

<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>IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY SUPPLEMENTAL BENEFIT PLAN (ACTIVE PARTICIPANTS)</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF IRON WORKERS DISTRICT COUNCIL OF WESTERN YORK AND VICINITY SUPPLEMENTAL PLAN (ACTIVE PLAN)</u> <u>3445 WINTON PLACE, SUITE 238 ROCHESTER, NY 14623</u></p>	<p>1c Effective date of plan <u>09/10/1998</u></p> <p>2b Employer Identification Number (EIN) <u>16-1550492</u></p> <p>2c Plan Sponsor's telephone number <u>585-424-3510</u></p> <p>2d Business code (see instructions) <u>238100</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.	03/03/2026	ROBERT COLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/10/2026	H.L. STEPHENSON
	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	458
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)	208
	6a(2)	253
	6b	223
	6c	0
	6d	476
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	63

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

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

4A 4D 4E 4Q

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY SUPPLEMENTAL BENEFIT PLAN (ACTIVE PARTICIPANTS)	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IRON WORKERS DISTRICT COUNCIL OF WESTERN	D Employer Identification Number (EIN) 16-1550492	

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)

IWDC OF WNY & VICINITY WELFARE FUND

16-0776208

(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?
49	AFFILIATED BENEFIT FUND	188910	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)

MANNING & NAPIER ADVISORS, LLC

45-3240790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	34892	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)

ARCARA LENDA EUSANIO & STACEY CPAS

47-1793720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	26896	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BLITMAN & KING 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?
29	NONE	15513	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY SUPPLEMENTAL BENEFIT PLAN (ACTIVE PARTICIPANTS)	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IRON WORKERS DISTRICT COUNCIL OF WESTERN	D Employer Identification Number (EIN) 16-1550492

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	98909	72430
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	65921	71360
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	30713	26099
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	203702	273762
(2) U.S. Government securities	1c(2)	2876281	2893384
(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)	3420509	4189546
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2287353	1839559
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	778	111
f Total assets (add all amounts in lines 1a through 1e).....	1f	8984166	9366251
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	7764	4657
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3060007	3336498
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3067771	3341155
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5916395	6025096

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)	637248	
(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)		637248
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	10236	
(B) U.S. Government securities.....	2b(1)(B)	74228	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		84464
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	46373	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	218622	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		264995
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9629612	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9616704	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		12908
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	488893	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-161752
c Other income	2c		8002
d Total income. Add all income amounts in column (b) and enter total	2d		1334758

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	379118	
(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)		379118
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)	26896	
(5) Investment advisory and investment management fees	2i(5)	34892	
(6) Bank or trust company trustee/custodial fees	2i(6)	3776	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	15513	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	196353	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		277430
j Total expenses. Add all expense amounts in column (b) and enter total	2j		656548

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		678210
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		569509

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: **ARCARA LENDA EUSANIO & STACEY CPAS**

(2) EIN: **47-1793720**

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		2000000
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)
IWDC OF WNY SUPPLEMENTAL BENEFIT PLAN (RETIREE)	16-1550492	502

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 _____.

**Iron Workers District Council of Western New York and
Vicinity Supplemental Benefit Plan (Active Participants)**

Financial Statements

For the Years Ended June 30, 2025 and 2024

**Iron Workers District Council of Western New York and
Vicinity Supplemental Benefit Plan (Active Participants)**

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Independent Auditor's Report

To the Board of Trustees of
Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Plan)

Opinion

We have audited the accompanying financial statements of the Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (Active Participants) (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of 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.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (Active Participants) as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and reportable transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Arcara Lenda Eusanio + Stacey, CPAs, P.C.

Williamsville, New York
February 18, 2026

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**Statements of Net Assets Available for Benefits
As of June 30, 2025 and 2024**

	2025	2024
Assets		
Investments, at Fair Value	\$ 9,196,251	\$ 8,787,845
Receivables		
Accrued Interest and Dividends	23,501	18,011
Employer Contributions	71,360	65,921
Other	2,598	12,702
	97,459	96,634
Cash, Non-Interest Bearing	72,430	98,909
Property and Equipment, Net		
Office Equipment	30,100	30,100
Less Accumulated Depreciation	(29,989)	(29,322)
	111	778
Total Assets	9,366,251	8,984,166
Liabilities		
Payables		
Iron Workers District Council of Western New York and Vicinity Retiree Supplemental Benefit Plan Interest in Assets	3,260,887	2,937,419
Accounts Payable and Accrued Expenses	4,657	7,764
Due to Broker	-	3,696
Due to Related Fund, Net	75,611	118,892
	3,341,155	3,067,771
Total Liabilities	3,341,155	3,067,771
Net Assets Available for Benefits	\$ 6,025,096	\$ 5,916,395

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**Statements of Changes in Net Assets Available for Benefits
For the Years Ended June 30, 2025 and 2024**

	2025	2024
Additions to Net Assets		
Investment Income		
Interest and Dividends	\$ 349,459	\$ 186,488
Net Appreciation in Fair Value of Investments	340,049	582,309
	689,508	768,797
Less Investment Expenses	(38,668)	(37,163)
	650,840	731,634
Employer Contributions	637,248	436,949
Sundry	8,002	924
Total Additions	1,296,090	1,169,507
Deductions from Net Assets		
Benefits Paid to Active Participants		
Medical Expense Reimbursements	314,682	340,777
Health Insurance Premium Reimbursements	64,436	81,111
	379,118	421,888
Administrative Expense		
Office and Miscellaneous Expense	7,443	17,314
Professional Fees		
Accounting	24,200	27,100
Legal	15,663	16,517
Legal - Collections (Recoveries)	(150)	355
Payroll Audit	2,696	2,677
Shared Administrative Expenses	188,910	145,517
	238,762	209,480
Total Deductions	617,880	631,368
Increase in Net Assets	678,210	538,139
Transfer of Net Assets to Iron Workers District Council of Western New York and Vicinity Retiree Supplemental Benefit Plan		
Retiree Plan Funding Transfer Based on Net Activity	(569,509)	(327,908)
Net Assets Available for Benefits		
Beginning of Year	5,916,395	5,706,164
End of Year	\$ 6,025,096	\$ 5,916,395

Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (Active Participants)

Notes to Financial Statements June 30, 2025 and 2024

Note 1 - Description of the Plan

The following brief description of the Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (Active Participants) (the “Plan” or the “Active Plan”) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (the “Supplemental Benefit Plan”) is a defined contribution multiemployer benefit plan which was established September 10, 1998, by an Agreement and Declaration of Trust (“Trust Agreement”). The Supplemental Benefit Plan provides health and welfare benefits for eligible participants of participating local unions and certain other participants who have had contributions paid into the Plan on their behalf by a contributing employer. The participating Iron Workers Local Unions are Local #9, Local #33, and Local #440, covering the geographical areas of Niagara Falls, Rochester, and Utica, respectively, in New York State. The Supplemental Benefit Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Restructured Plan

The Supplemental Benefit Plan was originally established as one plan that covered both actively employed and retired participants. Effective July 1, 2016, the Supplemental Benefit Plan was amended to affect a restructuring that created a more formal distinction between active and retiree coverages. This restructuring resulted in the following two named plans: (1) Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan (Active Participants) (a continuation of the pre-July 1, 2016 Plan, but without retiree coverage) and (2) Iron Workers District Council of Western New York and Vicinity Retiree Supplemental Benefit Plan (the “Retiree Plan”) (a new plan providing the same retiree coverage package that the Supplemental Benefit Plan had long offered prior to July 1, 2016). The Active Plan and the Retiree Plan continue to share the same Trust Agreement, and both are overseen by the same Board of Trustees.

The assets of both the Active Plan and the Retiree Plan are commingled, with the Active Plan and the Retiree Plan each having a designated interest in the assets of the Active Plan, and the assets continue to be held and managed by the Active Plan. The interest in the Active Plan held by the Retiree Plan is limited to amounts funded, with remaining Plan assets reflected in the net assets available for benefits of the Active Plan.

The Retiree Plan is adjusted annually for the net activity during the year as described in Note 2.

The Active Plan is administered by a Joint Board of Trustees, consisting equally of members appointed by contributing employers and each participating Iron Worker Local Union. The Board of Trustees has overall responsibility for the Trustee directed investments held by the Active Plan and has retained the services of an investment manager and an investment custodian.

Participation

Participation in the Plan is immediate upon completion of one hour of employment with a contributing employer.

Funding Policy

Contributions to the Plan are provided primarily by employers' signatory to the collective bargaining agreement in the regions of the participating locals. Contributions are based on hours worked by covered participants at varying rates as defined in each local's collective bargaining agreement.

Contributions which apply to the current year that are received in the following year are reported as contributions receivable.

Participant Accounts

Individual participant accounts (referred to as a health reimbursement account, or "HRA") are credited with contributions received from employers and an allocation of net Plan earnings, and charged with an allocation of Plan losses, administrative expenses and benefit payments made. Administrative expenses charged include, but are not limited to, an administrative fee of \$75 per participant account per year. Benefits to which participants or their beneficiaries are entitled are those benefits that can be provided from the participant's account. Under certain defined conditions, a participant's account balance may be forfeited. Forfeited accounts are first used to offset administrative expenses of the Plan.

Plan Benefits

The Plan provides reimbursement for health related expenses incurred by the participant, spouse, or eligible dependent including, but not limited to, charges by any doctor, dentist, optometrist, ophthalmologist, hospital, or other health facility, pharmacy, over-the-counter medications and menstrual care products, optical dispensing service, or hearing aid provider which is not covered by the Iron Workers District Council of Western New York and Vicinity Welfare Fund (the "Welfare Fund") or any other health care plan available to the participant. In addition, if a participant loses eligibility for health insurance coverage through the Welfare Fund and has elected to self-pay for coverage, the participant may request reimbursement for the premium cost from their individual participant account, or request that the premium be paid directly by the Plan to the Welfare Fund.

Individuals that retire under the Iron Workers District Council of Western New York & Vicinity Pension Fund are not eligible for benefits under this Plan. Upon a participant's loss of eligibility for benefits under this Plan due to retirement, if the participant has a balance in their personal HRA this balance will be transferred to the Retiree Plan. At that time, the participant will no longer be a participant in or have an HRA under this Plan and any rights the participant or their dependents may have with respect to the HRA will be subject to the terms of the Retiree Plan. If, after this transfer, the participant returns to work that makes the participant eligible to participate in this Plan once again, the participant may have an HRA established on their behalf pursuant to the terms and conditions set forth above. The participant's remaining account balance in the Retiree Plan would then be transferred back to this Plan.

All benefits of active members are paid directly from the net assets of this Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of 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 the reported amounts of assets, liabilities, and changes therein and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair 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. See Note 5 for a discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on an ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable

Employer contributions receivable are accrued based primarily on an analysis of subsequent employer reports and remittances.

Allocations Between Active Plan and Retiree Plan

Income (loss) from the commingled investments of the Plan and the Retiree Plan, as well as the administrative expenses incurred by the Plans, are recorded in the statements of changes in net assets available for benefits of the Active Plan. The Retiree Plan is adjusted annually for its share in the income (loss) from investments less administrative expenses. The allocation to the Retiree plan is based on the ratio of total retiree HRA balances to the total of all HRA balances.

Property and Equipment

Office equipment is stated at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the assets, which generally range from five to ten years. Depreciation expense amounted to \$667 and \$1,317 for the years ended June 30, 2025 and 2024, respectively.

Payment of Benefits

Benefit payments to or for participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated subsequent events through February 18, 2026, the date these financial statements were available to be issued, for potential recognition or disclosure in the financial statements.

Note 3 - Retiree Plan Interest in the Assets of the Active Plan

The Retiree Plan's interest in the assets of the Active Plan is based on the account balances of the participants in the Retiree Plan. The activity of the retiree accounts is summarized as follows:

	2025	2024
Transfer to Retiree Plan of New Retiree Account Balances	\$ 415,452	\$ 149,638
Net Service Charges to Retiree Accounts	(11,060)	(11,384)
Net Investment Earnings Allocated to Retiree Plan		
Investment Earnings Allocated to Retiree Plan	259,083	278,748
Administrative Expenses Allocated to the Retiree Plan		
Office Expense	(1,126)	(5,262)
Professional Fees	(16,690)	(19,841)
Shared Administrative Expenses	(74,348)	(61,890)
Other Expenses	(1,802)	(2,101)
Net Investment Earnings Allocated to Retiree Plan	165,117	189,654
Total Retiree Plan Funding Based on Net Activity	569,509	327,908
Benefits Paid by the Retiree Plan	(246,041)	(312,226)
Net Increase in Retiree Account Balances	323,468	15,682
Retiree Plan Interest in the Assets of the Active Plan		
Beginning of Year	2,937,419	2,921,737
End of Year	\$ 3,260,887	\$ 2,937,419

Note 4 - Plan Termination

It is the present intention of the Trustees to continue the Plan indefinitely. The Trustees have the right to terminate the Plan, and participants and/or dependents and beneficiaries do not have a vested or contractual interest in the benefits provided by the Plan. Participants and/or dependents and beneficiaries also have no vested or contractual rights after the disposition of all Plan assets. In the event that the Plan is terminated, the Trustees shall apply the assets of the Plan for the payment of any and all obligations of the Plan and shall distribute and apply any remaining surplus in such manner as will in their opinion best effectuate the purpose of the Plan, provided, however, that no part of the corpus or income of the Plan shall be used for or diverted to purposes other than for the exclusive benefit of the participants, their dependents, and beneficiaries, or for the administrative expenses of the Plan, or for other payments in accordance with the provisions hereof. Under no circumstances shall any portion of the corpus or the income of the Plan, directly or indirectly, revert or accrue to the benefit of any employer or to the Union.

Note 5 - Fair Value Measurement

ASC 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy under ASC 820 are described as follows:

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.

Note 5 (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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Money Market Funds: Valued at amortized costs, which approximates fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

United States Government and Agency Obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual Funds: Open-end mutual funds are registered with the Security and Exchange Commission and are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

Note 5 (Continued)

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

Investment	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 273,762	\$ -	\$ -	\$ 273,762
United States Government and Agency Obligations	-	2,893,384	-	2,893,384
Mutual Funds	1,839,559	-	-	1,839,559
Corporate Stock	4,189,546	-	-	4,189,546
Total Investments at Fair Value	\$ 6,302,867	\$ 2,893,384	\$ -	\$ 9,196,251

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

Investment	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 203,702	\$ -	\$ -	\$ 203,702
United States Government and Agency Obligations	-	2,876,281	-	2,876,281
Mutual Funds	2,287,353	-	-	2,287,353
Corporate Stock	3,420,509	-	-	3,420,509
Total Investments at Fair Value	\$ 5,911,564	\$ 2,876,281	\$ -	\$ 8,787,845

Note 6 - Risks, Uncertainties, and Concentrations

Risks and Uncertainties

The Plan's assets include various investment securities, which are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect amounts reported in the statements of net assets available for benefits.

Concentration of Credit Risk

The Plan's cash deposits are with high quality financial institutions and at times may exceed the federally insured limit.

Note 7 - Transactions with Parties-in-Interest and Related Parties

Parties-in-Interest

M&T Trust Company provides custodial services to the Plan. The Plan maintains a portion of its investments in a money market fund sponsored by Wilmington Trust (a related company to M&T Trust Company). The total value of such investment amounted to \$273,556 and \$203,427 at June 30, 2025 and 2024, respectively, and represents 2.97% and 2.32% of the Plan's total investments at each respective year end. Fees paid to M&T Trust Company amounted to \$2,530 and \$2,427 for years ended June 30, 2025 and 2024, respectively.

Manning and Napier Advisors, LLC provides investment management services to the Plan. At June 30, 2024, the Plan maintained a portion of its investments in two Manning and Napier mutual funds totaling \$466,298, which represented 5.31% of the Plan's total investments. Such mutual funds were liquidated during year ended June 30, 2025. Fees paid to Manning and Napier Advisors, LLC amounted to \$34,892 and \$34,296, for years ended June 30, 2025 and 2024, respectively.

Note 7 (Continued)

Related Party Transactions

The Plan has a formal administrative services and expense sharing agreement with the Iron Workers District Council of Western New York and Vicinity Welfare Fund (the “Welfare Fund”). Under this agreement, certain allocable expenses paid by the Welfare Fund are reimbursed by the Plan and Retiree Plan based on management estimates. The Plan’s share of allocated expenses is classified as shared administrative expenses on the statements of changes in net assets available for benefits.

In addition, the Welfare Fund administers a clearing account to which employer contributions for this Plan and other related entities are deposited. Partial payments from contributing employers are retained in the clearing account until such time as full payment has been received. The Plan’s share of the undistributed clearing account is included as part of due from (to) the Welfare Fund in the statements of net assets available for benefits.

The net payable of the unpaid allocated expenses and unremitted employer contributions to the Welfare Fund at June 30, 2025 and 2024, totaled \$75,611 and \$118,892, respectively.

Note 8 - Tax Status

The Supplemental Benefit Plan received a favorable determination letter dated February 9, 1999, from the Internal Revenue Service indicating that the Plan is exempt from Federal income tax under Section 501(c)(5) of the Internal Revenue Code. The Supplemental Benefit Plan received a letter from the IRS dated March 7, 2003, that it continues to be recognized as a tax-exempt organization. The Trustees believe that the Plan, including amendments after the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified, and the related trust was tax exempt, at the financial statement date.

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

Note 9 - Reconciliation with Form 5500

The accompanying financial statements, which are prepared in accordance with accounting principles generally accepted in the United States of America, calculate realized gains and losses on sales of securities and unrealized gains and losses (change in market value on securities held at year end) using historical cost. However, Form 5500, Annual Return/Report of Employee Benefit Plan, requires the calculation of such gains and losses to be measured on the basis of revalued cost on Schedule H. Revalued cost is calculated based on the market value of a security on the first day of the fiscal year plus the cost of any current year purchases, less the beginning market value of any current year sales. In total, however, the calculation of gains and losses for financial statement purposes and the calculation for Form 5500 are the same.

In the statements of changes in net assets available for benefits, investment fees are offset against investment income. On Form 5500 Schedule H, such fees are included as administrative expenses.

Amounts currently payable to or for participants, beneficiaries and dependents for benefit claims payable that have been processed and approved for payment prior to the end of the plan year, but not yet paid as of that date are reported as benefit claims payable on Form 5500 Schedule H. At June 30, 2025 and 2024, all benefit claims that had been processed and approved for payment were paid prior to the end of the respective plan year.

**Iron Workers District Council of Western New York and
Vicinity Supplemental Benefit Plan (Active Participants)**

Supplemental Information

For the Year Ended June 30, 2025

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**EIN: 16-1550492 Plan Number 501
Form 5500 - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of June 30, 2025**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Face Value/ No. of Shares	Cost	Current Value
<u>Investments at Fair Value</u>				
Money Market Funds				
	Principal Cash	206 Units	\$ 206	\$ 206
*	Willmington US Treasury MMKT CL SLCT	273,556 Units	273,556	273,556
Total Money Market Funds			273,762	273,762
United States Government and Agency Obligations				
	US Treasury Bonds	196,000 3.875% Due 08/15/2040	226,085	180,312
	US Treasury Bonds	168,000 3.000% Due 05/15/2047	136,500	125,810
	US Treasury Bonds	161,000 2.000% Due 02/15/2050	111,095	94,538
	US Treasury Notes	113,000 2.375% Due 05/15/2027	108,595	110,205
	US Treasury Notes	126,000 2.875% Due 05/15/2028	127,391	123,190
	US Treasury Notes	354,000 4.000% Due 10/31/2029	352,673	357,374
	US Treasury Notes	619,000 4.625% Due 09/30/2030	633,543	642,287
	US Treasury Notes	409,000 1.625% Due 05/15/2031	369,887	360,718
	US Treasury Notes	375,000 2.875% Due 05/15/2032	365,785	349,894
	US Treasury Notes	185,000 3.375% Due 05/15/2033	172,534	176,349
	US Treasury Notes	364,000 4.375% Due 05/15/2034	362,863	369,675
	GNMA PL #487226	24 6.000% Due 05/15/2029	23	25
	GNMA PL #578287	215 6.500% Due 06/15/2032	225	218
	GNMA PL #781594	773 6.500% Due 01/15/2033	814	797
	GNMA PL #781576	152 6.500% Due 03/15/2033	159	157
	GNMA PL #604505	554 4.500% Due 08/15/2033	535	549
	GNMA PL #622577	1,300 4.500% Due 10/15/2033	1,236	1,286
Total United States Government and Agency Obligations			2,969,943	2,893,384
Mutual Funds				
	Invesco Balanced - Risk Alloc	223,247 Shares	2,317,814	1,839,559
Total Mutual Funds			2,317,814	1,839,559

* Party-in-Interest

(Continued)

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**EIN: 16-1550492 Plan Number 501
Form 5500 - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of June 30, 2025**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
	Face Value/ No. of Shares			
Corporate Stock				
Air Liquide SA - Un-sponsored ADR	2,564 Shares	94,971	105,150	
Alphabet Inc CL A	976 Shares	82,276	172,000	
Amazon.com Inc	638 Shares	75,054	139,971	
Amphenol Corp New CL A	529 Shares	33,788	52,239	
Astrazeneca Group PLC Sponsored ADR	959 Shares	68,322	67,015	
Atlassian Corporation CL A	163 Shares	35,421	33,104	
Bae Systems	359 Shares	14,542	37,720	
Blackrock Inc	55 Shares	49,709	57,709	
Cadence Design Sys Inc	453 Shares	122,215	139,592	
Canadian National Railway Company	372 Shares	44,667	38,703	
CBRE Group Inc	564 Shares	72,428	79,028	
Chipotle Mexican Grill-CL A	1,423 Shares	70,982	79,901	
Clearwater Analytics Holdings CL A	1,542 Shares	37,238	33,816	
Coca Cola Co Com	1,530 Shares	80,617	108,248	
CSX Corp Common	1,176 Shares	38,082	38,373	
Deutsche Boerse AG	1,198 Shares	23,305	39,103	
Deutsche Post AG Spons ADR	2,267 Shares	93,107	105,302	
Extra Space Storage Inc REIT	241 Shares	41,122	35,533	
Ferrari NV	166 Shares	68,899	81,463	
Fiserv Inc	449 Shares	71,748	77,412	
Halma PLC Unspans ADR	472 Shares	32,344	42,062	
HDFC Bank Limited ADR	951 Shares	52,446	72,912	
Heico Corporation - Class A	266 Shares	53,466	68,827	
Hermes Intl Unspans ADR	422 Shares	102,723	114,408	
Infineon Technologies AG ADR	1,406 Shares	52,895	59,868	
Intercontinental Exchange	220 Shares	21,196	40,363	
Intuitive Surgical Inc	139 Shares	40,766	75,534	
JPMorgan Chase & Co	132 Shares	36,472	38,268	
L3 Harris Technologies In	484 Shares	100,624	121,407	
Lonza Group AG-Un-sponsored ADR	512 Shares	31,207	36,536	
Mastercard Inc	247 Shares	41,568	138,799	
Mercadolibre Inc	14 Shares	19,545	36,591	
Meta Platforms, Inc-A	187 Shares	65,576	138,023	
Microsoft Corp	427 Shares	143,914	212,394	
Moodys Corp	151 Shares	44,159	75,740	
NASDAQ Inc	493 Shares	36,216	44,084	
Norfolk Southern Corp	150 Shares	38,027	38,395	
NU Hldgs LTD CL A	2,807 Shares	35,080	38,512	
Nvidia Corp Com	538 Shares	61,920	84,999	
Persimmon PLC Unspans ADR	1,462 Shares	47,108	52,873	
Roche HLDG LTD Sponsored ADR	2,127 Shares	67,882	86,697	
Rollins Incorporated	686 Shares	35,807	38,704	
S&P Global Inc	107 Shares	35,593	56,420	
Salesforce Inc	136 Shares	35,466	37,086	
Servicenow Inc	70 Shares	50,281	71,966	
Sherwin Williams Co Com	102 Shares	33,167	35,022	

(Continued)

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**EIN: 16-1550492 Plan Number 501
Form 5500 - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of June 30, 2025**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
		Face Value/ <u>No. of Shares</u>		
	Corporate Stock (Continued)			
	Sociedad Quimica Minera Spons ADR	1,551 Shares	58,620	54,704
	Synopsys Inc Com	66 Shares	35,990	33,837
	Taiwan Semiconductor Spon	368 Shares	42,105	83,348
	Taylor Wimpey PLC Spons ADR	3,277 Shares	49,939	54,300
	Thermo Fisher Scientific Inc	177 Shares	87,777	71,766
	Transunion	825 Shares	73,918	72,600
	Union Pacific Corp Com	146 Shares	29,875	33,592
	Unitedhealth Group Inc	342 Shares	103,197	106,694
	Vertex Pharmaceuticals	138 Shares	44,025	61,438
	Visa Inc	263 Shares	28,676	93,378
	West Fraser Timber Co LTD	572 Shares	47,257	41,928
	Workday Inc-A	294 Shares	68,523	70,560
	Zoetis Inc	215 Shares	35,911	33,529
	Total Corporate Stock		3,239,754	4,189,546
	Total Investments at Fair Value		\$ 8,801,273	\$ 9,196,251

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**EIN: 16-1550492 Plan Number 501
Form 5500 - Schedule H, Line 4j
Schedule of Reportable Transactions
For the Year Ended June 30, 2025**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Wilmington US Treasury CL Slet	100% Treasury Money Mkt	\$ 4,384,725				\$ 4,384,725	\$ 4,384,725	
Wilmington US Treasury CL Slet	100% Treasury Money Mkt		\$ 4,314,596			4,314,596	4,314,596	\$ -
US Treasury Notes	1.625% DUE 05/15/2031	175,960				175,960	175,960	
US Treasury Notes	1.625% DUE 05/15/2031		159,051			176,982	159,051	(17,931)
US Treasury Notes	4.625% DUE 09/30/2030	927,119				927,119	927,119	
US Treasury Notes	4.625% DUE 09/30/2030		480,512			484,472	480,512	(3,960)
US Treasury Notes	0.625% DUE 05/15/2030		530,817			515,682	530,817	15,135
US Treasury Notes	1.625% DUE 05/15/2026		527,514			515,334	527,514	12,180
US Treasury Notes	4.000% DUE 10/31/2029	352,673				352,673	352,673	
US Treasury Notes	4.375% DUE 05/15/2034	362,863				362,863	362,863	
US Treasury Tips	0.125% DUE 01/15/2031	349,288				349,288	349,288	
US Treasury Tips	0.125% DUE 01/15/2031		358,206			349,288	358,206	8,918

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**EIN: 16-1550492 Plan Number 501
Form 5500 - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of June 30, 2025**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Face Value/ No. of Shares	Cost	Current Value
<u>Investments at Fair Value</u>				
Money Market Funds				
	Principal Cash	206 Units	\$ 206	\$ 206
*	Willmington US Treasury MMKT CL SLCT	273,556 Units	273,556	273,556
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* Party-in-Interest

(Continued)

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**EIN: 16-1550492 Plan Number 501
Form 5500 - Schedule H, Line 4i
Schedule of Assets (Held at End of Year)
As of June 30, 2025**

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Supplemental Benefit Plan (Active Participants)**

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	Union Pacific Corp Com	146 Shares	29,875	33,592
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	Vertex Pharmaceuticals	138 Shares	44,025	61,438
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	Workday Inc-A	294 Shares	68,523	70,560
	Zoetis Inc	215 Shares	35,911	33,529
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	Total Investments at Fair Value		\$ 8,801,273	\$ 9,196,251

**Iron Workers District Council of Western New York and Vicinity
Supplemental Benefit Plan (Active Participants)**

**EIN: 16-1550492 Plan Number 501
Form 5500 - Schedule H, Line 4j
Schedule of Reportable Transactions
For the Year Ended June 30, 2025**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
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Wilmington US Treasury CL Slet	100% Treasury Money Mkt		\$ 4,314,596			4,314,596	4,314,596	\$ -
US Treasury Notes	1.625% DUE 05/15/2031	175,960				175,960	175,960	
US Treasury Notes	1.625% DUE 05/15/2031		159,051			176,982	159,051	(17,931)
US Treasury Notes	4.625% DUE 09/30/2030	927,119				927,119	927,119	
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US Treasury Notes	0.625% DUE 05/15/2030		530,817			515,682	530,817	15,135
US Treasury Notes	1.625% DUE 05/15/2026		527,514			515,334	527,514	12,180
US Treasury Notes	4.000% DUE 10/31/2029	352,673				352,673	352,673	
US Treasury Notes	4.375% DUE 05/15/2034	362,863				362,863	362,863	
US Treasury Tips	0.125% DUE 01/15/2031	349,288				349,288	349,288	
US Treasury Tips	0.125% DUE 01/15/2031		358,206			349,288	358,206	8,918