

<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;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 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>SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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>SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN BOARD OF TRUSTEES</u></p> <p><u>244 PAUL ROAD</u> <u>ROCHESTER, NY 14624-4992</u></p>	<p>1c Effective date of plan <u>09/28/1981</u></p> <p>2b Employer Identification Number (EIN) <u>16-1168659</u></p> <p>2c Plan Sponsor's telephone number <u>585-458-0400</u></p> <p>2d Business code (see instructions) <u>238290</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.	02/26/2026	ANTHONY VALENTI, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/24/2026	MARK HYDE
	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	576
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)	396
	6a(2)	409
	6b	23
	6c	164
	6d	596
	6e	
	6f	596
	6g(1)	576
6g(2)	596	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	28

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

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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<p>A Name of plan SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 16-1168659</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	525091-01	91	07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3452098
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2561985

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	4364694
c Additions: (1) Contributions deposited during the year	7c(1)	43581
	7c(2)	
	7c(3)	61560
	7c(4)	471507
	7c(5)	
(6) Total additions	7c(6)	576648
d Total of balance and additions (add lines 7b and 7c(6))	7d	4941342
e Deductions:	7e(1)	1034051
	7e(2)	7
	7e(3)	455186
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	3452098

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 16-1168659	

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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64 51	RECORDKEEPER	120674	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 checked="" type="checkbox"/>

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

SMW LOCAL 46 HEALTH FUND

16-0760551

(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?
50 49	RELATED ENTITY	51447	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)

BLITMAN & KING, LLP

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?
50 29	NONE	28487	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)

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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?
50 27	NONE	22467	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)

BONADIO & CO., LLP

16-1131146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15750	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>07/01/2024</u> and ending <u>06/30/2025</u>	
A Name of plan <u>SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>16-1168659</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>M&N PRO-MIX MAXIMUM TERM</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-281</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18052444</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>M&N PRO-MIX MODERATE TERM</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-282</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10635785</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>M&N PRO-MIX EXTENDED TERM</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-280</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5283741</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&P 500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS.</u>		
c EIN-PN <u>06-1050034-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2404531</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>M&N RETIREMENT TARGET 2030</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>479228</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>M&N PRO-MIX CONSERV TERM</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-283</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>377836</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>M&N RETIREMENT TARGET 2050</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST</u>		
c EIN-PN <u>02-0476209-027</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>251344</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND/PGIM FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.

c EIN-PN 06-1050034-299	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	157453
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a Name of MTIA, CCT, PSA, or 103-12 IE: M&N RETIREMENT TARGET 2035

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

c EIN-PN 02-0476209-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	148414
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a Name of MTIA, CCT, PSA, or 103-12 IE: M&N RETIREMENT TARGET 2055

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

c EIN-PN 02-0476209-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	137731
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a Name of MTIA, CCT, PSA, or 103-12 IE: M&N RETIREMENT TARGET 2045

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

c EIN-PN 02-0476209-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45563
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a Name of MTIA, CCT, PSA, or 103-12 IE: M&N RETIREMENT TARGET 2040

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

c EIN-PN 02-0476209-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17711
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a Name of MTIA, CCT, PSA, or 103-12 IE: M&N RET TARG INC COLL INV

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

c EIN-PN 02-0476209-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4502
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN BOARD OF TRUSTEES	D Employer Identification Number (EIN) 16-1168659

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)	155834	170152
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	215706	45079
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	31520660	35434302
(10) Value of interest in pooled separate accounts	1c(10)	2146162	2561985
(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)	5154023	5609032
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4364694	3452098
(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	3996	2672
f Total assets (add all amounts in lines 1a through 1e).....	1f	43561075	47275320
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	4084	41177
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4084	41177
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	43556991	47234143

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)	1924970	
(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)		1924970
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	61560	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		61560
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	3229449
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	306788
(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)	939227
c Other income	2c	37039
d Total income. Add all income amounts in column (b) and enter total.....	2d	6499033

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2687331
(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)	2687331
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)	15750
(5) Investment advisory and investment management fees	2i(5)	22467
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	28487
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	67846
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	134550
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2821881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	3677152
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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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		4000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**SHEET METAL WORKERS LOCAL NO. 46
ANNUITY FUND**

**Financial Statements and Supplemental Schedules
as of June 30, 2025 and 2024
Together with Independent
Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

February 23, 2026

To the Board of Trustees of the
Sheet Metal Workers' Local No. 46 Annuity Fund:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Sheet Metal Workers Local No. 46 Annuity Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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INDEPENDENT AUDITOR'S REPORT

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter – Supplemental Schedule Required by ERISA (Continued)

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses for the years ended June 30, 2025 and 2024 are presented for purposes of additional analysis and are not a required part of the financial statements. 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 included, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to, or is derived from, the certified investment information, we compared such information to the related certified investment information. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bonadio & Co., LLP

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
CASH	\$ 45,079	\$ 215,706
INVESTMENTS, at fair market value:		
Mutual funds	5,609,032	5,154,023
Common/collective trusts	35,434,302	31,520,660
Pooled separate accounts	<u>2,561,985</u>	<u>2,146,162</u>
Total investments, at fair market value	<u>43,605,319</u>	<u>38,820,845</u>
INVESTMENTS, at contract value:		
Guaranteed insurance contract	<u>3,452,098</u>	<u>4,364,694</u>
Total investments	<u>47,057,417</u>	<u>43,185,539</u>
EMPLOYER AND RECIPROCAL CONTRIBUTIONS RECEIVABLE	<u>170,152</u>	<u>155,834</u>
FURNITURE AND EQUIPMENT, net	<u>2,672</u>	<u>3,996</u>
Total assets	<u>47,275,320</u>	<u>43,561,075</u>
LIABILITIES AND NET ASSETS		
DUE TO AFFILIATE, net	15,250	4,084
ACCOUNTS PAYABLE	<u>25,927</u>	<u>-</u>
Total liabilities	<u>41,177</u>	<u>4,084</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 47,234,143</u>	<u>\$ 43,556,991</u>

The accompanying notes are an integral part of these statements.

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS:		
Investment income -		
Net appreciation in value of investments	\$ 4,044,899	\$ 4,312,436
Interest	467,059	291,951
Dividends	<u>25,066</u>	<u>34,891</u>
Total investment income	<u>4,537,024</u>	<u>4,639,278</u>
Contributions -		
Employer and reciprocal contributions	1,924,970	1,812,152
Rollover contributions	<u>-</u>	<u>27,606</u>
Total contributions	<u>1,924,970</u>	<u>1,839,758</u>
Other -		
Administrative fees and reimbursements	<u>37,039</u>	<u>37,192</u>
Total additions	<u>6,499,033</u>	<u>6,516,228</u>
DEDUCTIONS:		
Benefits paid to participants	2,687,331	1,832,490
Administrative expenses	<u>134,550</u>	<u>131,883</u>
Total deductions	<u>2,821,881</u>	<u>1,964,373</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	3,677,152	4,551,855
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>43,556,991</u>	<u>39,005,136</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 47,234,143</u>	<u>\$ 43,556,991</u>

The accompanying notes are an integral part of these statements.

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The following description of the Sheet Metal Workers' Local Union No. 46 Annuity Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined contribution pension plan that provides retirement benefits for all eligible employees covered by the collective bargaining agreement (CBA) between the Sheet Metal Workers' International Association Local Union No. 46 (the "Local") and the employers signatory to the CBA. The jurisdiction is Rochester, New York, and the outlying vicinity. Officers and employees of both the Local and its affiliated fringe benefit funds are also eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

An employee becomes a participant in the Plan on the first day that their employer becomes obligated to make contributions to the Plan on their behalf.

Benefits

The amount of benefits payable is equal to the fair market value of the participant's account immediately following the interruption of his or her service, whether by death, retirement, disability, or termination before retirement.

Employer and Reciprocal Contributions

The Plan receives contributions from employers pursuant to the CBA with the Local. Effective May 3, 2026, signatory employers contribute \$1.74 for each hour a residential journeyman works in covered employment and \$3.33 for each hour a commercial journeyman works in covered employment. These rates were previously \$1.72 and \$3.30 for each hour worked by a residential and commercial journeyman, respectively, in covered employment. The Plan also receives reciprocal contributions from other sheet metal associations' local unions for amounts at the rate described previously, or the amounts collected pursuant to their respective CBAs. Participants are also permitted to make nondeductible contributions, once in each quarter, in an amount not greater than 10% of their compensation during the preceding three months. Participants may withdraw any voluntary contributions previously made at any time. Contributions are allocated among investment funds in accordance with each participant's current allocation.

Vesting

Participants are immediately vested in all contributions made to their account plus actual earnings/losses thereon.

Participant Accounts

Each participant in the Plan has a separate account showing their share of the investment funds. Each participant's account is credited with contributions as received by the Plan and Plan earnings and losses are credited daily in proportion to the total participant balances. The account is also reduced for participant's withdrawals and an allocation of administrative expenses. Administrative expenses allocated to the Plan were suspended as of June 9, 2021. Participants may change their investment options at any time. Participants are immediately vested in all contributions made to their account. Participants may elect to roll over funds into their account from another qualified retirement plan, with Board of Trustees approval.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates, and such differences may be significant.

Cash

Cash consists of bank demand deposit accounts, which, at times, may exceed federally insured limits. The Plan has not experienced any losses in these accounts as of June 30, 2025 and 2024 and management believes the Plan is not exposed to any significant credit risk with respect to cash.

Investments

The Plan invests in various types of 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 those changes could materially affect the amounts reported in the accompanying financial statements. The Plan's investments are stated at fair value and contract value. Fair value is 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. Contract value represents contributions made under the contracts, plus earnings and reduced for withdrawals and administrative expenses and an estimate of the surrender charges if the Plan were terminated.

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 in the fair value and contract value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

Accounting Standards Codification (ASC) 820, Fair Value Measurement, established 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 lower priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

- Level 2 - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and,
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- Level 3 - Inputs to the valuation methodology are 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 are used to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued using Level 1 inputs at the quoted closing price reported on the active market on which the individual securities are traded.

Common/collective trusts: Valued at quoted net asset value of each fund, which is based on the values of the portfolio investments at the valuation date.

- The *Manning & Napier Pro-Mix Maximum Term Collective Investment Trust Fund* invests in an aggressive, growth-oriented mix of stocks, bonds, and cash that seeks to earn the long-term growth typically associated with the stock market. The investment's primary objective is to provide long-term capital growth. Holdings are diversified primarily among various stock investments in both domestic and foreign markets; only a minor portion of the fund is invested in fixed income securities. The investment mix will adjust over time to manage risk by continually evaluation individual securities and market conditions to determine the relative attractiveness of each investment. In general, stock exposure will increase when valuations are low and decrease during speculative markets.
- The *Manning & Napier Target Retirement Funds* invests in a balanced mix of stocks, bonds, alternatives, and cash that seeks a more stable rate of long-term growth than that of the broad stock market. The investment funds are diversified among fixed income securities, primarily with intermediate to long-term maturities, and various stocks. Over time, the investments' mix will gradually become more conservative as the target date approaches and for several years after the target date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

- The *Manning & Napier Retirement Target Date Collective Investment Trust Fund* series invests in a range of moderate to aggressive mixes of stocks, bonds, alternatives, and cash that seeks growth as well as stability dependent on the target retirement date. The portfolios' investment mixes will gradually become more conservative over time through the target date year until the focus shifts to capital preservation.
- The *Manning & Napier Pro-Mix Extended Term Collective Investment Trust Fund* invests in a growth-oriented mix of stocks, bonds, and cash that seeks to earn a good portion of the long-term growth of the stock market with less volatility. The investment's primary objective is to provide long-term capital growth, with capital preservation as a secondary goal. Holdings are diversified among various stock investments, as long as stock market valuations are favorable versus long-term bond yields. A substantial portion of the fund may be invested in long-term, fixed income securities. The investment mix is adjusted over time to manage risk by continually evaluating individual securities and market conditions to determine the relative attractiveness of the investment. In general, the investment will increase stock exposure when valuations are low and decrease during speculative markets.
- The *Manning & Napier Pro-Mix Moderate Term Collective Investment Trust Fund* invests in a moderately conservative mix of stocks, bonds, and cash that seeks to balance growth and capital preservation for a more stable rate of return relative to an investment in the stock market. The investment's objective is to provide equal emphasis on long-term capital growth and capital preservation. Holdings are diversified primarily among intermediate to long-term fixed income securities. The investment is designed to moderate risk, stocks will typically be a minority in the fund unless the fund manager's analysis shows that the stock market as especially attractive. The investment mix is adjusted over time to manage risk, continually evaluating individual securities and market conditions to determine the relative attractiveness of the investment. In general, the fund will increase stock holdings when valuations are low and reduce stock exposure during speculative markets.
- The *Manning & Napier Pro-Mix Conservative Term Collective Investment Trust Fund* invests in a conservative mix of stocks, bonds, and cash that seeks stability with some growth and income potential. The investment's primary objective is to provide capital preservation with secondary objectives in income and capital growth. Holdings are diversified primary among fixed income securities, typically focusing on short to intermediate-term maturities. Stock investments may be focused on dividend paying securities in pursuit of growth opportunities and income generation. The investment mix is adjusted over time to manage risk by continually evaluating individual securities and market conditions to determine the relative attractiveness of the investment. In general, stock exposure will increase when valuations are low and decrease during speculative markets.
- The *Manning & Napier Retirement Target Income Collective Investment Trust Fund* invests in a conservative mix of stocks, bonds, and cash that seeks preservation of capital, with income and long-term capital growth as secondary objectives. The investment's objective is to provide capital preservation and manage risk for investments who have already reached their target date or who desire minimal capital risk as they move towards a future target date. The investment is diversified primarily among fixed income securities, typically focusing on short to intermediate-term maturities.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

Pooled separate accounts: Valued at the quoted net asset value of each fund, which is based on the value of the underlying portfolio investments at the valuation date.

- The *Empower Annuity Insurance Company of America - Core Plus Bond Fund/PGIM Fund* is advised by PGIM, Inc., and invests in a diversified portfolio of fixed income securities. It seeks to exceed the return of the Barclays Capital U.S. Aggregate Bond Index, consistent with the preservation of capital.
- The *Empower Annuity Insurance Company of America - Dryden S&P 500 index Fund* is advised by PGIM Quantitative Solutions LLC and invests primarily in U.S. large cap equity securities. It is constructed to reflect the composition of the S&P 500 Index and provide long-term growth of capital and income.

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

Guaranteed Insurance Contract

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Empower Retirement (“Empower”). This is valued at contract value, which keeps the approximate fair value, as reported to the Plan by Empower. The total value of the guaranteed investment contract was \$3,452,098 and \$4,364,694 as of June 30, 2025 and 2024, respectively. Empower maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.2%. The crediting rate is reviewed on a quarterly basis for resetting. The minimum interest crediting rate is 1.80% for the contract period of June 30, 2025 and 1.50% for June 30, 2024. This interest crediting rate is applied to all contributions made regardless of the timing of those contributions. The interest crediting rate is determined by Empower on a semi-annual basis every January 1 and July 1 during the contract period and is guaranteed for each six-month period. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

As discussed previously, this contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the Empower Annuity Insurance Company (EIAC), represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

Employer and Reciprocal Contributions Receivable

Employer and reciprocal contributions receivable represent contributions from employers and other local unions pursuant to reciprocal agreements based on the hours worked but not received at year-end. Employer and reciprocal contributions receivable have been collected in full by the Plan subsequent to the respective year-end. Management monitors outstanding balances and estimates collectability based on specific economic conditions. Upon management's determination of uncollectable contributions, the specific balance of such account is written off through the allowance for expected credit losses for potentially uncollectible employer contributions. No allowance for uncollectible receivables was considered necessary as of June 30, 2025 nor 2024.

Furniture and Equipment, net

Furniture and equipment are stated at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the individual assets, ranging from three to seven years. The Plan capitalizes additions that exceed \$1,000 and have useful lives greater than one year.

Benefit Payments

Benefits are recorded as an expense when paid.

Administrative Expenses

Administrative expenses are paid by the Plan.

3. 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:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u>5,609,032</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 5,609,032
Investments measured at net asset value (a)				<u>37,996,287</u>
Total investments at fair value				<u>\$ 43,605,319</u>

3. INVESTMENTS (Continued)

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u>5,154,023</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 5,154,023
Investments measured at net asset value (a)				<u>33,666,822</u>
Total investments at fair value				<u>\$ 38,820,845</u>

a) Certain investments that were measured using the net asset value practical expedient have not been classified in the fair value hierarchy. The amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The Plan has the following investments whose fair value is based on net asset value as of June 30, 2025:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>
Empower Annuity Insurance Company of America - Core Plus Bond Fund/PGIM Fund	\$ 157,453	\$ -	[1]
Empower Annuity Insurance Company of America - Dryden S&P 500 Index	2,404,532	-	[1]
Manning & Napier Pro-Mix Conservative Term Collective Investment Trust Fund	377,836	-	[1]
Manning & Napier Pro-Mix Moderate Term Collective Investment Trust Fund	10,635,786	-	[1]
Manning & Napier Pro-Mix Extended Term Collective Investment Trust Fund	5,283,742	-	[1]
Manning & Napier Pro-Mix Maximum Term Collective Investment Trust Fund	18,052,445	-	[1]
Manning & Napier Retirement Target 2030 Collective Investment Trust Fund	479,228	-	[1]
Manning & Napier Retirement Target 2035 Collective Investment Trust Fund	148,414	-	[1]
Manning & Napier Retirement Target 2040 Collective Investment Trust Fund	17,711	-	[1]
Manning & Napier Retirement Target 2045 Collective Investment Trust Fund	45,563	-	[1]
Manning & Napier Retirement Target 2050 Collective Investment Trust Fund	251,344	-	[1]
Manning & Napier Retirement Target 2055 Collective Investment Trust Fund	137,731	-	[1]
Manning & Napier Retirement Target Income Collective Investment Trust Fund	<u>4,502</u>	<u>-</u>	[1]
	<u>\$ 37,996,287</u>	<u>\$ -</u>	

3. INVESTMENTS (Continued)

The Plan has the following investments whose fair value is based on net asset value as of June 30, 2024:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if Currently Eligible)</u>
Empower Annuity Insurance Company of America - Core Plus Bond Fund/PGIM Fund	\$ 168,152	\$ -	[1]
Empower Annuity Insurance Company of America - Dryden S&P 500 Index	1,978,010	-	[1]
Manning & Napier Pro-Mix Conservative Term Collective Investment Trust Fund	347,071	-	[1]
Manning & Napier Pro-Mix Moderate Term Collective Investment Trust Fund	9,333,645	-	[1]
Manning & Napier Pro-Mix Extended Term Collective Investment Trust Fund	4,900,783	-	[1]
Manning & Napier Pro-Mix Maximum Term Collective Investment Trust Fund	16,189,352	-	[1]
Manning & Napier Retirement Target 2020 Collective Investment Trust Fund	15,319	-	[1]
Manning & Napier Retirement Target 2030 Collective Investment Trust Fund	259,775	-	[1]
Manning & Napier Retirement Target 2035 Collective Investment Trust Fund	117,347	-	[1]
Manning & Napier Retirement Target 2040 Collective Investment Trust Fund	7,704	-	[1]
Manning & Napier Retirement Target 2045 Collective Investment Trust Fund	74,124	-	[1]
Manning & Napier Retirement Target 2050 Collective Investment Trust Fund	189,650	-	[1]
Manning & Napier Retirement Target 2055 Collective Investment Trust Fund	82,956	-	[1]
Manning & Napier Retirement Target Income Collective Investment Trust Fund	<u>2,934</u>	<u>-</u>	[1]
	<u>\$ 33,666,822</u>	<u>\$ -</u>	

[1] The investments in the common/collective trusts and pooled separate accounts are liquid. There are no restrictions on redemption.

4. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplementary schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee, Empower Trust Company, LLC, as of June 30:

	<u>2025</u>	<u>2024</u>
Investments, at fair value:		
Mutual funds	\$ 5,609,032	\$ 5,154,023
Common/collective trusts	35,434,302	31,520,660
Pooled separate accounts	<u>2,561,985</u>	<u>2,146,162</u>
Total investments, at fair value	<u>\$ 43,605,319</u>	<u>\$ 38,820,845</u>
Investments, at contract value:		
Guaranteed insurance contract	<u>\$ 3,452,098</u>	<u>\$ 4,364,694</u>
Investment appreciation	<u>\$ 4,044,899</u>	<u>\$ 4,312,436</u>
Interest	<u>\$ 467,059</u>	<u>\$ 291,951</u>
Dividends	<u>\$ 25,066</u>	<u>\$ 34,891</u>
Schedule of Assets (Held at End of Year) – Schedule II		

5. FURNITURE AND EQUIPMENT

Furniture and equipment consist of the following as of June 30:

	<u>2025</u>	<u>2024</u>
Office equipment	\$ 26,702	\$ 25,589
Less: Accumulated depreciation	<u>(24,030)</u>	<u>(21,593)</u>
	<u>\$ 2,672</u>	<u>\$ 3,996</u>

Depreciation expense totaled \$2,437 and \$2,397 for the years ended June 30, 2025 and 2024, respectively.

6. INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan sponsor by a letter dated September 21, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

6. INCOME TAX STATUS (Continued)

For employee benefit plans, their tax-exempt status itself is deemed to be an uncertainty since events could potentially occur to jeopardize their tax-exempt status. The Plan files the Annual Return/Report of Employee Benefit Plan (Form 5500) in the U.S. federal jurisdiction.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan's administrator (the Board of Trustees) has the right to discontinue the Plan at any time or to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the interest of the affected participants in the Plan will remain fully vested and non-forfeitable. The Board of Trustees shall determine the value of each participant's and beneficiary's account based on current valuations, and the amount shall be promptly distributed.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The classification of changes in net assets available for benefits for the years ended June 30, 2025 and 2024 (the Plan's year-end) differs between the financial statements and Form 5500. However, the total change in net assets available for benefits for the years then ended agrees between those financial statements and Form 5500.

9. RELATED PARTY TRANSACTIONS

Shared Services

The Plan shares employees, office space and other applicable expenses with the Sheet Metal Workers Local No. 46 Health Fund (the "Health Fund"), the Sheet Metal Workers' Local Union No. 46 Pension Fund (the "Pension Fund") and the Sheet Metal JATC of Rochester (the "JATC"). The Plan is related to these affiliated organizations through common membership. The Plan reimburses the Health Fund its share of these expenses as the Health Fund employs the staff responsible for managing the activities of the organizations. The amounts reimbursed to the Health Fund for the years ended June 30, 2025 and 2024 were \$51,447 and \$56,064 and are included in "administrative expenses" in the financial statements.

The Plan receives its proportionate share of employer and reciprocal contributions monthly from the Health Fund because the Health Fund receives, deposits, and distributes the majority of all contributions through consolidated checks issued by most employers. The Plan's share of employer and reciprocal contribution income received from the Health Fund for the years ended June 30, 2025 and 2024 was \$1,924,970 and \$1,812,152, respectively, and is included in "employer and reciprocal contributions" in the financial statements.

As of June 30, 2025 the Plan owed \$10,004 to the Welfare Fund for the over transfer of contributions to the Plan during the year. As of June 30, 2024, the Plan was owed \$3,475, from the Welfare Fund for contributions received and transferred to the Plan in the subsequent period. As of June 30, 2025 the Plan owed \$5,246 to the Pension Fund and \$7,559 as of June 30, 2024, to the Welfare Fund and Pension Fund for amounts paid by the affiliated funds for the Plan's expenses, not yet reimbursed to the respective affiliate. The amounts owed to and from the Plan are included in "due to affiliates, net" in the financial statements.

10. PARTY-IN-INTEREST TRANSACTIONS

Investments

The Plan has holdings in various investments managed by Empower, the custodian of the Plan. Empower also provides administrative and investment management services to the Plan during the years ended June 30, 2025 and 2024. The Plan currently offers the Empower Guaranteed Income Fund as an investment option as detailed in Note 2. The Plan did not pay direct fees to Empower during the years ended June 30, 2025 and 2024, as fees are paid directly from the investment fund.

Administrative Expenses Agreement

In April 2013, the Plan's agreement with Empower was amended to allow for periodic installments of an annual amount equal to 0.05% of average eligible plan assets invested in the Plan each year from Empower to the Plan. This amount is paid by Empower to the Plan and is included in "Administrative fees and reimbursement" revenue in the financial statements. These fees are designated for payment of the investment consultant. The investment consultant provides investment consulting and advisory services for prudent selection and monitoring of the investment under the Plan. These fees are paid by the Plan and are included in "investment consulting fees" in the schedules of administrative expenses.

11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through February 23, 2026, which is the date the financial statements were available to be issued.

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND

**SCHEDULES OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED JUNE 30, 2025 AND 2024**

SCHEDULE I

	<u>2025</u>	<u>2024</u>
Administration expense	\$ 51,447	\$ 56,064
Legal fees	28,487	27,540
Investment consulting fees	22,467	20,673
Audit and financial services	15,750	15,750
Insurance	8,462	8,652
Office expense	4,226	208
Depreciation	2,437	2,397
Miscellaneous expenses	1,091	494
Conventions and meetings	<u>183</u>	<u>105</u>
 Total administrative expenses	 <u>\$ 134,550</u>	 <u>\$ 131,883</u>

The accompanying notes are an integral part of these schedules.

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND
EMPLOYER IDENTIFICATION NUMBER 16-1168659
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2025

SCHEDULE II

(a)	(b)	(c)	(d)	(e)
<u>IDENTITY OF ISSUE, BORROWER, LESSOR</u> <u>OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING</u> <u>MATURITY DATE, RATE OF INTEREST, PAR,</u> <u>OR MATURITY VALUE</u>	<u>COST</u>	<u>CURRENT</u> <u>VALUE</u>	
MUTUAL FUNDS				
AMERICAN FUNDS	GROWTH FUND OF AMERICA R4	\$ 2,994,476	\$ 4,297,727	
AMERICAN FUNDS	AMER EUROPACIFIC GROW R4	<u>1,122,906</u>	<u>1,311,305</u>	
		<u>4,117,382</u>	<u>5,609,032</u>	
COMMON/COLLECTIVE TRUSTS				
MANNING & NAPIER	M&N PRO-MIX MAX TERM CIT	7,383,030	18,052,445	
MANNING & NAPIER	M&N PRO-MIX EXT TERM CIT	2,144,277	5,283,742	
MANNING & NAPIER	M&N PRO-MIX MODRTE TERM CIT	7,398,816	10,635,786	
MANNING & NAPIER	M&N PRO-MIX CONSRV TERM CIT	217,258	377,836	
MANNING & NAPIER	M&N RET TGT INC COLL INV S	4,066	4,502	
MANNING & NAPIER	M&N TGT 2030 COLL INV S	369,123	479,228	
MANNING & NAPIER	M&N TGT 2035 COLL INV S	108,437	148,414	
MANNING & NAPIER	M&N TGT 2040 COLL INV S	15,754	17,711	
MANNING & NAPIER	M&N TGT 2045 COLL INV S	37,167	45,563	
MANNING & NAPIER	M&N TGT 2050 COLL INV S	206,001	251,344	
MANNING & NAPIER	M&N TGT 2055 COLL INV S	<u>111,466</u>	<u>137,731</u>	
		<u>17,995,395</u>	<u>35,434,302</u>	
POOLED SEPARATE ACCOUNTS				
* EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	DRYDEN S&P500 INDEX - ISP	1,352,070	2,404,532	
* EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	CORE PLUS BOND/PGIM FD	<u>124,980</u>	<u>157,453</u>	
		<u>1,477,050</u>	<u>2,561,985</u>	
GUARANTEED INSURANCE CONTRACT				
* EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	GUARANTEED INCOME FUND	<u>3,098,683</u>	<u>3,452,098</u>	
TOTAL INVESTMENTS		<u>\$ 26,688,510</u>	<u>\$ 47,057,417</u>	

* Denotes party-in-interest

The accompanying notes are an integral part of these schedules.

SHEET METAL WORKERS LOCAL NO. 46 ANNUITY FUND
EMPLOYER IDENTIFICATION NUMBER 16-1168659
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2025

SCHEDULE II

(a)	(b)	(c)	(d)	(e)
<u>IDENTITY OF ISSUE, BORROWER, LESSOR</u> <u>OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING</u> <u>MATURITY DATE, RATE OF INTEREST, PAR,</u> <u>OR MATURITY VALUE</u>	<u>COST</u>	<u>CURRENT</u> <u>VALUE</u>	
MUTUAL FUNDS				
AMERICAN FUNDS	GROWTH FUND OF AMERICA R4	\$ 2,994,476	\$ 4,297,727	
AMERICAN FUNDS	AMER EUROPACIFIC GROW R4	<u>1,122,906</u>	<u>1,311,305</u>	
		<u>4,117,382</u>	<u>5,609,032</u>	
COMMON/COLLECTIVE TRUSTS				
MANNING & NAPIER	M&N PRO-MIX MAX TERM CIT	7,383,030	18,052,445	
MANNING & NAPIER	M&N PRO-MIX EXT TERM CIT	2,144,277	5,283,742	
MANNING & NAPIER	M&N PRO-MIX MODRTE TERM CIT	7,398,816	10,635,786	
MANNING & NAPIER	M&N PRO-MIX CONSRV TERM CIT	217,258	377,836	
MANNING & NAPIER	M&N RET TGT INC COLL INV S	4,066	4,502	
MANNING & NAPIER	M&N TGT 2030 COLL INV S	369,123	479,228	
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MANNING & NAPIER	M&N TGT 2045 COLL INV S	37,167	45,563	
MANNING & NAPIER	M&N TGT 2050 COLL INV S	206,001	251,344	
MANNING & NAPIER	M&N TGT 2055 COLL INV S	<u>111,466</u>	<u>137,731</u>	
		<u>17,995,395</u>	<u>35,434,302</u>	
POOLED SEPARATE ACCOUNTS				
* EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	DRYDEN S&P500 INDEX - ISP	1,352,070	2,404,532	
* EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	CORE PLUS BOND/PGIM FD	<u>124,980</u>	<u>157,453</u>	
		<u>1,477,050</u>	<u>2,561,985</u>	
GUARANTEED INSURANCE CONTRACT				
* EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA	GUARANTEED INCOME FUND	<u>3,098,683</u>	<u>3,452,098</u>	
TOTAL INVESTMENTS		<u>\$ 26,688,510</u>	<u>\$ 47,057,417</u>	

* Denotes party-in-interest

The accompanying notes are an integral part of these schedules.

5500 EFILE AUTHORIZATION

PLAN NAME: Sheet Metal Workers Local 46 Annuity Plan
PLAN NUMBER: 002
PLAN YEAR: 6/30/2025
PLAN ADMINISTRATOR: Anthony Valenti, Jr.
PLAN SPONSOR: Mark Hyde

On behalf of the above-named plan sponsor/plan administrator, the undersigned hereby grants permission to Bonadio & Co., LLP to electronically file the plan sponsor's/plan administrator's Form 5500, but only upon Bonadio & Co., LLP receipt of a copy of the manually signed pages one through three of Form 5500.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's manual signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.

The employer, on behalf of the plan sponsor/plan administrator, may revoke or change this authorization any time by notification in writing to Bonadio & Co., LLP

The plan sponsor/plan administrator understand that by authorizing Bonadio & Co., LLP to submit its Form 5500 electronically to DOL the following agencies may communicate directly with Bonadio & Co., LLP with respect to plan sponsor's/plan administrator's Form 5500: DOL, EFAST2, IRS and/or PBGC.

<i>Anthony Valenti Jr.</i> _____ SIGNATURE (PLAN ADMINISTRATOR)	02/26/2026 _____ DATE
<i>Mark Hyde</i> _____ SIGNATURE (PLAN SPONSOR)	02/24/2026 _____ DATE

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN	1b Three-digit plan number (PN) ▶	002
	1c Effective date of plan	09/28/1981
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) SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN BOARD OF	2b Employer Identification Number (EIN)	16-1168659
244 PAUL ROAD	2c Plan Sponsor's telephone number	(585) 458-0400
ROCHESTER NY 14624-4992	2d Business code (see instructions)	238290

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	<i>Anthony Valenti Jr.</i>	02/26/2026	ANTHONY VALENTI, JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Mark Hyde</i>	02/24/2026	MARK HYDE
	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
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5 Total number of participants at the beginning of the plan year	5	576
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)	396
a (2) Total number of active participants at the end of the plan year	6a(2)	409
b Retired or separated participants receiving benefits	6b	23
c Other retired or separated participants entitled to future benefits	6c	164
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	596
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	596
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)	576
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	596
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	28

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

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) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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 checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 1 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 _____