets or liabilities in active markets;- Quoted prices for identical or similar assets or liabilities in inactive markets;- Inputs other than quoted prices that are observable for the asset or liability;- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

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

- | | |
|---------|---|
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |
|---------|---|

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

I.B.E.W. LOCAL 139 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

JUNE 30, 2025 AND 2024

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024:

Cash and cash equivalents: Fair value approximates cost.

U.S. government and agency securities and corporate bonds: Valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

Corporate stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the quoted net asset value of shares held by the Plan at year end.

Limited Partnerships:

HGK Trinity Street: A partner's capital account consists of the partner's original and additional capital contributions less any withdrawals or distributions. The investments are valued at net asset value (NAV) as determined by the administrator in accordance with the partnership agreement and are generally equal to the amount by which the partnership's assets exceed the amount of its liabilities. NAV determinations are made by the administrator as of the end of each month in accordance with GAAP. All securities in the fund are equity securities which are classified as Level I in the fair value hierarchy.

U.S. Real Estate Investment Fund, LLC: Valued based on quarterly determination of fair value based on appraisal reports by independent third-party appraisers, reviewed and approved by management. All appraisal reports are completed in accordance with currently published Uniform Standards of Professional Appraisal Practice (USPAP).

APC Short Duration High Yield Fund, LP: A partner's capital account consists of the partner's original and additional capital contributions less any withdrawals or distributions. At the end of each accounting period of the fund, any net capital appreciation or net depreciation will be allocated to all the partners in proportion to each partner's opening capital account balance for such accounting period.

Real Estate Investment Trust (REIT): Valued based on semi-annual determination of fair value by an independent external appraiser. In these appraisals, a full discounted cash flow analysis, which is the basis of an income approach, is the primary focus. However, consideration is also given to income, cost and sales comparison approaches of estimating property value. Appraisers conform with the currently published USPAP.

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

I.B.E.W. LOCAL 139 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

JUNE 30, 2025 AND 2024

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to amounts presented in the statement of net assets available for benefits.

The Plan's level 3 investments have been valued using the methodologies described above. There are no unobservable inputs that have been internally developed by the Plan in determining the fair value of these investments.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024:

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
<u>June 30, 2025</u>				
Investments, at fair value:				
Cash and cash equivalents	\$ 167,907	\$ -	\$ -	\$ 167,907
Government and agency securities	2,770,422	1,474,719	-	4,245,141
Corporate stocks	3,186,707	-	-	3,186,707
Corporate bonds	-	1,658,323	-	1,658,323
Mutual funds	4,235,988	-	-	4,235,988
Limited partnerships	-	-	6,810,382	6,810,382
Real estate investment trust	-	-	1,138,764	1,138,764
Total assets at fair value	\$ 10,361,024	\$ 3,133,042	\$ 7,949,146	21,443,212
Investments measured at NAV:				
Limited partnership				1,915,422
				\$ 23,358,634

	Assets at Fair Value			
	Level 1	Level 2	Level 3	Total
<u>June 30, 2024</u>				
Investments, at fair value:				
Cash and cash equivalents	\$ 210,032	\$ -	\$ -	\$ 210,032
Government and agency securities	1,810,030	1,660,580	-	3,470,610
Corporate stocks	2,884,611	-	-	2,884,611
Corporate bonds	-	5,111,255	-	5,111,255
Mutual funds	3,763,605	-	-	3,763,605
Limited partnership	-	-	1,744,495	1,744,495
Real estate investment trust	-	-	1,196,299	1,196,299
Total assets at fair value	\$ 8,668,278	\$ 6,771,835	\$ 2,940,794	18,380,907
Investments measured at NAV:				
Limited partnership				1,549,382
				\$ 19,930,289

I.B.E.W. LOCAL 139 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

JUNE 30, 2025 AND 2024

NOTE C: FAIR VALUE MEASUREMENTS, Cont'd

The following sets forth a summary of changes in the fair value of the Plan's Level 3 assets:

	<u>Limited partnership(s)</u>	<u>Real estate investment trust</u>	<u>Total</u>
Balance at beginning of year, July 1, 2023	\$ -	\$ 1,586,899	\$ 1,586,899
Contributions	1,800,000	-	1,800,000
Income	44,270	42,685	86,955
Realized gain (loss)	45	(10,306)	(10,261)
Fees	(13,203)	(13,576)	(26,779)
Unrealized loss	<u>(86,617)</u>	<u>(409,403)</u>	<u>(496,020)</u>
Balance at end of year, June 30, 2024	1,744,495	1,196,299	2,940,794
Contributions	4,850,919	-	4,850,919
Trust fees	(22,817)	(11,611)	(34,428)
Income	288,857	45,829	334,686
Realized loss	(4,122)	(31,109)	(35,231)
Unrealized loss	<u>(46,950)</u>	<u>(60,644)</u>	<u>(107,594)</u>
Balance at end of year, June 30, 2025	<u>\$ 6,810,382</u>	<u>\$ 1,138,764</u>	<u>\$ 7,949,146</u>
Total loss for the year included in changes in net assets available for benefits attributable to the change in unrealized losses relating to investments held at end of year.			
June 30, 2025	<u>\$ (46,950)</u>	<u>\$ (60,644)</u>	<u>\$ (107,594)</u>
June 30, 2024	<u>\$ (86,617)</u>	<u>\$ (409,403)</u>	<u>\$ (496,020)</u>

NOTE D: REAL ESTATE INVESTMENT TRUST

The Plan has invested in a real estate investment trust – the ASB Allegiance Real Estate Fund (the Fund). The Fund was established to provide employee benefit plans access to systematic investment in real property on a commingled basis with other such plans. The investments in the Fund are presented at fair value. The Fund relies on independent, external appraisers to obtain valuations of property investments at least once per year. Fair values are adjusted internally on remaining quarters.

I.B.E.W. LOCAL 139 ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS, Cont'd

JUNE 30, 2025 AND 2024

NOTE E: TAX STATUS

The Plan obtained its latest determination letter on September 5, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or other applicable taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to June 30, 2022.

NOTE F: AFFILIATE TRANSACTIONS

The Plan leases office facilities from the Union Local Building Corporation on a quarterly basis with rent determined periodically by the Board of Trustees. Rent expense amounted to \$24,000 for both the years ended June 30, 2025 and 2024.

In addition, the Plan reimburses I.B.E.W. Local 139 Welfare Plan for wages and benefits of employees who provide administrative services. There were no amounts due at June 30, 2024 and 2025.

NOTE G: TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. As described in Note B, the Plan paid certain expenses related to plan operations and investment activity to various service providers. In addition, certain Plan investments are shares of mutual funds managed by Manning & Napier. Manning & Napier acts as an investment advisor for the Plan. These transactions qualify as party-in-interest transactions.

In 2025, an investment transfer intended to move assets between investment options within the Plan was inadvertently deposited into the I.B.E.W. Local 139 Pension Plan due to a processing error by the Plan's investment custodian. The amount transferred remained in the I.B.E.W. Local 139 Pension Plan at year-end and is recorded as "Due from other fund" at June 30, 2025. The amount was returned to the Plan in September 2025. The Plan did not incur a loss as a result of the error and the amount involved was not material to the Plan's financial statements.

NOTE H: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

I.B.E.W. LOCAL 139 ANNUITY PLAN

SUPPLEMENTAL SCHEDULES

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
<u>Cash and cash equivalents:</u>				
	CCTC Cash	Cash - 2.20%	\$ 1,636,089	\$ 1,636,089
	GS Financial Square Government	Cash and money market funds - 4.23%	167,907	167,907
			<u>1,803,996</u>	<u>1,803,996</u>
<u>Government and agencies securities:</u>				
	US Treasury Note	332,000.00, 4.250%, due 5/15/35	324,465	332,518
	US Treasury Note	296,000.00, 0.625%, due 5/15/30	239,997	254,675
	US Treasury Note	138,000.00, 0.875%, due 11/15/30	114,082	118,372
	US Treasury Note	539,000.00, 1.625%, due 5/15/31	484,842	475,371
	US Treasury Note	461,000.00, 1.875%, due 2/15/32	391,612	404,961
	US Treasury Note	456,000.00, 2.375%, due 5/15/29	424,762	433,770
	US Treasury Note	91,000.00, 2.875%, due 5/15/28	87,965	88,971
	US Treasury Note	571,000.00, 2.875%, due 5/15/32	528,201	532,800
	US Treasury Note	50,000.00, 2.875%, due 8/15/28	47,036	48,775
	Nashville & Davidson	85,000.00, 0.995%, due 7/01/27	85,000	80,209
			<u>2,727,962</u>	<u>2,770,422</u>
<u>Mortgage/asset backed securities:</u>				
	Fed Home Ln Mtg Corp Gold Pool #A89870	12,245.88, 4.500%, due 11/1/39	12,944	12,233
	Fed Home Ln Mtg Corp Gold Pool #C09044	40,711.90, 3.500%, due 7/1/43	42,161	38,197
	Fed Home Ln Mtg Corp Gold Pool #G05956	14,835.77, 5.500%, due 7/1/38	16,735	15,276
	Fed Home Ln Mtg Corp Gold Pool #G60342	26,429.06, 4.500%, due 5/1/42	28,940	26,369
	Fed Home Ln Mtg Corp Pool #RJ0062	96,671.00, 5.000%, due 10/1/53	93,771	95,397
	Fed Home Ln Mtg Corp Pool #SD3235	125,705.00, 5.500%, due 6/1/53	125,705	126,186
	Fed Home Ln Mtg Corp Pool #SD8276	134,705.55, 5.000%, due 12/1/52	132,580	132,659
	FNMA Pool #AO0800	4,875.34, 3.000%, due 4/1/27	5,084	4,812
	FNMA Pool #CA5518	236,569.16, 3.000%, due 4/1/50	197,313	207,791
	FNMA Pool #FS1807	80,489.01, 3.500%, due 6/1/52	79,194	73,264
	FNMA Pool #MA4644	189,354.02, 4.000%, due 5/1/52	187,505	176,434
	FNMA Pool #MA4784	115,799.41, 4.500%, due 10/1/52	112,253	110,980
	FNMA Pool #MA4785	112,423.58, 5.000%, due 10/1/52	111,405	110,721
	FNMA Pool #MA4807	157,532.87, 5.500%, due 11/1/52	154,395	158,451
	FNMA Pool #550401	158,531.86, 5.000%, due 4/1/55	152,983	155,491
	FNMA Pool #888209	26,327.32, 5.500%, due 5/1/36	29,761	27,171
	FNMA Pool #940624	3,135.15, 6.000%, due 8/1/37	3,414	3,287
			<u>1,486,143</u>	<u>1,474,719</u>
			4,214,105	4,245,141

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025, Cont'd

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<u>Corporate stocks:</u>			
	Avery Dennison Corp	common stock	\$ 10,752	\$ 11,230
	Barrick Mining Corporation	common stock	17,824	18,030
	BHP Group LTD ADR	common stock	39,077	40,155
	Freeport-Mcmoran Inc	common stock	25,146	33,466
	Gold Fields LTD	common stock	12,631	12,427
	Newmont Corp	common stock	30,306	31,868
	Novartis AG ADR	common stock	47,361	67,402
	Nutrien LTD	common stock	15,641	15,900
	Reliance, Inc.	common stock	11,441	13,184
	Southern Copper Corp	common stock	31,892	38,040
	Suncor Energy Inc	common stock	18,602	21,459
	Vale SA ADR	common stock	25,341	20,595
	Caterpillar Inc	common stock	50,768	70,266
	CSX Corp	common stock	26,401	31,651
	Emerson Electric Company	common stock	27,748	38,399
	Lockheed Martin Corp	common stock	40,636	44,924
	PPG Inds Inc	common stock	20,124	17,404
	Snap On Inc	common stock	12,640	13,070
	Tenaris S AADR	common stock	13,211	13,352
	Baker Hughes A GE Co	common stock	21,838	21,930
	Cabot Oil & Gas Corp	common stock	14,893	14,187
	Canadian Nat Res LTD	common stock	26,829	27,538
	Cenovus Energy Inc	common stock	18,847	14,525
	Conocophillips Petroleum Inc.	common stock	55,927	45,857
	Ecopetrol SA ADR	common stock	13,784	11,266
	Eog Res Inc	common stock	29,764	32,773
	Exxon Mobil Corp	common stock	110,165	105,644
	Halliburton Co	common stock	21,888	12,574
	Imperial Oil LTD	common stock	15,382	20,375
	Marathon Pete Corp	common stock	26,345	29,567
	Occidental Petroleum	common stock	21,285	23,063
	Schlumberger LTD	common stock	37,326	24,539
	Shell PLC	common stock	52,803	59,919
	Valero Energy Corp	common stock	25,577	25,271
	Genuine Parts Co	common stock	15,188	12,859
	Honda Motor LTD ADR	common stock	24,160	21,911
	Lennar Corp	common stock	17,150	18,361
	Williams Sonoma Inc	common stock	12,672	15,193
	Ambev SA ADR	common stock	18,408	18,311
	British Amern Tob PLC	common stock	23,377	37,249
			<u>1,081,150</u>	<u>1,145,734</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025, Cont'd

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
	Balance forward		\$ 1,081,150	\$ 1,145,734
	Brown Forman Corp	common stock	12,095	9,688
	Coca-Cola Europacific Partners ADR	common stock	13,563	20,120
	Constellation Brands Inc	common stock	19,686	17,407
	Diageo PLC ADR	common stock	30,161	23,193
	Dicks Sporting Goods Inc	common stock	11,420	12,660
	Ebay Inc	common stock	12,786	21,370
	Ferguson Enterprises	common stock	23,480	26,130
	Fomento Economico Mexicano ADR	common stock	17,258	16,065
	General MLS Inc	common stock	21,299	17,149
	Hershey Co	common stock	21,738	19,914
	International Flavors&Fragra	common stock	13,515	13,680
	Kraft Heinz Co	common stock	23,824	17,919
	Kroger Co	common stock	24,725	24,675
	Mondelez International Inc-A	common stock	37,841	37,766
	Sysco Corp	common stock	19,948	21,662
	Tapestry Inc	common stock	10,805	15,103
	Unilever PLC ADR	common stock	31,313	45,266
	Yum China Hldgs Inc	common stock	10,609	11,446
	Becton Dickinson & Co	common stock	32,812	24,976
	Bristol Myers Squibb Co	common stock	46,167	39,578
	Gilead Sciences Inc	common stock	34,475	52,996
	Haleon PLC ADR	common stock	17,195	21,373
	Johnson & Johnson	common stock	74,565	96,691
	Medtronic PLC	common stock	37,213	38,616
	Merck & Co Inc	common stock	64,427	65,861
	Novo-Nordisk ADR	common stock	70,665	84,825
	Quest Diagnostics Inc	common stock	13,276	14,730
	Takeda Pharmaceutical Co LTD	common stock	20,367	21,922
	Allstate Corp	common stock	26,172	27,781
	Bank of America Corp	common stock	67,238	106,943
	Berkley W R Corp	common stock	13,741	18,221
	Booz Allen Hamilton Hldg Cor	common stock	11,328	10,517
	Cincinnati Finl Corp	common stock	14,278	16,530
	Citigroup Inc	common stock	34,245	62,563
	Elevance Health, Inc.	common stock	40,382	38,118
	Fifth Third Bancorp	common stock	12,489	18,879
	Huntington Bancshares Inc	common stock	13,734	17,363
	J P Morgan Chase & Company	common stock	63,250	128,720
	JD.Com Inc	common stock	24,168	23,599
	Pnc Financial	common stock	28,866	36,538
			<u>2,198,269</u>	<u>2,484,287</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025, Cont'd

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
	Balance forward		\$ 2,198,269	\$ 2,484,287
	Progressive Corp	common stock	56,488	57,909
	Smurfit Westrock PLC	common stock	12,559	13,247
	The Hartford Insurance Group, Inc	common stock	16,961	21,822
	Travelers Companies Inc	common stock	19,805	29,964
	Truist Financial Corp	common stock	22,714	30,566
	US Bancorp	common stock	26,102	34,978
	Wells Fargo & Co	common stock	46,485	84,607
	CDW Corp	common stock	13,976	16,787
	Cognizant Technology Solutions	common stock	20,119	23,175
	L3Harris Technologies Inc	common stock	22,994	26,840
	NXP Semiconductors NV	common stock	23,363	25,782
	Omnicom Group Inc	common stock	11,151	11,079
	Qualcomm Inc	common stock	54,400	64,660
	TE Connectivity LTD	common stock	18,474	24,457
	Cummins Inc	common stock	20,163	26,528
	Fedex Corp	common stock	32,301	28,641
	Nucor Corp	common stock	16,371	19,820
	ZTO Express Cayman Inc	common stock	10,016	9,532
	ENI S P A	common stock	22,052	23,699
	Telefonaktiebolaget LM Ericc	common stock	14,834	15,222
	Total Energies SE ADR	common stock	45,599	44,937
	America Movil	common stock	21,036	23,250
	Everest Group, LTD.	common stock	10,374	10,196
	Netease Inc	common stock	23,664	34,722
			<u>2,780,270</u>	<u>3,186,707</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025, Cont'd

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<u>Corporate bonds:</u>			
	Air Lease Corp	25,000.00, 3.625%, due 4/1/27	27,042	24,627
	Bank Amer Corp	48,000.00, V/R, due 4/22/32	44,013	43,077
	Banks 2024-5YR10	57,000.00, 5.302%, due 10/17/57	58,169	58,385
	Capital One Finl Corp	45,000.00, V/R, due 10/30/31	49,816	50,843
	Citigroup Inc	60,000.00, V/R, due 6/9/27	54,234	58,299
	Citizens Finl Group	25,000.00, 5.841%, due 1/23/30	24,464	25,894
	Crown Castle	60,000.00, 3.100%, due 11/15/29	62,555	56,283
	Crown Castle	16,000.00, 3.800%, due 2/15/28	17,710	15,712
	D R Horton Inc	45,000.00, 4.850%, due 10/15/30	44,973	45,396
	Dominion Energy	45,000.00, 5.000%, due 6/15/30	45,076	45,925
	Energy Transfer	72,000.00, 5.500%, due 6/1/27	72,258	73,287
	Fifth Third Bancorp	25,000.00, 6.361%, due 10/27/28	25,248	26,061
	Ford CR Auto	140,000.00, 4.560%, due 12/15/28	140,224	140,740
	GM Ffin Cons Aut Rec	119,000.00, 3.710%, due 12/16/27	115,653	118,349
	Huntington Bancshares	30,000.00, 2.550%, due 2/4/30	25,443	27,436
	Jefferies Financial	35,000.00, 6.200%, due 4/14/34	34,944	36,611
	JP Morgan Chase Bank	72,000.00, V/R, due 3/24/31	71,847	71,909
	Keycorp	25,000.00, 2.250%, due 4/6/27	22,366	24,107
	Massachusetts Auth	53,389.51, 2.300%, due 2/25/40	53,374	50,805
	PNC Financial Ser	45,000.00, 4.899%, due 5/13/31	45,000	45,572
	Public Svc Enterprise	45,000.00, 4.900%, due 3/15/30	45,021	45,773
	Safehold Oper Partners	23,000.00, 6.100%, due 4/1/34	22,948	23,940
	Simon Ppty Group LP	75,000.00, 2.650%, due 2/1/32	73,460	66,068
	Siriuspoint LTD	25,000.00, 7.000%, due 4/5/29	24,908	26,319
	SLM Student Loan	81,300.35, 6.545%, due 8/27/40	81,681	81,431
	Trust FNL Loan	47,000.00, 1.887%, due 6/7/29	41,039	43,737
	US Bancorp	43,000.00, V/R, due 2/1/29	41,816	43,279
	Virginia Pwr Fuel Se	48,000.00, 4.877%, due 5/1/33	47,998	48,759
	Volkswagen Auto	41,000.00, 4.500%, due 6/20/28	40,997	41,285
	Wells Farg CML	42,000.00, 5.920%, due 11/19/57	43,260	43,995
	Wells Fargo & Co	41,000.00, 5.707%, due 4/22/28	41,178	41,891
	World Omni ATM	111,000.00, 5.250%, due 9/17/29	111,173	112,528
			<u>1,649,888</u>	<u>1,658,323</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

AT END OF YEAR - JUNE 30, 2025, Cont'd

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
	<u>Mutual funds:</u>			
	Vanguard Growth Index Fund Admiral	units	<u>2,659,522</u>	<u>4,235,988</u>
			2,659,522	4,235,988
	<u>Real estate investment trust:</u>			
	ASB Allegiance Real Estate Fund LP	shares	<u>1,840,562</u>	<u>1,138,764</u>
			1,840,562	1,138,764
	<u>Limited partnerships:</u>			
	HGK Trinity Street	interest in partnership	1,771,722	1,915,422
	APC Short Duration High Yield Fund, LP	interest in partnership	5,057,004	5,057,004
	U.S. Real Estate Investment Fund, LLC	interest in partnership	<u>1,886,946</u>	<u>1,753,378</u>
			8,715,672	8,725,804
		TOTAL	<u>\$ 23,664,015</u>	<u>\$ 24,994,723</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN
EIN: 51-6029959
PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4j - SCHEDULE OF REPORTABLE TRANSACTIONS –
YEAR ENDED JUNE 30, 2025

Reportable transactions are transactions or a series of transactions in excess of 5% of the current value of the Plan assets as July 1, 2024 as defined in Section 2520.103-6 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA:

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Series of transactions</u>						
GS Financial Square Government #465	Series of 404 Purchases	\$ 4,614,734	\$ -	\$ 4,614,734	\$ 4,614,734	\$ -
GS Financial Square Government #465	Series of 70 Sales	-	4,674,737	4,674,737	4,674,737	-
<u>Individual transactions</u>						
APC Short Duration High Yield Fund, LP	Purchase of interest partnership	4,850,919	-	4,850,919	4,850,919	-
GS Financial Square Government #465	Purchase of units	1,400,000	-	1,400,000	1,400,000	-

Note: Columns (e) and (f) are not applicable.

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
<u>Cash and cash equivalents:</u>				
	CCTC Cash	Cash - 2.20%	\$ 1,636,089	\$ 1,636,089
	GS Financial Square Government	Cash and money market funds - 4.23%	167,907	167,907
			<u>1,803,996</u>	<u>1,803,996</u>
<u>Government and agencies securities:</u>				
	US Treasury Note	332,000.00, 4.250%, due 5/15/35	324,465	332,518
	US Treasury Note	296,000.00, 0.625%, due 5/15/30	239,997	254,675
	US Treasury Note	138,000.00, 0.875%, due 11/15/30	114,082	118,372
	US Treasury Note	539,000.00, 1.625%, due 5/15/31	484,842	475,371
	US Treasury Note	461,000.00, 1.875%, due 2/15/32	391,612	404,961
	US Treasury Note	456,000.00, 2.375%, due 5/15/29	424,762	433,770
	US Treasury Note	91,000.00, 2.875%, due 5/15/28	87,965	88,971
	US Treasury Note	571,000.00, 2.875%, due 5/15/32	528,201	532,800
	US Treasury Note	50,000.00, 2.875%, due 8/15/28	47,036	48,775
	Nashville & Davidson	85,000.00, 0.995%, due 7/01/27	85,000	80,209
			<u>2,727,962</u>	<u>2,770,422</u>
<u>Mortgage/asset backed securities:</u>				
	Fed Home Ln Mtg Corp Gold Pool #A89870	12,245.88, 4.500%, due 11/1/39	12,944	12,233
	Fed Home Ln Mtg Corp Gold Pool #C09044	40,711.90, 3.500%, due 7/1/43	42,161	38,197
	Fed Home Ln Mtg Corp Gold Pool #G05956	14,835.77, 5.500%, due 7/1/38	16,735	15,276
	Fed Home Ln Mtg Corp Gold Pool #G60342	26,429.06, 4.500%, due 5/1/42	28,940	26,369
	Fed Home Ln Mtg Corp Pool #RJ0062	96,671.00, 5.000%, due 10/1/53	93,771	95,397
	Fed Home Ln Mtg Corp Pool #SD3235	125,705.00, 5.500%, due 6/1/53	125,705	126,186
	Fed Home Ln Mtg Corp Pool #SD8276	134,705.55, 5.000%, due 12/1/52	132,580	132,659
	FNMA Pool #AO0800	4,875.34, 3.000%, due 4/1/27	5,084	4,812
	FNMA Pool #CA5518	236,569.16, 3.000%, due 4/1/50	197,313	207,791
	FNMA Pool #FS1807	80,489.01, 3.500%, due 6/1/52	79,194	73,264
	FNMA Pool #MA4644	189,354.02, 4.000%, due 5/1/52	187,505	176,434
	FNMA Pool #MA4784	115,799.41, 4.500%, due 10/1/52	112,253	110,980
	FNMA Pool #MA4785	112,423.58, 5.000%, due 10/1/52	111,405	110,721
	FNMA Pool #MA4807	157,532.87, 5.500%, due 11/1/52	154,395	158,451
	FNMA Pool #550401	158,531.86, 5.000%, due 4/1/55	152,983	155,491
	FNMA Pool #888209	26,327.32, 5.500%, due 5/1/36	29,761	27,171
	FNMA Pool #940624	3,135.15, 6.000%, due 8/1/37	3,414	3,287
			<u>1,486,143</u>	<u>1,474,719</u>
			4,214,105	4,245,141

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025, Cont'd

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<u>Corporate stocks:</u>			
	Avery Dennison Corp	common stock	\$ 10,752	\$ 11,230
	Barrick Mining Corporation	common stock	17,824	18,030
	BHP Group LTD ADR	common stock	39,077	40,155
	Freeport-Mcmoran Inc	common stock	25,146	33,466
	Gold Fields LTD	common stock	12,631	12,427
	Newmont Corp	common stock	30,306	31,868
	Novartis AG ADR	common stock	47,361	67,402
	Nutrien LTD	common stock	15,641	15,900
	Reliance, Inc.	common stock	11,441	13,184
	Southern Copper Corp	common stock	31,892	38,040
	Suncor Energy Inc	common stock	18,602	21,459
	Vale SA ADR	common stock	25,341	20,595
	Caterpillar Inc	common stock	50,768	70,266
	CSX Corp	common stock	26,401	31,651
	Emerson Electric Company	common stock	27,748	38,399
	Lockheed Martin Corp	common stock	40,636	44,924
	PPG Inds Inc	common stock	20,124	17,404
	Snap On Inc	common stock	12,640	13,070
	Tenaris S AADR	common stock	13,211	13,352
	Baker Hughes A GE Co	common stock	21,838	21,930
	Cabot Oil & Gas Corp	common stock	14,893	14,187
	Canadian Nat Res LTD	common stock	26,829	27,538
	Cenovus Energy Inc	common stock	18,847	14,525
	Conocophillips Petroleum Inc.	common stock	55,927	45,857
	Ecopetrol SA ADR	common stock	13,784	11,266
	Eog Res Inc	common stock	29,764	32,773
	Exxon Mobil Corp	common stock	110,165	105,644
	Halliburton Co	common stock	21,888	12,574
	Imperial Oil LTD	common stock	15,382	20,375
	Marathon Pete Corp	common stock	26,345	29,567
	Occidental Petroleum	common stock	21,285	23,063
	Schlumberger LTD	common stock	37,326	24,539
	Shell PLC	common stock	52,803	59,919
	Valero Energy Corp	common stock	25,577	25,271
	Genuine Parts Co	common stock	15,188	12,859
	Honda Motor LTD ADR	common stock	24,160	21,911
	Lennar Corp	common stock	17,150	18,361
	Williams Sonoma Inc	common stock	12,672	15,193
	Ambev SA ADR	common stock	18,408	18,311
	British Amern Tob PLC	common stock	23,377	37,249
			<u>1,081,150</u>	<u>1,145,734</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025, Cont'd

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Balance forward		\$ 1,081,150	\$ 1,145,734
	Brown Forman Corp	common stock	12,095	9,688
	Coca-Cola Europacific Partners ADR	common stock	13,563	20,120
	Constellation Brands Inc	common stock	19,686	17,407
	Diageo PLC ADR	common stock	30,161	23,193
	Dicks Sporting Goods Inc	common stock	11,420	12,660
	Ebay Inc	common stock	12,786	21,370
	Ferguson Enterprises	common stock	23,480	26,130
	Fomento Economico Mexicano ADR	common stock	17,258	16,065
	General MLS Inc	common stock	21,299	17,149
	Hershey Co	common stock	21,738	19,914
	International Flavors&Fragra	common stock	13,515	13,680
	Kraft Heinz Co	common stock	23,824	17,919
	Kroger Co	common stock	24,725	24,675
	Mondelez International Inc-A	common stock	37,841	37,766
	Sysco Corp	common stock	19,948	21,662
	Tapestry Inc	common stock	10,805	15,103
	Unilever PLC ADR	common stock	31,313	45,266
	Yum China Hldgs Inc	common stock	10,609	11,446
	Becton Dickinson & Co	common stock	32,812	24,976
	Bristol Myers Squibb Co	common stock	46,167	39,578
	Gilead Sciences Inc	common stock	34,475	52,996
	Haleon PLC ADR	common stock	17,195	21,373
	Johnson & Johnson	common stock	74,565	96,691
	Medtronic PLC	common stock	37,213	38,616
	Merck & Co Inc	common stock	64,427	65,861
	Novo-Nordisk ADR	common stock	70,665	84,825
	Quest Diagnostics Inc	common stock	13,276	14,730
	Takeda Pharmaceutical Co LTD	common stock	20,367	21,922
	Allstate Corp	common stock	26,172	27,781
	Bank of America Corp	common stock	67,238	106,943
	Berkley W R Corp	common stock	13,741	18,221
	Booz Allen Hamilton Hldg Cor	common stock	11,328	10,517
	Cincinnati Finl Corp	common stock	14,278	16,530
	Citigroup Inc	common stock	34,245	62,563
	Elevance Health, Inc.	common stock	40,382	38,118
	Fifth Third Bancorp	common stock	12,489	18,879
	Huntington Bancshares Inc	common stock	13,734	17,363
	J P Morgan Chase & Company	common stock	63,250	128,720
	JD.Com Inc	common stock	24,168	23,599
	Pnc Financial	common stock	28,866	36,538
			<u>2,198,269</u>	<u>2,484,287</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025, Cont'd

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
	Balance forward		\$ 2,198,269	\$ 2,484,287
	Progressive Corp	common stock	56,488	57,909
	Smurfit Westrock PLC	common stock	12,559	13,247
	The Hartford Insurance Group, Inc	common stock	16,961	21,822
	Travelers Companies Inc	common stock	19,805	29,964
	Truist Financial Corp	common stock	22,714	30,566
	US Bancorp	common stock	26,102	34,978
	Wells Fargo & Co	common stock	46,485	84,607
	CDW Corp	common stock	13,976	16,787
	Cognizant Technology Solutions	common stock	20,119	23,175
	L3Harris Technologies Inc	common stock	22,994	26,840
	NXP Semiconductors NV	common stock	23,363	25,782
	Omnicom Group Inc	common stock	11,151	11,079
	Qualcomm Inc	common stock	54,400	64,660
	TE Connectivity LTD	common stock	18,474	24,457
	Cummins Inc	common stock	20,163	26,528
	Fedex Corp	common stock	32,301	28,641
	Nucor Corp	common stock	16,371	19,820
	ZTO Express Cayman Inc	common stock	10,016	9,532
	ENI S P A	common stock	22,052	23,699
	Telefonaktiebolaget LM Ericc	common stock	14,834	15,222
	Total Energies SE ADR	common stock	45,599	44,937
	America Movil	common stock	21,036	23,250
	Everest Group, LTD.	common stock	10,374	10,196
	Netease Inc	common stock	23,664	34,722
			<u>2,780,270</u>	<u>3,186,707</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR - JUNE 30, 2025, Cont'd

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<u>Corporate bonds:</u>			
	Air Lease Corp	25,000.00, 3.625%, due 4/1/27	27,042	24,627
	Bank Amer Corp	48,000.00, V/R, due 4/22/32	44,013	43,077
	Banks 2024-5YR10	57,000.00, 5.302%, due 10/17/57	58,169	58,385
	Capital One Finl Corp	45,000.00, V/R, due 10/30/31	49,816	50,843
	Citigroup Inc	60,000.00, V/R, due 6/9/27	54,234	58,299
	Citizens Finl Group	25,000.00, 5.841%, due 1/23/30	24,464	25,894
	Crown Castle	60,000.00, 3.100%, due 11/15/29	62,555	56,283
	Crown Castle	16,000.00, 3.800%, due 2/15/28	17,710	15,712
	D R Horton Inc	45,000.00, 4.850%, due 10/15/30	44,973	45,396
	Dominion Energy	45,000.00, 5.000%, due 6/15/30	45,076	45,925
	Energy Transfer	72,000.00, 5.500%, due 6/1/27	72,258	73,287
	Fifth Third Bancorp	25,000.00, 6.361%, due 10/27/28	25,248	26,061
	Ford CR Auto	140,000.00, 4.560%, due 12/15/28	140,224	140,740
	GM Ffin Cons Aut Rec	119,000.00, 3.710%, due 12/16/27	115,653	118,349
	Huntington Bancshares	30,000.00, 2.550%, due 2/4/30	25,443	27,436
	Jefferies Financial	35,000.00, 6.200%, due 4/14/34	34,944	36,611
	JP Morgan Chase Bank	72,000.00, V/R, due 3/24/31	71,847	71,909
	Keycorp	25,000.00, 2.250%, due 4/6/27	22,366	24,107
	Massachusetts Auth	53,389.51, 2.300%, due 2/25/40	53,374	50,805
	PNC Financial Ser	45,000.00, 4.899%, due 5/13/31	45,000	45,572
	Public Svc Enterprise	45,000.00, 4.900%, due 3/15/30	45,021	45,773
	Safehold Oper Partners	23,000.00, 6.100%, due 4/1/34	22,948	23,940
	Simon Ppty Group LP	75,000.00, 2.650%, due 2/1/32	73,460	66,068
	Siriuspoint LTD	25,000.00, 7.000%, due 4/5/29	24,908	26,319
	SLM Student Loan	81,300.35, 6.545%, due 8/27/40	81,681	81,431
	Trust FNL Loan	47,000.00, 1.887%, due 6/7/29	41,039	43,737
	US Bancorp	43,000.00, V/R, due 2/1/29	41,816	43,279
	Virginia Pwr Fuel Se	48,000.00, 4.877%, due 5/1/33	47,998	48,759
	Volkswagen Auto	41,000.00, 4.500%, due 6/20/28	40,997	41,285
	Wells Farg CML	42,000.00, 5.920%, due 11/19/57	43,260	43,995
	Wells Fargo & Co	41,000.00, 5.707%, due 4/22/28	41,178	41,891
	World Omni ATM	111,000.00, 5.250%, due 9/17/29	111,173	112,528
			<u>1,649,888</u>	<u>1,658,323</u>

I.B.E.W. LOCAL 139 ANNUITY PLAN

EIN: 51-6029959

PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

AT END OF YEAR - JUNE 30, 2025, Cont'd

<u>(a)</u>	<u>(b)</u>	<u>(c)</u>	<u>(d)</u>	<u>(e)</u>
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
	<u>Mutual funds:</u>			
	Vanguard Growth Index Fund Admiral	units	<u>2,659,522</u>	<u>4,235,988</u>
			2,659,522	4,235,988
	<u>Real estate investment trust:</u>			
	ASB Allegiance Real Estate Fund LP	shares	<u>1,840,562</u>	<u>1,138,764</u>
			1,840,562	1,138,764
	<u>Limited partnerships:</u>			
	HGK Trinity Street	interest in partnership	1,771,722	1,915,422
	APC Short Duration High Yield Fund, LP	interest in partnership	5,057,004	5,057,004
	U.S. Real Estate Investment Fund, LLC	interest in partnership	<u>1,886,946</u>	<u>1,753,378</u>
			8,715,672	8,725,804
		TOTAL	<u>\$ 23,664,015</u>	<u>\$ 24,994,723</u>

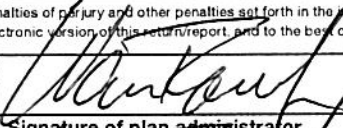
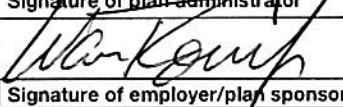
<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>07/01/2024</u> and ending <u>06/30/2025</u>	
A	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
D	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>

Part II Basic Plan Information - enter all requested information	
1a Name of plan I.B.E.W. LOCAL 139 ANNUITY PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF IBEW LOCAL 139 ANNUITY FUND 415 WEST SECOND STREET ELMIRA NY 14901	2b Employer Identification Number (EIN) 51-6029959
	2c Plan Sponsor's telephone number (607) 732-1237
	2d Business code (see instructions) 238210

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		01/19/2026	WARREN ROMAN, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		01/19/2026	WARREN ROMAN, JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

5 Total number of participants at the beginning of the plan year	5	382
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)	220
a (2) Total number of active participants at the end of the plan year	6a(2)	231
b Retired or separated participants receiving benefits	6b	55
c Other retired or separated participants entitled to future benefits	6c	96
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	382
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	3
f Total. Add lines 6d and 6e	6f	385
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)	382
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	385
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	33

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E

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

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

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

<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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I.B.E.W. LOCAL 139 ANNUITY PLAN
EIN: 51-6029959
PLAN #: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4j - SCHEDULE OF REPORTABLE TRANSACTIONS –
YEAR ENDED JUNE 30, 2025

Reportable transactions are transactions or a series of transactions in excess of 5% of the current value of the Plan assets as July 1, 2024 as defined in Section 2520.103-6 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA:

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Series of transactions</u>						
GS Financial Square Government #465	Series of 404 Purchases	\$ 4,614,734	\$ -	\$ 4,614,734	\$ 4,614,734	\$ -
GS Financial Square Government #465	Series of 70 Sales	-	4,674,737	4,674,737	4,674,737	-
<u>Individual transactions</u>						
APC Short Duration High Yield Fund, LP	Purchase of interest partnership	4,850,919	-	4,850,919	4,850,919	-
GS Financial Square Government #465	Purchase of units	1,400,000	-	1,400,000	1,400,000	-

Note: Columns (e) and (f) are not applicable.