

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] 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 IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY WELFARE FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 09/01/1953
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF IWDC OF WNY AND VICINITY WELFARE FUND 3445 WINTON PLACE, SUITE 238 ROCHESTER, NY 14623-2950
2b Employer Identification Number (EIN) 16-0776208
2c Plan Sponsor's telephone number 585-424-3510
2d Business code (see instructions) 238100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for Robert Cole (03/03/2026) and H.L. Stephenson (03/10/2026).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	238
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)	237
	6a(2)	340
	6b	2
	6c	0
	6d	342
	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	86

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 4B 4C 4D 4E 4F 4Q

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY WELFARE FUND

B Three-digit plan number (PN) ▶ **501**

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF IWDC OF WNY AND VICINITY WELFARE FUND

D Employer Identification Number (EIN)
16-0776208

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
HARTFORD LIFE INSURANCE CO.

(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
06-0838648	70815	872745G	312	09/01/2023	08/31/2024

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.

(a) Total amount of commissions paid 3408	(b) Total amount of fees paid
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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

AEBLY AND ASSOCIATES INS SERVICES
1471 UNION RD
WEST SENECA, NY 14224

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3408			3

(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	

(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	

(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	

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

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

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	28166
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. Specify nature of costs.	10b	

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. ▶

<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 IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IWDC OF WNY AND VICINITY WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 16-0776208</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
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	00286	342	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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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	

(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

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	(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	

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

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. Specify nature of costs ▶	6d	

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 ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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	16110
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. Specify nature of costs.	10b	

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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IWDC OF WNY AND VICINITY WELFARE FUND		D Employer Identification Number (EIN) 16-0776208

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
EXCELLUS BLUE CROSS BLUE SHIELD

(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
15-0329043	55107	00113192	335	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

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
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(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

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 ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
(6) Total additions			7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	0

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	146145
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 IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IWDC OF WNY AND VICINITY WELFARE FUND	D Employer Identification Number (EIN) 16-0776208	

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

SEGAL SELECT INS. SERVICES, INC.

46-0619194

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

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

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

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

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

EXCELLUS BLUECROSS BLUESHIELD

15-0329043

(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?
12	NONE	301750	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
15 49	NONE	140927	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	89	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LAURIE GOOD

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?
30	EMPLOYEE	110690	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	290	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)

THE SEGAL COMPANY INC

13-1835864

(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?
11 16	NONE	105249	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2104	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BLITMAN AND 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	90285	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)

DAWN DOWNING

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?
30	EMPLOYEE	67702	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)

MARIA HILBERT

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?
30	EMPLOYEE	65109	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)

LIALETTE BULLOCK

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?
30	EMPLOYEE	64190	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)

TERRI LEFLER

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?
30	EMPLOYEE	62722	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)

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?
10	NONE	47404	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"/>

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

MANNING & NAPIER, INC.

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	26991	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)

PC RESULTS, INC.

94-3473327

(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?
16 49	NONE	14042	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)

FAIR HEALTH INC.

90-0524293

(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	NONE	8601	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"/>

(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 WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IWDC OF WNY AND VICINITY WELFARE FUND	D Employer Identification Number (EIN) 16-0776208

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	452823	716667
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	844356	1165404
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	106502	574672
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	420709	515351
(2) U.S. Government securities	1c(2)	2032423	2612739
(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)	814838	1362955
(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)	1993776	2298900
(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	50643	39493
f Total assets (add all amounts in lines 1a through 1e).....	1f	6716070	9286181
Liabilities			
g Benefit claims payable.....	1g	255400	312600
h Operating payables.....	1h	31123	26457
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	130459	662684
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	416982	1001741
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	6299088	8284440

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)	7026162	
(B) Participants.....	2a(1)(B)	125310	
(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)		7151472
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24179	
(B) U.S. Government securities.....	2b(1)(B)	66247	
(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)		90426
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	13435	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	103994	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		117429
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	12123552	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12108574	
(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)	198657	
(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)		49650
c Other income	2c		530649
d Total income. Add all income amounts in column (b) and enter total	2d		8153261

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4476960	
(2) To insurance carriers for the provision of benefits	2e(2)	153734	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4630694
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)	370414	
(2) Contract administrator fees	2i(2)	304707	
(3) Recordkeeping fees	2i(3)	154544	
(4) IQPA audit fees	2i(4)	47404	
(5) Investment advisory and investment management fees	2i(5)	26991	
(6) Bank or trust company trustee/custodial fees	2i(6)	2249	
(7) Actuarial fees	2i(7)	103000	
(8) Legal fees	2i(8)	90285	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	437621	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1537215
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6167909

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1985352
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: **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)

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 Welfare Fund**

Financial Statements

For the Years Ended June 30, 2025 and 2024

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

Table of Contents

	Page
Independent Auditor's Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statements of Plan's Benefit Obligations	5
Statements of Changes in Plan's Benefit Obligations	6
Notes to Financial Statements	7 - 16
Supplemental Information	
Administrative Expense	17
Schedule of Assets (Held at End of Year)	18 - 20
Schedule of Reportable Transactions	21



Independent Auditor's Report

To the Board of Trustees of the
Iron Workers District Council of Western
New York and Vicinity Welfare Fund

Opinion

We have audited the accompanying financial statements of the Iron Workers District Council of Western New York and Vicinity Welfare Fund (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 and of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and of benefit obligations of the Iron Workers District Council of Western New York and Vicinity Welfare Fund as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 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 administrative expense, 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. The schedules of assets held at end of year and reportable transactions 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 the Plan's 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 Eusario + Stacey, CPAs, P.C.

Williamsville, New York
February 18, 2026

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

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

	2025	2024
Assets		
Investments, at Fair Value	\$ 6,789,945	\$ 5,261,746
Receivables		
Accrued Interest and Dividends	21,370	12,377
Due from Related Funds, Net	-	15,037
Employer Contributions	1,165,404	844,356
Prescription Drug Rebates	256,206	-
	1,442,980	871,770
Cash, Non-Interest Bearing	716,667	452,823
Property and Equipment, Net	39,493	50,643
Claims Funding Advance	47,400	46,500
Prepaid Expense	31,313	-
Right of Use Asset	218,383	32,588
	9,286,181	6,716,070
Total Assets	9,286,181	6,716,070
Liabilities		
Accounts Payable and Accrued Expenses	26,457	31,123
Deferred Revenue - Participant Contributions	9,432	33,832
Due to Broker	-	924
Due to Related Funds, Net	171,979	-
Right of Use Liability	218,383	32,588
Reciprocity Payable	262,890	63,115
	689,141	161,582
Total Liabilities	689,141	161,582
Net Assets Available for Benefits	\$ 8,597,040	\$ 6,554,488

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

**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 & Dividends	\$ 207,855	\$ 178,951
Net Appreciation in Fair Value of Investments	263,285	125,814
	471,140	304,765
Less Investment Expenses	(29,240)	(25,162)
	441,900	279,603
Contributions		
Employer	7,026,162	4,501,653
Member (Self-Pay)	125,310	168,928
	7,151,472	4,670,581
Liquidated Damages and Interest	35,906	2,457
Other Income	2,114	6,271
Total Additions	7,631,392	4,958,912
Deductions from Net Assets		
Benefit Costs		
Dental	157,697	183,515
Employee Assistance Program	4,202	4,173
Life Insurance Premiums	16,110	14,301
Major Medical and Hospitalization	2,773,382	1,918,958
Prescription Drug	611,240	453,422
Stop Loss Insurance Premiums	137,624	122,040
Supplemental Disability	41,720	35,920
Wage Replacement Accounts	831,519	684,726
	4,573,494	3,417,055
Administrative Expense	1,015,346	818,292
Total Deductions	5,588,840	4,235,347
Increase in Net Assets	2,042,552	723,565
Net Assets Available for Benefits		
Beginning of Year	6,554,488	5,830,923
End of Year	\$ 8,597,040	\$ 6,554,488

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

**Statements of Plan's Benefit Obligations
As of June 30, 2025 and 2024**

	2025	2024
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents:		
Claims Payable	\$ 105,078	\$ 90,428
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Claims Incurred but not Reported	207,522	164,972
Plan's Total Benefit Obligations	\$ 312,600	\$ 255,400

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

**Statements of Changes in Plan's Benefit Obligations
For the Years Ended June 30, 2025 and 2024**

	2025	2024
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents:		
Balance, July 1	\$ 90,428	\$ 38,401
Claims Reported and Approved for Payment	4,450,520	3,347,042
Claims Paid	(4,435,870)	(3,295,015)
<hr/>		
Balance, June 30	105,078	90,428
<hr/>		
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts:		
Balance, July 1	164,972	218,599
Net Change During the Year:		
Claims Incurred but not Reported	42,550	(53,627)
<hr/>		
Balance, June 30	207,522	164,972
<hr/>		
Plan's Total Benefit Obligations, June 30	\$ 312,600	\$ 255,400

Iron Workers District Council of Western New York and Vicinity Welfare Fund

Notes to Financial Statements June 30, 2025 and 2024

Note 1 - Description of the Plan

The following brief description of Iron Workers District Council of Western New York and Vicinity Welfare Fund (the “Plan”) provides only general information. Participants should refer to the Summary Plan Description for more complete information.

General

The Plan is a defined benefit multiemployer health and welfare plan which covers all eligible members of participating local unions and employees of the Plan. 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 Plan, which was established September 1, 1953, is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan is administered by a Joint Board of Trustees, consisting of members appointed by contributing employers and each participating Iron Worker Local Union. The Plan utilizes an investment manager and a custodial trust company for the Plan’s investment portfolio.

The Plan utilizes third-party service providers to help administer the Plan. Services provided include claims processing, which includes the use of a preferred provider organization network and cost negotiation services, and the administration of the Plan’s prescription drug program. The service provider for claims processing requires a claims funding advance that will be applied against future claims. Such advance is reflected in the statements of net assets available for benefits.

Eligibility

New members become eligible for benefits on the first day of the month immediately following a six consecutive month period in which they have worked a minimum of 400 hours in covered employment with a contributing employer. These new participants will be covered under the Plan for a period of six months. For first year apprentices, initial eligibility begins once 400 hours are completed during a twelve consecutive month period.

After establishing initial eligibility, a member who works at least 200 hours in covered employment with a contributing employer during each three-month work period shall be covered for the corresponding three-month eligibility period. If this eligibility requirement is not met for the work period, eligibility can be continued if at least 400 hours were worked over the six-month work period covering October through March, including the three-month period. Work periods are based on calendar quarters; eligibility periods are the third, fourth, and fifth months after the work period.

Termination and Reinstatement of Coverage

A member’s coverage under the Plan will be terminated on the last day of any eligibility period in which a member has failed to work at least 200 hours in covered employment with a contributing employer during the preceding three-month work period, except as noted above.

In the event coverage terminates, members may become reinstated under the same eligibility rules for current covered members. To reinstate coverage, the necessary hours requirements must be met during the twelve-month period following the date of termination otherwise initial eligibility must be re-established.

Note 1 (Continued)

Funding Policy

Contributions to the Plan are provided primarily by the employer's 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.

Employer contributions reported on the statements of changes in net assets available for benefits for years ended June 30, 2025 and 2024, are net of \$2,316,804 and \$733,358, respectively, paid to other benefit funds under reciprocal agreements.

Participants not meeting minimum hour requirements may contribute specified amounts to extend coverage for themselves and their dependents during periods of low work hours, unemployment and after retirement from active employment. COBRA continuation coverage is also available on a self-pay basis under the Plan, under certain circumstances, if coverage would otherwise stop. The cost of coverage is determined annually by the Plan's independent actuary. The actuarially determined cost of coverage is intended to cover 100% of the cost of providing benefits to these participants.

Benefits

The Plan provides benefits to eligible members, spouses, and dependents primarily on a self-insured basis. The benefits provided include hospitalization, surgical, major medical, dental, prescription drug, optical, physical examination, hearing aid benefits, and participation in an employee assistance program (human care services). The Plan also provides Medicare supplement benefits on a self-pay basis to retirees eligible for this Plan upon retirement. In addition to these health-related benefits, the Plan also provides supplemental weekly disability benefits as well as accidental death and dismemberment insurance. Eligible members are also entitled to a life insurance benefit, which is administered and provided by an insurance company.

All members qualifying for eligibility in the Plan as described above are automatically enrolled in the non-health related benefits and the employee assistance program. These benefits are basic coverage. Outside of this enrollment, members have further options regarding single or family coverage, or to decline coverage.

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

Wage Replacement Account

A portion of the hourly contribution rate is allocated to a Wage Replacement Account ("WRA"). An individual account has been established for each participant who works in covered employment in the jurisdiction of a participating local, and such account is credited with contributions made on his or her behalf at the rate elected by each participating local. Initial eligibility for the WRA benefit is established when a participant accumulates \$400 in his or her account. After initial eligibility has been established, to be eligible to receive benefits a participant must maintain an account balance greater than \$150, have a balance of at least 200 work hours in the last Plan year, and be actively at work or available for work. The WRA provides taxable vacation, non-occupational disability, occupational disability, and unemployment benefits at defined amounts as described in the summary plan description. Eligible members are also entitled to an additional life insurance benefit for a premium that is paid from the individual's WRA to an insurance company.

Note 1 (Continued)

For years ended June 30, 2025 and 2024, participant balances in the WRA are summarized as follows:

	2025	2024
Total of WRA Balances at Beginning of Year	\$1,193,378	\$ 1,158,472
Employer Contributions Allocated	1,250,732	719,632
WRA Benefits Paid from Accounts	(831,519)	(684,726)
Forfeitures	(24,905)	-
Total of WRA Balances at End of Year	\$1,587,686	\$ 1,193,378

Stop Loss Insurance

The Plan maintains a stop loss insurance policy to limit the liability of the Plan in the event of significant major medical and hospitalization claims and prescription drug claims. Under terms of the policy the Plan will pay the first \$250,000 of covered benefit claims incurred by an individual Plan participant in a plan year with the stop loss policy reimbursing any expenses above such amount. During the year ended June 30, 2025, the Plan received \$141,799 in stop loss reimbursements, which reduced the applicable benefit costs on the statement of changes in net assets available for benefits. There were no stop loss reimbursements received during the year ended June 30, 2024.

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 assumption that affect the reported amounts of assets, liabilities, and changes therein and 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 4 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 as of June 30, are accrued based on an analysis of subsequent employer reports and remittances as well as collectability.

Property and Equipment

Property and equipment are stated at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the assets, which generally range from three to ten years.

Note 2 (Continued)

Benefit Obligations

Claims currently payable for major medical and hospitalization expenses reported in the statements of Plan's benefit obligations represent claims incurred and submitted for payment prior to year-end but paid in the subsequent year.

Claims incurred but not reported ("IBNR") reported in the statements of Plan's benefit obligations represent the liability for claims incurred by Plan participants prior to year-end but not reported to the Plan until after year-end. IBNR medical claims have been estimated by the Plan's independent actuary in accordance with accepted actuarial principles and are reported at present value.

For measurement purposes, the separate health care cost trend rates and other significant assumptions used in the actuarial valuation for years ended June 30, 2025 and 2024, are as follows:

	2025	2024
Medical and Hospital	7.00%	7.00%
Prescription Drugs	10.00%	10.00%
Dental	3.00%	3.00%
Optical	3.00%	3.00%
TPA Services	3rd Year	2nd Year
Stop Loss	Renewal Amt	Renewal Amt
ACA Fees	3.00%	3.00%
Operating Costs	3.00%	3.00%
Investment Yield	2.70%	2.00%

The foregoing assumptions are based on the presumption that the Plan will continue operations. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Plan's benefit obligations.

Leases

Accounting Standards Codification 842, *Leases* ("ASC 842") requires the recognition of right-of-use assets and lease liabilities for all material, long-term leases. The value of the lease assets and liabilities is calculated at the present value of the future lease payments as of the adoption date or the lease commencement date for each applicable lease. The interest rate used to determine the present value of future lease payments was based on the risk-free rate (i.e., Federal Treasury Rate) because the interest rate implicit in the Plan's lease is not readily determinable. The Plan records the amortization of the right of use assets and the accretion of the lease liability as lease expense in the statement of changes in net assets available for benefits.

Benefit Costs

Benefits are recorded as a deduction from net assets available for benefits when paid.

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 - Termination

It is the present intention of the Trustees to continue the Plan indefinitely. The Trustees reserve the right to modify, amend, or terminate the Plan at any time without liability or prior notice to the Plan participants. In the event of the termination of the Trust Fund, the Trustees shall thereupon allocate and distribute the assets of the Fund in accordance with the applicable provisions of ERISA.

Note 4 - 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 can access.

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: Closed-end mutual funds are valued at the closing price reported on the active market on which the individual securities are traded. Open-end mutual funds are registered with the Securities 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 4 (Continued)

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

Investment	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 515,351	\$ -	\$ -	\$ 515,351
United States Government and Agency Obligations	-	2,612,739	-	2,612,739
Mutual Funds	2,298,900	-	-	2,298,900
Corporate Stock	1,362,955	-	-	1,362,955
Total Investments at Fair Value	\$ 4,177,206	\$ 2,612,739	\$ -	\$ 6,789,945

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

Investment	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 420,709	\$ -	\$ -	\$ 420,709
United States Government and Agency Obligations	-	2,032,423	-	2,032,423
Mutual Funds	1,993,776	-	-	1,993,776
Common Stock	814,838	-	-	814,838
Total Investments at Fair Value	\$ 3,229,323	\$ 2,032,423	\$ -	\$ 5,261,746

Note 5 - 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 changes could materially affect amounts reported in the statements of net assets available for benefits.

Concentration

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

Note 6 - Property and Equipment

Property and equipment at June 30, 2025 and 2024, is summarized as follows:

	2025	2024
Cost		
Leasehold Improvements	\$ 4,957	\$ 4,957
Office Furniture and Equipment	330,271	329,303
	335,228	334,260
Less Accumulated Depreciation	(295,735)	(283,617)
Net	\$ 39,493	\$ 50,643

Maintenance and repairs are charged against income; renewals and improvements are capitalized. Depreciation expense amounted to \$17,897 and \$6,793 for years ended June 30, 2025 and 2024, respectively.

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's money market investment at June 30, 2025 and 2024, was in a money market fund sponsored by Wilmington Trust Company (a related company to M&T Trust Company) and represented 7.59% and 7.99%, respectively, of the Plan's total investments. Fees paid to M&T Trust Company for custodial services amounted to \$2,141 and \$1,610 for years ended June 30, 2025 and 2024, respectively.

Manning and Napier Advisors, Inc. ("Manning") provides investment management services to the Plan. The Plan's mutual fund portfolio consists of mutual funds sponsored by Manning and represented 33.86% and 37.89% of the Plan's total investments at June 30, 2025 and 2024, respectively. Fees paid to Manning amounted to \$26,991 and \$23,508 for years ended June 30, 2025 and 2024, respectively.

Related Party Transactions

The Plan has a formal administrative services and expense sharing agreement with related entities for shared expenses. Under this agreement, certain allocable expenses paid by the Plan are reimbursed by related funds based on management estimates. Reimbursement to the Plan for shared expenses incurred during the fiscal years ended June 30, 2025 and 2024 totaled \$492,629 and \$384,191, respectively.

In addition, the Plan administers a clearing account to which employer contributions for this Plan and other related entities are deposited. The clearing account is a separate bank account used exclusively for this purpose. At June 30, 2025 and 2024, the Plan had undistributed employer contributions totaling \$691,305 and \$414,212, respectively, which will be transferred to the appropriate entity. Partial payments from contributing employers are retained in the clearing account until such time as full payment has been received. The balance in the clearing account is included as part due from (to) related funds in the statements of net assets available for benefits.

The net receivable (payable) of the unpaid allocated costs and unremitted employer contributions at June 30, 2025 and 2024, are reported in the statements of net assets available for benefits and are summarized as follows:

	2025	2024
Iron Workers District Council of Western New York and Vicinity Annuity Fund	\$ (67,490)	\$ 2,041
Iron Workers District Council of Western New York and Vicinity Pension Fund	(162,255)	(115,691)
Iron Workers District Council of Western New York and Vicinity Supplemental Benefit Plan	75,611	118,892
Upstate New York District Council of Iron Workers and Employers Cooperative Trust	(17,845)	9,795
Total	\$ (171,979)	\$ 15,037

Note 8 - Retirement Benefits

Employees of the Plan are participants in the Iron Workers District Council of Western New York and Vicinity Pension Fund ("IWDC Pension Fund"). The Plan's participation in this plan is outlined in the table below. The EIN/PN column provides the Employer Identification Number ("EIN") and the three-digit plan number ("PN"). The Pension Protection Act ("PPA") zone status is for the Pension Fund's year-end, unless otherwise noted. The zone status is based on information that the Plan received from the Pension Fund and is certified by the Pension Fund's actuary. Among other factors, plans in the red zone (critical status) are generally less than 65% funded and in the next six years the value of the plan's assets and contributions will be less than the value of benefits. A plan is in the deep red zone (critical and declining status) if it meets the criteria for critical status and if the plan is projected to become insolvent within the current or following 14 plan years (19 plan years if the ratio of inactive to active participants is at least 2:1 or if the plan is less than 80% funded). Plans in the yellow zone (endangered status) are less than 80% funded or the plan has a funding deficiency in the current year or is projected to have one in the next six years. A plan is in the orange zone (seriously endangered) if it meets both of the yellow zone criteria. Plans that do not meet any of these categories are often called green zone plans.

Note 8 (Continued)

The “FIP/RP Status” column indicates whether a funding improvement plan (“FIP”) or rehabilitation plan (“RP”) is either pending, has been implemented, or if a FIP or RP is not required and therefore not applicable (“N/A”). A surcharge is imposed on the participating employers of a plan if the plan experiences a funding deficiency. The last column lists the expiration date of the collective bargaining agreement (“CBA”) to which the Plan is subject.

Pension Plan	EIN / PN	Plan Year End	PPA Zone Status	FIP/RP Status	Contributions by the Fund	Surcharge Imposed	Expiration Date of CBA (a)
IWDC Pension Fund	51-6077088 / 001	06/30/25	Green	N/A	\$ 28,936	N/A	N/A
IWDC Pension Fund	51-6077088 / 001	06/30/24	Green	N/A	\$ 26,343	N/A	N/A

(a) Employees of the Welfare Fund participate in the IWDC Pension Fund pursuant to a participation agreement with the IWDC Pension Fund.

The Plan’s contributions to the IWDC Pension Fund did not exceed 5% or more of total contributions to the Pension Fund in the respective year.

The risk of fully funding a multiemployer pension plan’s benefit is spread among numerous employers, while one employer funds single-employer plans. Risks of participating in multiemployer plans include the prospect of the pool of active participants shrinking, causing the contribution base of plans to decline while ongoing benefit accruals continue at previous levels; a reduction in plan asset values causing minimum contribution requirements to increase well above contribution rates specified in the collective bargaining agreement; and dependency on economic improvement in the industry to lead to increased contributions.

In addition to these plans, the Plan contributes on behalf of its employees to the Iron Workers District Council of Western New York and Vicinity Annuity Fund (“Annuity Fund”), which is a multiemployer defined contribution pension fund. Contributions to the Annuity Fund amounted to \$45,344 and \$37,445 for years ended June 30, 2025 and 2024, respectively.

Note 9 - New York State Health Care Reform Act

Under the New York State Health Care Reform Act (“NYSHCRA”), the Plan is required to pay a surcharge based on the number of medical claims paid and an assessment based on the number of covered participants. The total expense to the Plan for compliance with NYSHCRA amounted to \$177,599 and \$106,316 for years ended June 30, 2025 and 2024, respectively.

Note 10 - Commitments and Contingencies

Lease Commitments

The Plan leases office space with an unrelated third party. There was a lease in effect from March 1, 2020, through February 28, 2025. The Plan adopted ASC Topic 842, Leases, effective July 1, 2022, and at the time of adoption the remaining value of the right-of-use asset and lease liability was not material and therefore not recorded.

Effective March 1, 2025, the Plan entered into a new five-year office lease which expires February 28, 2030. The annual base rent, which increases each March 1, is as follows: \$49,800 (2025–2026), \$50,523 (2026–2027), \$51,300 (2027–2028), \$52,080 (2028–2029), and \$53,100 (2029–2030). The Plan has recognized a right-of-use asset and lease liability measured at the present value of future lease payments, discounted using a risk-free rate of 4.03%.

Note 10 (Continued)

The Plan is committed to lease payments future years under terms of this lease agreement as follows:

Year	Amount
2026	\$ 50,041
2027	50,782
2028	51,560
2029	52,420
2030	35,400
Total Lease Commitments	240,203
Less Imputed Interest	(21,820)
Present Value of Lease Liability	\$ 218,383

Rental expenses are rebilled to related entities as part of the expense sharing agreement disclosed in Note 7. Prior to the allocation to related funds, rental expenses (and actual cash paid for rent) amounted to \$49,400 and \$48,800 for years ended June 30, 2025 and 2024, respectively.

Note 11 - Tax Status

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter on August 18, 1987, in which the Internal Revenue Service stated that the Trust, as then designed, complies with the applicable requirements of Internal Revenue Code Section 501(c)(9). The Trust has been amended since receiving the determination letter. However, the Board of Trustees of the Plan and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 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 the years prior to June 30, 2022.

Note 12 - 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 based on 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 on behalf of participants, beneficiaries and dependents for benefit claims that have been processed and approved for payment prior to the end of the plan year, but not yet paid as of that date, as well as incurred but not reported claims, are reported as benefit claims payable on Form 5500 Schedule H.

Note 12 (Continued)

The following is a reconciliation of net assets available for benefits reported in the financial statements and amounts reported in Schedule H of Form 5500 for the years ended June 30, 2025 and 2024:

	2025	2024
Net Assets Available for Benefits per Financial Statements	\$ 8,597,040	\$ 6,554,488
Less Benefit Claims Payable per Form 5500	(312,600)	(255,400)
Net Assets Available for Benefits per Form 5500	\$ 8,284,440	\$ 6,299,088

The following is a reconciliation of benefit costs reported in the financial statements and amounts reported in Schedule H of Form 5500 for year ended June 30, 2025:

Benefit Costs per Financial Statements	\$ 4,573,494
Benefit Claims Payable on June 30, 2025, per Form 5500	312,600
Benefit Claims Payable on June 30, 2024, per Form 5500	(255,400)
Benefit Cost per Form 5500	\$ 4,630,694

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

Supplemental Information

For the Years Ended June 30, 2025 and 2024

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

**Administrative Expense
For the Years Ended June 30, 2025 and 2024**

	2025	2024
Compensation	\$ 249,413	\$ 235,013
Depreciation	17,897	6,793
Employee Benefits	121,001	105,734
Insurance	15,231	17,194
Meetings and Conferences	16,413	13,321
Federal and NYS Health Care Reform Act Surcharges and Fees	184,587	111,550
Office Expense	134,950	55,757
Professional Fees		
Accounting and Audit	34,400	30,700
Actuarial and Consulting	103,000	88,000
Computer	154,544	109,824
Legal	86,510	70,340
Legal - Collection Costs, Net of Recoveries	3,775	5,871
Payroll Audit Fees	13,004	12,225
Third Party Administrative Services	304,707	272,586
Rent	49,400	48,800
Taxes, Payroll	19,143	18,775
	1,507,975	1,202,483
Less Reimbursements from Related Funds	(492,629)	(384,191)
Total	\$ 1,015,346	\$ 818,292

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

EIN: 16-0776208 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		
	Investments, at Fair Value			
	Money Market Funds			
	Principal Cash	63 Units	\$ 63	\$ 63
*	Wilmington US Treasury MMKT	515,288 Units	515,288	515,288
	Total Money Market Funds		515,351	515,351
	United States Government and Agency Obligations			
	FHLMC GD PL #A6406	\$ 689 6.000% Due 08/01/2037	758	720
	FHLMC GD PL #G0381	473 5.500% Due 02/01/2038	513	486
	FHLMC GD PL #G0567	480 5.500% Due 08/01/2038	518	495
	FNMA PL #938338	1,866 6.000% Due 07/01/2037	2,114	1,951
	FNMA PL #928909	367 6.000% Due 12/01/2037	372	384
	FNMA PL #961349	1,946 6.500% Due 01/01/2038	2,198	2,052
	U.S. Treasury Notes	146,000 2.375% Due 05/15/2027	140,308	142,389
	U.S. Treasury Notes	163,000 2.875% Due 05/15/2028	157,595	159,365
	U.S. Treasury Notes	152,000 4.625% Due 09/30/2028	154,803	156,210
	U.S. Treasury Notes	306,000 4.000% Due 10/31/2029	306,905	308,916
	U.S. Treasury Notes	867,000 4.625% Due 09/30/2030	886,273	899,617
	U.S. Treasury Notes	497,000 2.875% Due 05/15/2032	495,369	463,726
	U.S. Treasury Notes	140,000 3.375% Due 05/15/2033	130,736	133,454
	U.S. Treasury Notes	160,000 4.250% Due 05/15/2035	157,175	160,250
	U.S. Treasury Bonds	244,000 3.000% Due 05/15/2047	192,087	182,724
	Total United States Government and Agency Obligations		2,627,724	2,612,739
	Mutual Funds			
*	Manning & Napier Credit-W	253,183 Shares	2,292,057	2,298,900
	Total Mutual Funds		2,292,057	2,298,900

*Party-In-Interest

(Continued)

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

EIN: 16-0776208 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
		<u>Face Value/ No. of Shares</u>		
	Corporate Stock			
	Air Liquide SA Un-sponsored AR	879 Shares	32,207	36,303
	Alphabet Inc	284 Shares	31,074	50,049
	Amazon.com Inc	218 Shares	29,999	47,827
	Amphenol Corp New CL A	169 Shares	10,794	16,689
	Astrazeneca Group PLC Sponsored ADR	314 Shares	22,082	21,942
	Atlassian Corporation CL A	55 Shares	11,871	11,170
	Bae Systems	119 Shares	5,533	12,503
	Blackrock Inc	18 Shares	16,120	18,887
	Cadence Design Sys Inc	150 Shares	40,103	46,223
	Canadian National Railway	113 Shares	12,758	11,757
	CBRE Group Inc	179 Shares	22,973	25,081
	Chipotle Mexican Grill-CL A	427 Shares	21,299	23,976
	Clearwater Analytics Holdings CL A	506 Shares	12,220	11,097
	Coca Cola Co Com	492 Shares	28,099	34,809
	CSX Corp	408 Shares	13,126	13,313
	Deutsche Boerse	362 Shares	7,023	11,816
	Deutsche Post AG Spons ADR	834 Shares	33,795	38,739
	Extra Space Storage Inc REIT	82 Shares	13,342	12,090
	Ferrari NV	53 Shares	21,984	26,009
	Fiserv Inc	142 Shares	23,155	24,482
	Halma PLC Un-spons ADR	150 Shares	10,261	13,367
	HDFC Bank Limited - ADR	321 Shares	18,108	24,611
	Heico Corporation - CL A	85 Shares	17,043	21,994
	Hermes Intl Un-spons ADR	134 Shares	32,869	36,329
	Infineon Technologies AG ADR	460 Shares	17,050	19,587
	Intercontinental Exchange	69 Shares	7,587	12,659
	Intuitive Surgical Inc	46 Shares	16,777	24,997
	JPMorgan Chase & Co	43 Shares	11,881	12,466
	L3 Harris Technologies	159 Shares	32,858	39,884
	Lonza Group AG-un-sponsored ADR	167 Shares	10,188	11,917
	Mastercard Inc CL A	77 Shares	21,328	43,269
	Mercadolibre Inc.	5 Shares	7,506	13,068
	Meta Platforms, Inc	65 Shares	25,319	47,976
	Microsoft Corp	128 Shares	46,930	63,668
	Moodys Corp	50 Shares	17,325	25,080
	NASDAQ, Inc	156 Shares	11,422	13,950
	Norfolk Southern Corp	52 Shares	12,944	13,310
	NU Hldgs LTD CL A	927 Shares	11,585	12,718
	Nvidia Corp Com	176 Shares	20,085	27,806
	Persimmon PLC Un-spons ADR	479 Shares	15,563	17,323
	Roche HLDG LTD Sponsored ADR	600 Shares	19,322	24,456
	Rollins Incorporated	207 Shares	10,805	11,679
	S&P Global Inc	35 Shares	14,475	18,455
	Salesforce Inc	45 Shares	11,735	12,271
	Servicenow Inc	23 Shares	17,098	23,646

(Continued)

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

EIN: 16-0776208 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 (Continued)			
	Sherwin Williams Co Com	32 Shares	10,405	10,988
	Sociedad Quimica Minera Spons ADR	489 Shares	18,448	17,247
	Synopsys Inc Com	27 Shares	13,656	13,842
	Taiwan Semiconductor	120 Shares	13,954	27,179
	Taylor Wimpey PLC Spons ADR	1074 Shares	16,454	17,796
	Thermo Fisher Scientific	58 Shares	29,391	23,517
	Transunion	302 Shares	25,593	26,576
	Union Pacific Corp Com	52 Shares	11,030	11,964
	Unitedhealth Group Inc	112 Shares	33,795	34,941
	Vertex Pharmaceuticals Inc	42 Shares	14,027	18,698
	West Fraser Timber Co	233 Shares	18,793	17,079
	Workday Inc-A	94 Shares	21,909	22,560
	Visa Inc	80 Shares	14,823	28,404
	Zoetis Inc	70 Shares	11,692	10,916
	Total Corporate Stock		1,101,591	1,362,955
	Total Investments, at Fair Value		\$ 6,536,723	\$ 6,789,945

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

**EIN: 16-0776208 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 MMKT CL SLCT	Money Market	\$ 9,771,719				\$ 9,771,719	\$ 9,771,719	
Wilmington US Treasury MMKT CL SLCT	Money Market		\$ 9,677,076			9,677,076	9,677,076	\$ -
Manning & Napier Credit - W	Mutual Fund	376,085				376,085	376,085	
U.S. Treasury Note 4.625% Due 09/30/28	United States Government and Agency Obligations	121,063				121,063	121,063	
U.S. Treasury Note 4.625% Due 09/30/28	United States Government and Agency Obligations		264,322			263,776	264,322	546
U.S. Treasury Note 2.375% Due 05/15/27	United States Government and Agency Obligations	282,539				282,539	282,539	
U.S. Treasury Note 2.375% Due 05/15/27	United States Government and Agency Obligations		143,514			142,230	143,514	1,284
U.S. Treasury Tips 0.125% Due 01/15/31	United States Government and Agency Obligations	176,787				176,787	176,787	
U.S. Treasury Tips 0.125% Due 01/15/31	United States Government and Agency Obligations		181,300			176,787	181,300	4,513
U.S. Treasury Note 4.625% Due 09/30/30	United States Government and Agency Obligations	638,603				638,603	638,603	
U.S. Treasury Note 0.500% Due 08/31/27	United States Government and Agency Obligations		426,003			402,296	426,003	23,707
U.S. Treasury Note 1.625% Due 05/15/26	United States Government and Agency Obligations		359,624			348,483	359,624	11,141

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

EIN: 16-0776208 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		
	Investments, at Fair Value			
	Money Market Funds			
	Principal Cash	63 Units	\$ 63	\$ 63
*	Wilmington US Treasury MMKT	515,288 Units	515,288	515,288
	Total Money Market Funds		515,351	515,351
	United States Government and Agency Obligations			
	FHLMC GD PL #A6406	\$ 689 6.000% Due 08/01/2037	758	720
	FHLMC GD PL #G0381	473 5.500% Due 02/01/2038	513	486
	FHLMC GD PL #G0567	480 5.500% Due 08/01/2038	518	495
	FNMA PL #938338	1,866 6.000% Due 07/01/2037	2,114	1,951
	FNMA PL #928909	367 6.000% Due 12/01/2037	372	384
	FNMA PL #961349	1,946 6.500% Due 01/01/2038	2,198	2,052
	U.S. Treasury Notes	146,000 2.375% Due 05/15/2027	140,308	142,389
	U.S. Treasury Notes	163,000 2.875% Due 05/15/2028	157,595	159,365
	U.S. Treasury Notes	152,000 4.625% Due 09/30/2028	154,803	156,210
	U.S. Treasury Notes	306,000 4.000% Due 10/31/2029	306,905	308,916
	U.S. Treasury Notes	867,000 4.625% Due 09/30/2030	886,273	899,617
	U.S. Treasury Notes	497,000 2.875% Due 05/15/2032	495,369	463,726
	U.S. Treasury Notes	140,000 3.375% Due 05/15/2033	130,736	133,454
	U.S. Treasury Notes	160,000 4.250% Due 05/15/2035	157,175	160,250
	U.S. Treasury Bonds	244,000 3.000% Due 05/15/2047	192,087	182,724
	Total United States Government and Agency Obligations		2,627,724	2,612,739
	Mutual Funds			
*	Manning & Napier Credit-W	253,183 Shares	2,292,057	2,298,900
	Total Mutual Funds		2,292,057	2,298,900

*Party-In-Interest

(Continued)

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

EIN: 16-0776208 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
		<u>Face Value/ No. of Shares</u>		
	Corporate Stock			
	Air Liquide SA Un-sponsored AR	879 Shares	32,207	36,303
	Alphabet Inc	284 Shares	31,074	50,049
	Amazon.com Inc	218 Shares	29,999	47,827
	Amphenol Corp New CL A	169 Shares	10,794	16,689
	Astrazeneca Group PLC Sponsored ADR	314 Shares	22,082	21,942
	Atlassian Corporation CL A	55 Shares	11,871	11,170
	Bae Systems	119 Shares	5,533	12,503
	Blackrock Inc	18 Shares	16,120	18,887
	Cadence Design Sys Inc	150 Shares	40,103	46,223
	Canadian National Railway	113 Shares	12,758	11,757
	CBRE Group Inc	179 Shares	22,973	25,081
	Chipotle Mexican Grill-CL A	427 Shares	21,299	23,976
	Clearwater Analytics Holdings CL A	506 Shares	12,220	11,097
	Coca Cola Co Com	492 Shares	28,099	34,809
	CSX Corp	408 Shares	13,126	13,313
	Deutsche Boerse	362 Shares	7,023	11,816
	Deutsche Post AG Spons ADR	834 Shares	33,795	38,739
	Extra Space Storage Inc REIT	82 Shares	13,342	12,090
	Ferrari NV	53 Shares	21,984	26,009
	Fiserv Inc	142 Shares	23,155	24,482
	Halma PLC Un-spons ADR	150 Shares	10,261	13,367
	HDFC Bank Limited - ADR	321 Shares	18,108	24,611
	Heico Corporation - CL A	85 Shares	17,043	21,994
	Hermes Intl Un-spons ADR	134 Shares	32,869	36,329
	Infineon Technologies AG ADR	460 Shares	17,050	19,587
	Intercontinental Exchange	69 Shares	7,587	12,659
	Intuitive Surgical Inc	46 Shares	16,777	24,997
	JPMorgan Chase & Co	43 Shares	11,881	12,466
	L3 Harris Technologies	159 Shares	32,858	39,884
	Lonza Group AG-un-sponsored ADR	167 Shares	10,188	11,917
	Mastercard Inc CL A	77 Shares	21,328	43,269
	Mercadolibre Inc.	5 Shares	7,506	13,068
	Meta Platforms, Inc	65 Shares	25,319	47,976
	Microsoft Corp	128 Shares	46,930	63,668
	Moodys Corp	50 Shares	17,325	25,080
	NASDAQ, Inc	156 Shares	11,422	13,950
	Norfolk Southern Corp	52 Shares	12,944	13,310
	NU Hldgs LTD CL A	927 Shares	11,585	12,718
	Nvidia Corp Com	176 Shares	20,085	27,806
	Persimmon PLC Un-spons ADR	479 Shares	15,563	17,323
	Roche HLDG LTD Sponsored ADR	600 Shares	19,322	24,456
	Rollins Incorporated	207 Shares	10,805	11,679
	S&P Global Inc	35 Shares	14,475	18,455
	Salesforce Inc	45 Shares	11,735	12,271
	Servicenow Inc	23 Shares	17,098	23,646

(Continued)

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

EIN: 16-0776208 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 (Continued)			
	Sherwin Williams Co Com	32 Shares	10,405	10,988
	Sociedad Quimica Minera Spons ADR	489 Shares	18,448	17,247
	Synopsys Inc Com	27 Shares	13,656	13,842
	Taiwan Semiconductor	120 Shares	13,954	27,179
	Taylor Wimpey PLC Spons ADR	1074 Shares	16,454	17,796
	Thermo Fisher Scientific	58 Shares	29,391	23,517
	Transunion	302 Shares	25,593	26,576
	Union Pacific Corp Com	52 Shares	11,030	11,964
	Unitedhealth Group Inc	112 Shares	33,795	34,941
	Vertex Pharmaceuticals Inc	42 Shares	14,027	18,698
	West Fraser Timber Co	233 Shares	18,793	17,079
	Workday Inc-A	94 Shares	21,909	22,560
	Visa Inc	80 Shares	14,823	28,404
	Zoetis Inc	70 Shares	11,692	10,916
	Total Corporate Stock		1,101,591	1,362,955
	Total Investments, at Fair Value		\$ 6,536,723	\$ 6,789,945

**Iron Workers District Council of Western
New York and Vicinity Welfare Fund**

**EIN: 16-0776208 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 MMKT CL SLCT	Money Market	\$ 9,771,719				\$ 9,771,719	\$ 9,771,719	
Wilmington US Treasury MMKT CL SLCT	Money Market		\$ 9,677,076			9,677,076	9,677,076	\$ -
Manning & Napier Credit - W	Mutual Fund	376,085				376,085	376,085	
U.S. Treasury Note 4.625% Due 09/30/28	United States Government and Agency Obligations	121,063				121,063	121,063	
U.S. Treasury Note 4.625% Due 09/30/28	United States Government and Agency Obligations		264,322			263,776	264,322	546
U.S. Treasury Note 2.375% Due 05/15/27	United States Government and Agency Obligations	282,539				282,539	282,539	
U.S. Treasury Note 2.375% Due 05/15/27	United States Government and Agency Obligations		143,514			142,230	143,514	1,284
U.S. Treasury Tips 0.125% Due 01/15/31	United States Government and Agency Obligations	176,787				176,787	176,787	
U.S. Treasury Tips 0.125% Due 01/15/31	United States Government and Agency Obligations		181,300			176,787	181,300	4,513
U.S. Treasury Note 4.625% Due 09/30/30	United States Government and Agency Obligations	638,603				638,603	638,603	
U.S. Treasury Note 0.500% Due 08/31/27	United States Government and Agency Obligations		426,003			402,296	426,003	23,707
U.S. Treasury Note 1.625% Due 05/15/26	United States Government and Agency Obligations		359,624			348,483	359,624	11,141