

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 06/01/2024 and ending 05/31/2025

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>UNION CONSTRUCTION WORKERS HEALTH PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>02/01/1953</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNION CONSTRUCTION WORKERS HEALTH PLAN</u> <u>P.O. BOX 1330</u> <u>HOLLAND, OH 43528-1330</u>	2b Employer Identification Number (EIN) <u>34-4442536</u>
	2c Plan Sponsor's telephone number <u>419-248-2401</u>
	2d Business code (see instructions) <u>238900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/11/2026	JAMIE PEPPERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/11/2026	JOSHUA HUGHES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2245
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)	1839
	6a(2)	1877
	6b	397
	6c	0
	6d	2274
	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	244

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 4D 4E 4F

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

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

a Pension Schedules	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 **06/01/2024** and ending **05/31/2025**

A Name of plan UNION CONSTRUCTION WORKERS HEALTH PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNION CONSTRUCTION WORKERS HEALTH PLAN		D Employer Identification Number (EIN) 34-4442536

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

DELTA DENTAL OF OHIO

(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
31-0685339	54402	001674	5147	06/01/2024	05/31/2025

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 0	(b) Total amount of fees paid 9921
---	---

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

DELAWARE VALLEY HEALTH CARE COALITI 2980 S. HAMPTON RD.
PHILADELPHIA, PA 19154

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9921	AGGREGATE AMOUNT OF FEES AND OTHER COMMISSIONS	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.

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
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)	1995970	
	(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)		1995970
b	Benefit charges (1) Claims paid	9b(1)	1891780	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		1891780
	(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)	98932	
	(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)		98932
	(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	0
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 **06/01/2024** and ending **05/31/2025**

A Name of plan UNION CONSTRUCTION WORKERS HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNION CONSTRUCTION WORKERS HEALTH PLAN	D Employer Identification Number (EIN) 34-4442536

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
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G8231 C8231	1855	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	(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

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	(c) Amount	(d) Purpose	

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

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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.

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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
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)	0
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)	0
(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)	0
(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	57289
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 **06/01/2024** and ending **05/31/2025**

<p>A Name of plan UNION CONSTRUCTION WORKERS HEALTH PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNION CONSTRUCTION WORKERS HEALTH PLAN</p>	<p>D Employer Identification Number (EIN) 34-4442536</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
VISION SERVICE PLAN

(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
06-1227840	39616	12135799	2254	06/01/2024	05/31/2025

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

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	(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	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
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)	186238	
	(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)		186238
b	Benefit charges (1) Claims paid	9b(1)	144775	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		144775
	(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)	28169	
	(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)		28169
	(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	0	
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 **06/01/2024** and ending **05/31/2025**

A Name of plan UNION CONSTRUCTION WORKERS HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UNION CONSTRUCTION WORKERS HEALTH PLAN	D Employer Identification Number (EIN) 34-4442536	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

NOA

34-1337680

(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 13	NONE	1600948	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)

COMMUNITY INSURANCE COMPANY

31-1440175

(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 13 15 49 62	NONE	1025590	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)

ANTHEM

06-1475928

(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 13 15 49 62	NONE	998838	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)

PAYDHEALTH

4001 MC EWEN RD.
SUITE 450
DALLAS, TX 75240

(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	428715	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)

EMPIRX HEALTH LLC

47-1226691

(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	346387	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)

ALLOTTA L FARLEY CO., L.P.A.

34-1316963

(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	85933	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)

THE TRUST COMPANY OF TOLEDO

34-1661757

(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	69994	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)

SEGAL COMPANY

31-1975125

(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	NONE	66667	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)

CURALINC

314 W. SUPERIOR ST.
#601
CHICAGO, IL 60654

(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	43608	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)

JOHNSON INVESTMENT COUNSEL

31-1801770

(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	36760	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)

BUCK GLOBAL, LLC

13-3954297

(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	NONE	31560	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)

CLARKS, SCHAEFER, HACKETT & CO.

31-0800053

(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	29500	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)

MARINER INSTITUTIONAL LLC

26-2766689

(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?
27	NONE	21633	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)

HUNTINGTON INSURANCE

37 BROAD STREET
COLUMBUS, OH 43215

(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?
22	NONE	14230	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)

KEYSTONE PRINTING

1801 BROADWAY STREET
TOLEDO, OH 43609

(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	7275	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3700 KOPPERS STREET
SUITE 400
BALTIMORE, MD 21227

(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	NONE	7094	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 06/01/2024 and ending 05/31/2025	
A Name of plan UNION CONSTRUCTION WORKERS HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNION CONSTRUCTION WORKERS HEALTH PLAN	D Employer Identification Number (EIN) 34-4442536

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6001455	6298425
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	340643	828102
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14175924	14347059
(2) U.S. Government securities	1c(2)	16388715	15347803
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6753976	7310531
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1701643	1987110
(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)	27012594	33663652
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	661563	349115

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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	73036513	80131797
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	538977	589270
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2447300	2608600
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2986277	3197870
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	70050236	76933927

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)	35604269	
(B) Participants.....	2a(1)(B)	2863508	
(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)		38467777
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	449619	
(B) U.S. Government securities.....	2b(1)(B)	408713	
(C) Corporate debt instruments.....	2b(1)(C)	273715	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	22418	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1154465
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	59621	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1190680	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1250301
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	35690948	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	35381661	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		309287
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2254313	
(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)		39188
c Other income	2c		134
d Total income. Add all income amounts in column (b) and enter total	2d		43475465

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32388057	
(2) To insurance carriers for the provision of benefits	2e(2)	1287050	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		33675107
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2510804	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	38435	
(5) Investment advisory and investment management fees	2i(5)	101711	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	91330	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	174387	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2916667
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36591774

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6883691
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: **CLARK SCHAEFER HACKETT & CO**

(2) EIN: **31-0800053**

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		500000
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 _____.



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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Plan Participants
Union Construction Workers Health Plan
P.O. Box 1330
Holland, OH 43528-1330

Opinion

We have audited the accompanying financial statements of Union Construction Workers Health 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 plan benefit obligations as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan 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 plan benefit obligations of Union Construction Workers Health Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its plan 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Union Construction Workers Health 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 Union Construction Workers Health 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Union Construction Workers Health 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 Union Construction Workers Health 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 schedule of assets (held at end of year) and the schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

Clark, Schaefer, Hackett & Co.

Maumee, Ohio
March 4, 2026

Union Construction Workers Health Plan
 EIN: 34-4442536 Plan Number: 501
 Schedule H (Line 4j), Schedule of Reportable Transactions
 Year Ended May 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost</u>	<u>Current Value on Transaction Date</u>	<u>Gain (Loss)</u>
<i>Category (i) - Single Transactions in Excess of 5 percent of Net Assets</i>						
Vanguard Institutional Index	Sale	\$ -	6,569,770	1,398,662	6,569,770	5,171,108
Fidelity 500 Index - Instl	Purchase	\$ 6,569,770	-	6,569,770	6,569,770	-
<i>Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets</i>						
Fidelity 500 Index - Instl	Purchases	\$ 7,862,636	-	7,862,636	7,862,636	-
Northern Institutional Treasury Portfolio	Purchases	\$ 18,910,901	-	18,910,901	18,910,901	-
	Sales	\$ -	17,110,413	17,110,413	17,110,413	-
FDIC Insured Money Market	Purchases	\$ 2,115,148	-	2,115,148	2,115,148	-
	Sales	\$ -	2,732,333	2,732,333	2,732,333	-

There were no reportable category (ii) or (iv) transactions for the year ended May 31, 2025.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's regulations.

Union Construction Workers Health Plan

Financial Statements and Supplemental Schedules

May 31, 2025 and 2024

with Independent Auditors' Report

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Opinion

We have audited the accompanying financial statements of Union Construction Workers Health 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 plan benefit obligations as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in plan 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 plan benefit obligations of Union Construction Workers Health Plan as of May 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in its plan 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Union Construction Workers Health 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 Union Construction Workers Health 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Union Construction Workers Health 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 Union Construction Workers Health 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 schedule of assets (held at end of year) and the schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

Clark, Schaefer, Hackett & Co.

Maumee, Ohio
March 4, 2026

Union Construction Workers Health Plan
Statements of Net Assets Available for Benefits
May 31, 2025 and 2024

	2025	2024
Assets		
Investments (at fair value):	\$ 62,063,471	54,962,705
Receivables:		
Employers' contributions	2,958,679	2,950,267
Contributions receivable from Northwestern Ohio Administrators, Inc.	3,339,746	3,051,188
Rebates receivable	633,133	163,451
Accrued investment income	194,969	177,192
Total receivables	7,126,527	6,342,098
Cash and cash equivalents	10,941,799	11,731,710
Total assets	80,131,797	73,036,513
Liabilities		
Accounts payable:		
Administration fees	129,772	127,854
Reciprocity due to other plans	108,966	96,778
Accounts payable - other	122,797	97,261
Total accounts payable	361,535	321,893
Employer deposits	227,735	217,084
Total liabilities	589,270	538,977
Net assets available for benefits	\$ 79,542,527	72,497,536

See accompanying notes to the financial statements.

Union Construction Workers Health Plan
Statements of Changes in Net Assets Available for Benefits
Years ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions:		
Contributions:		
Employer contributions, net of transfers to other plans	\$ 32,720,184	31,007,678
Participants	2,863,508	3,132,147
Reciprocity received from other plans	<u>2,884,085</u>	<u>2,644,336</u>
Total contributions	<u>38,467,777</u>	<u>36,784,161</u>
Investment income:		
Interest and dividends	2,404,766	2,042,731
Net appreciation in fair value of investments	<u>2,602,788</u>	<u>2,689,515</u>
Total investment income	5,007,554	4,732,246
Less: Custodial fees	<u>(101,711)</u>	<u>(96,410)</u>
Net investment income	<u>4,905,843</u>	<u>4,635,836</u>
Other income:		
Class action settlement	<u>134</u>	<u>4,059</u>
Total additions	<u>43,373,754</u>	<u>41,424,056</u>
Deductions:		
Benefits:		
Health claims	32,226,757	29,753,145
Insurance premiums	288,212	285,021
Claims management services	<u>998,838</u>	<u>978,096</u>
Total benefits	<u>33,513,807</u>	<u>31,016,262</u>
Administrative expenses:		
Administrative fees	2,510,804	2,318,438
Professional fees	241,345	339,079
Other	<u>62,807</u>	<u>62,337</u>
Total administrative expenses	<u>2,814,956</u>	<u>2,719,854</u>
Total deductions	<u>36,328,763</u>	<u>33,736,116</u>
Change in net assets	7,044,991	7,687,940
Net assets available for benefits, beginning of year	<u>72,497,536</u>	<u>64,809,596</u>
Net assets available for benefits, end of year	<u>\$ 79,542,527</u>	<u>72,497,536</u>

See accompanying notes to the financial statements.

Union Construction Workers Health Plan
Statements of Plan Benefit Obligations
May 31, 2025 and 2024

	2025	2024
Amounts currently payable:		
Claims incurred but not reported	\$ 2,608,600	2,447,300
Other obligations for current coverage, at present value of estimated amounts:		
Estimated value of HRA/EAP benefits available to participants based on unused contributions	31,551,598	29,208,310
Estimated future benefits based on participants' accumulated eligibility	20,859,800	19,140,900
Total obligations for current coverage, at present value of estimated amounts	52,411,398	48,349,210
Total obligations other than post-retirement benefit obligations	55,019,998	50,796,510
Post-retirement benefit obligations:		
Current retirees, beneficiaries and dependents	9,654,108	6,755,370
Other participants fully eligible for benefits	8,692,421	9,063,649
Other participants not yet fully eligible for benefits	15,152,355	14,188,288
Total post-retirement benefit obligations	33,498,884	30,007,307
Total administrative expenses		
Plan's total benefit obligations	\$ 88,518,882	80,803,817

See accompanying notes to the financial statements.

Union Construction Workers Health Plan
Statements of Changes in Plan Benefit Obligations
Years ended May 31, 2025 and 2024

	2025	2024
Obligation for claims incurred but not reported:		
Balance at beginning of year	\$ 2,447,300	1,537,700
Claims reported and approved for payment	28,185,611	26,750,202
Claims paid	(28,024,311)	(25,840,602)
Balance at end of year	2,608,600	2,447,300
Other obligations for current coverage, at present value of estimated amounts:		
Obligation for HRA/EAP benefits available:		
Balance at beginning of year	29,208,310	26,750,895
Contributions, net of forfeitures and other activity	6,545,734	6,369,958
Claims paid	(4,202,446)	(3,912,543)
Balance at end of year	31,551,598	29,208,310
Obligation for future benefits based on participants' accumulated eligibility:		
Balance at beginning of year	19,140,900	19,405,800
Net change in accumulated eligibility	1,718,900	(264,900)
Balance at end of year	20,859,800	19,140,900
Total obligations other than post-retirement benefit obligations	55,019,998	50,796,510
Post-retirement benefit obligations:		
Balance at beginning of year	30,007,307	26,784,012
Increase (decrease) during the year attributable to:		
Benefits earned, net of benefits paid	220,276	405,162
Actuarial experience gain	(1,679,237)	-
Interest	1,626,000	1,323,563
Plan amendments	-	(726,302)
Changes in actuarial assumptions	3,324,538	2,220,872
Balance at end of year	33,498,884	30,007,307
Plan's total benefit obligations at end of year	\$ 88,518,882	80,803,817

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN:

The following description of the Union Construction Workers Health Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan operates under an agreement between certain employers of labor in the construction industry and certain construction trade unions operating principally in the Toledo, Ohio area. The agreement provides for health and welfare benefits for eligible members of collective bargaining units represented by these unions and certain other employees of contributing employers. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions are made by employers pursuant to terms and conditions of the collective bargaining agreements, based on negotiated rates per hour worked or paid, depending on the agreement. Participants and retirees may contribute to the Plan under self-pay or Consolidated Omnibus Budget Reconciliation Act (COBRA) guidelines.

Benefits

The Plan provides medical, surgical, prescription drugs, hospital, dental and vision coverage for members and qualifying dependents. Eligible members are also provided with weekly accident and sickness benefits and life insurance. The Plan is not eligible to receive subsidies under Medicare Part D.

Eligibility is based upon a minimum number of hours worked (as determined by the Trustees) for contributing employers during a specified time period. No participant, retired or active, has any vested rights or vested benefits in the Plan.

The Plan also provides health benefits to participants during periods of unemployment or periods when they work fewer hours than needed to cover the monthly cost of the Plan, provided they have accumulated from their previous work history, contribution credits in their contribution account in excess of monthly cost of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following significant accounting policies of the Plan are set forth to facilitate the understanding of data presented in the financial statements.

Basis of accounting

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Contributions

Employer contributions are accrued based on employers' reporting of hours worked or paid to participants. Participant contributions are recorded when received.

Investment valuation and income

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.

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

Benefit obligations for current coverage

Plan obligations at May 31 for health claims incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles.

The obligation for HRA/EAP benefits available to participants is based on the balance of unused contributions available to participants to use for past or future eligible expenses.

Future benefits based on participants' accumulated eligibility are estimated by the Plan's actuary by applying the average projected cost of benefits per eligible participant and eligible months of eligibility accumulated by participants. Initial eligibility is based on the accumulation of 350 hours over a consecutive six-month period.

Employer contributions receivable

Employer contributions receivable represents amounts due from employers that were received subsequent to year end. Therefore, the carrying amount of these receivables is not reduced by an allowance for amounts that will not be collected. In addition, it is impractical to estimate revenue recognition for amounts due but erroneously unreported by employers.

Employer contributions receivable from NWOA

Employer contributions receivable from Northwestern Ohio Administrators, Inc. (NWOA), administrative manager for the Plan, represent employer contributions received by NWOA and maintained in NWOA's cash concentration account until such time as they are transferred to the Plan's cash account. Interest is earned on amounts maintained in the cash concentration account.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Rebates receivable

Prescription rebates due from the Plan's PBM are recorded when earned. Rebates due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being netted against claims paid. There were rebates due to the plan of \$633,133 and \$163,451 for the years ending May 31, 2025 and 2024, respectively. Pharmacy rebates totaling \$883,621 and \$241,276 have been netted against claims paid in the accompanying statements of changes in net assets available for benefits for the years ended May 31, 2025 and 2024, respectively.

Subsequent events

The Plan has evaluated subsequent events through March 4, 2026, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS:

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

3. FAIR VALUE MEASUREMENTS (CONTINUED):

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024, respectively.

U.S. government and agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

Registered investment companies: Consists of mutual funds and exchange traded funds registered with the Securities and Exchange Commission. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds are required to publish their daily net asset value (NAV) and to transact at that price at the end of each trading day. Mutual funds held by the Plan are deemed to be actively traded. Exchange traded funds are valued at the closing price reported on the active market on which the funds are traded. Exchange traded funds can be traded throughout the day on national securities exchanges at market prices.

Money market funds and certificates of deposit (CDs): Valued at cost, which approximates fair value.

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

3. FAIR VALUE MEASUREMENTS (CONTINUED):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value.

<u>May 31, 2025</u>				
<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds & certificates of deposit	\$ 3,405,260	-	-	3,405,260
Common stocks	1,987,110	-	-	1,987,110
Registered investment companies	33,663,652	-	-	33,663,652
U.S. government and agency obligations	-	15,347,803	-	15,347,803
Corporate obligations	-	7,310,531	-	7,310,531
Municipal bonds	-	349,115	-	349,115
Totals	<u>\$ 39,056,022</u>	<u>23,007,449</u>	<u>-</u>	<u>62,063,471</u>
<u>May 31, 2024</u>				
<u>Investments</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds & certificates of deposit	\$ 2,444,214	-	-	2,444,214
Common stocks	1,701,643	-	-	1,701,643
Registered investment companies	27,012,594	-	-	27,012,594
U.S. government and agency obligations	-	16,388,715	-	16,388,715
Corporate obligations	-	6,753,976	-	6,753,976
Municipal bonds	-	661,563	-	661,563
Totals	<u>\$ 31,158,451</u>	<u>23,804,254</u>	<u>-</u>	<u>54,962,705</u>

The Plan's investments are held and administered by the Trust Company Family Offices as corporate trustee under agreements which grant discretionary power as to investment decisions (by the bank as investment manager) within prescribed limits designated by the Board of Trustees.

4. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

The Plan pays fees for several arrangements with service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

The Plan is related through common management and trustees to Northwestern Ohio Administrators, Inc. under an administrative contract, Northwestern Ohio Administrators, Inc. provides administrative and depository services to the Plan. Payments for these administrative services (principally for salaries and operating expenses) are reduced by collections for liquidated damages and certain interest income. Included in the statements of changes in net assets are gross administrative fees charged by Northwestern Ohio Administrators, Inc.

5. BENEFIT OBLIGATIONS:

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents; and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The Plan has engaged enrolled actuaries of Segal Consulting to perform the underlying calculations of its postretirement benefit obligations for the year ended May 31, 2025 and 2024.

The actuarial present value of the expected postretirement benefit obligation is determined by the actuaries and is the amount that results from applying actuarial assumptions to historical benefit-cost data to estimate future annual incurred benefit costs per participant adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following are significant assumptions used in the valuations as of May 31:

Weighted-average discounted rate	2025 & 2024: 5.25%
Retirement rates:	2025 and 2024: Retirement at various rates from age 55 to 65
Mortality:	2025 and 2024: PRI- 2012 Healthy Retiree Blue Collar Headcount-weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021
Future participation	2025: 65% of future retirees eligible for the post retirement benefit are assumed to participate in the plan. 65% of future retirees who elect coverage are assumed to elect dependent coverage. 2024: 65% of future retirees eligible for the post retirement benefits are assumed to participate in the plan. 75% of future retirees who elect coverage are assumed to elect dependent coverage

5. BENEFIT OBLIGATIONS (CONTINUED):

For measurement purposes at May 31, 2025, a 7.50% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2026, gradually decreasing to 4.50% for 2038 and remains at that level thereafter. An administrative load of \$905 per non-Medicare participant and \$921 per Medicare participant increasing at 3.0% per year was added to the total projected incurred claim costs. The weighted-average health care cost-trend rate assumption can have a significant effect on the amounts reported in the accompanying financial statements. Using trend rates 1% higher than the assumed health care cost-trend rates will increase the postretirement benefit obligation by \$4,352,120 and \$3,202,776 as of May 31, 2025 and 2024, respectively.

Postretirement benefit obligations at May 31, 2025 increased \$3,491,577 compared to obligations at May 31, 2024. Net benefit obligations increased \$1,846,276 due to normal operations consisting of continuing accruals for active members plus interest on the total obligation less expected benefit payments. Net benefit obligations increased by \$3,324,538 resulting from changes in actuarial assumptions. Those changes included decreasing the assumed rates of disability, decreasing the percentage of future retirees assumed to have an eligible spouse who also opts for health coverage, updating retiree contribution rates, updating valuation-year per capita health costs and updating trend rates on per capita health costs and retiree contribution rates.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Retiree benefits have been made available by the Trustees as a privilege, not a right. No person acquires a vested right to such benefits, either before or after their retirement. The Trustees may expand, reduce or cancel coverage for retirees; change eligibility requirements or the amount of self-payments and otherwise exercise their prudent discretion at any time without legal right or recourse by a retiree or any other person.

The Plan's deficiency of net assets over benefit obligations at May 31, 2025 relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreements.

6. TAX STATUS:

The Plan has received an exemption letter dated May 19, 1999 from the Internal Revenue Service (IRS) stating that the VEBA trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). No federal or state income taxes have been recorded in 2025 for unrelated business taxable income. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

7. CONCENTRATION OF CREDIT RISK:

The Plan may maintain cash in banks in excess of the federally insured limits. At May 31, 2025 and 2024, cash exceeding the FDIC federally insured limits was \$123,847 and \$135,116, respectively.

8. RISKS AND UNCERTAINTIES:

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

The Plan invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The determination of extended eligibility and claims incurred but not reported liabilities are based on certain assumptions with regard to health care costs and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

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

	May 31, <u>2025</u>	May 31, <u>2024</u>
Net assets available for benefits per the financial statements	\$ 79,542,527	72,497,536
Estimated claims incurred but not reported	<u>(2,608,600)</u>	<u>(2,447,300)</u>
Net assets available for benefits per the Form 5500	<u>\$ 76,933,927</u>	<u>70,050,236</u>

The following is a reconciliation of benefits paid per the financial statements to the Form 5500:

	May 31, <u>2025</u>	May 31, <u>2024</u>
Total benefits paid per the financial statements	\$ 32,226,757	29,753,145
Change in estimated unpaid claims incurred	<u>161,300</u>	<u>909,600</u>
Total benefits paid per the Form 5500	<u>\$ 32,388,057</u>	<u>30,662,745</u>

10. PLAN TERMINATION:

In the event the Plan is terminated, the net assets of the Plan shall be allocated in such manner as will best effectuate the purposes of the Plan and the requirements of law.

11. SCHEDULE OF ADMINISTRATIVE EXPENSES:

	<u>2025</u>	<u>2024</u>
Administrative fees	\$ 2,510,804	2,318,438
Consulting	111,580	135,941
Legal	91,330	161,661
Other professional fees	38,435	41,477
Printing and mailing expense	16,310	13,920
PCORI fee	16,008	15,074
Fiduciary/fidelity insurance	14,230	12,113
Conference & meeting expenses	8,846	9,268
Miscellaneous	<u>7,413</u>	<u>11,962</u>
Total administrative expenses	<u>\$ 2,814,956</u>	<u>2,719,854</u>

12. SCHEDULE OF CHANGES IN NET ASSETS:

The following is a schedule of changes in net assets for the year ended May 31, 2025:

	Union Construction Workers Health Plan	Ironworkers EAP Plans	Ironworkers HRA Plans	Sheetmetal Workers EAP & HRA Plans	Roofers HRA Plan	Bricklayers HRA Plan	Painters HRA Plan	Glaziers HRA Plan	Shop HRA Plan	Total
Beginning balance:	\$ 43,289,226	5,190,067	19,029,630	2,275,366	848,276	853,593	475,138	381,481	154,759	72,497,536
Net contributions	33,366,843	18,215	3,155,984	932,303	258,825	292,333	173,427	118,347	151,500	38,467,777
Net investment income	3,461,043	1,434,078	-	10,722	-	-	-	-	-	4,905,843
HRA forfeitures	6,143	-	-	-	-	-	-	-	-	6,143
Other income	134	-	-	-	-	-	-	-	-	134
Total additions	36,834,163	1,452,293	3,155,984	943,025	258,825	292,333	173,427	118,347	151,500	43,379,897
Administrative	2,728,986	39,841	19,381	8,571	2,814	4,961	6,674	1,736	1,992	2,814,956
HRA forfeitures to general fund	-	-	-	-	1,654	818	2,140	1,531	-	6,143
Benefits	29,403,474	300,518	2,416,786	617,533	191,311	205,280	163,205	93,783	121,917	33,513,807
Total deductions	32,132,460	340,359	2,436,167	626,104	195,779	211,059	172,019	97,050	123,909	36,334,906
Change in net assets	4,701,703	1,111,934	719,817	316,921	63,046	81,274	1,408	21,297	27,591	7,044,991
Balance at end of year	\$ <u>47,990,929</u>	<u>6,302,001</u>	<u>19,749,447</u>	<u>2,592,287</u>	<u>911,322</u>	<u>934,867</u>	<u>476,546</u>	<u>402,778</u>	<u>182,350</u>	<u>79,542,527</u>

12. SCHEDULE OF CHANGES IN NET ASSETS (CONTINUED):

The following is a schedule of changes in net assets for the year ended May 31, 2024:

	Union Construction Workers Health Plan	Ironworkers EAP Plans	Ironworkers HRA Plans	Sheetmetal Workers EAP & HRA Plans	Roofers HRA Plan	Bricklayers HRA Plan	Painters HRA Plan	Glaziers HRA Plan	Shop HRA Plan	Total
Beginning balance:	\$ 38,058,701	3,917,291	18,278,047	2,077,345	784,841	754,175	402,410	360,677	176,109	64,809,596
Net contributions	32,022,042	19,005	3,021,900	755,977	234,655	292,343	197,880	113,609	126,750	36,784,161
Net investment income	3,027,997	1,592,666	-	15,173	-	-	-	-	-	4,635,836
HRA forfeitures	56,635	-	-	-	-	-	-	-	-	56,635
Other income	4,059	-	-	-	-	-	-	-	-	4,059
Total additions	35,110,733	1,611,671	3,021,900	771,150	234,655	292,343	197,880	113,609	126,750	41,480,691
Administrative	2,623,631	36,435	25,382	10,906	3,272	6,519	8,690	2,304	2,715	2,719,854
HRA forfeitures to general fund	-	-	44,561	6,180	2,436	1,696	793	-	969	56,635
Benefits	27,256,577	302,460	2,200,374	556,043	165,512	184,710	115,669	90,501	144,416	31,016,262
Total deductions	29,880,208	338,895	2,270,317	573,129	171,220	192,925	125,152	92,805	148,100	33,792,751
Change in net assets	5,230,525	1,272,776	751,583	198,021	63,435	99,418	72,728	20,804	(21,350)	7,687,940
Balance at end of year	\$ 43,289,226	5,190,067	19,029,630	2,275,366	848,276	853,593	475,138	381,481	154,759	72,497,536

Union Construction Workers Health Plan
 EIN: 34-4442536 Plan Number: 501
 Schedule H, Line 4i, Schedule of Assets (Held at End of Year)
 May 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest collateral, part or maturity value		Cost	Current Value
	Money market funds and certificates of deposits	\$	3,409,952	3,405,260
	Common stocks		1,322,243	1,987,110
	Registered investment companies		30,966,847	33,663,652
	U.S. Government and agency obligations		15,554,146	15,347,803
	Corporate obligations		7,484,392	7,310,531
	Municipal bonds		<u>363,412</u>	<u>349,115</u>
	Total assets held	\$	<u>59,100,992</u>	<u>62,063,471</u>

The enclosed Trust Company Family Offices List of Assets (pages 63 through 69 and pages 50 through 59) are incorporated herein by reference.

Consolidation: UCW

Schedule - 3.1.1
Asset Statement
As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
Equity Fund						
42,053.3580	Fidelity 500 Index-Instl Cusip:315911750	7,862,635.63	8,648,273.07	205.650	20.94%	0.00%
152,146.7690	Johnson Enhanced Return Fund Cusip:479164881	2,498,110.79	2,621,488.83	17.230	6.35%	0.00%
Total Equity Fund		10,360,746.42	11,269,761.90		27.29%	0.00%
Total Equities		10,360,746.42	11,269,761.90		27.29%	0.00%
Fixed Income						
U S Government Notes & Bonds						
455,000.0000	United States Treas Bds 2.8750% 05/15/32 Cusip:91282CEP2	418,684.18	419,008.79	92.090	1.01%	3.12%
875,000.0000	United States Treas Nts 0.8750% 11/15/30 Cusip:91282CAV3	722,623.05	740,332.03	84.609	1.79%	1.03%
800,000.0000	United States Treas Nts 1.3750% 11/15/31 Cusip:91282CDJ7	658,490.24	674,687.50	84.336	1.63%	1.63%
690,000.0000	United States Treas Nts 1.5000% 02/15/30 Cusip:912828Z94	585,910.55	617,576.95	89.504	1.50%	1.68%
580,000.0000	United States Treas Nts 1.7500% 11/15/29 Cusip:912828YS3	543,392.98	528,796.88	91.172	1.28%	1.92%
85,000.0000	United States Treas Nts 2.6250% 02/15/29 Cusip:9128286B1	79,451.76	81,224.80	95.559	0.20%	2.75%
610,000.0000	United States Treas Nts 3.5000% 01/31/30 Cusip:91282CGJ4	593,314.06	597,633.20	97.973	1.45%	3.57%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
50,000.0000	United States Treas Nts 08/31/26 Cusip:91282CLH2	3.7500%	49,603.51	49,787.11	99.574	0.12%	3.77%
520,000.0000	United States Treas Nts 02/15/34 Cusip:91282CJZ5	4.0000%	514,406.44	507,040.62	97.508	1.23%	4.10%
340,000.0000	United States Treas Nts 11/30/28 Cusip:91282CJN2	4.3750%	344,170.31	345,020.31	101.477	0.84%	4.31%
	Total US Government Notes & Bonds		4,510,047.08	4,561,108.19		11.05%	2.49%
	Government Agency Securities						
360,000.0000	Federal Home Loan Banks 12/10/32 Cusip:3130ATVX2	4.7500%	377,463.60	368,205.45	102.279	0.89%	4.64%
	Total Government Agency Securities		377,463.60	368,205.45		0.89%	4.64%
	G N M A Pools						
7.2200	GNMA I Pool 416181 Cusip:36206NJ22	7.0000% 03/15/26	8.84	7.23	100.119	0.00%	7.05%
1,659.1000	GNMA I Pool 445796 Cusip:36207YGD6	7.0000% 02/15/28	2,740.98	1,669.07	100.601	0.00%	6.96%
	Total G N M A Pools		2,749.82	1,676.30		0.00%	6.96%
	Mortgaged Backed Pools						
470.0500	Chase Mtg Fin 2007-A2 1B2 Cusip:16163LAX0	2.6390% 07/25/37	411.67	0.00		0.00%	0.00%
127,956.0500	FHLMC 4346 NL Cusip:3137BAL26	3.5000% 07/15/39	132,734.40	124,480.76	97.284	0.30%	3.60%
422,304.4900	FHLMC 5189PG Cusip:3137H5VD6	2.5000% 09/25/51	429,430.87	384,001.47	90.930	0.93%	2.75%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
33,005.3100	FHLMC Giant Gold Pool G06616 4.5000% 12/01/35 Cusip:3128M8VH4	35,207.39	32,440.27	98.288	0.08%	4.58%
758.8200	FHLMC Gold Pool G01381 7.0000% 04/01/32 Cusip:31283HRA5	807.48	792.61	104.452	0.00%	6.70%
43,668.4300	FHR 3946 LN 3.5000% 04/15/41 Cusip:3137AGLW8	47,120.95	42,289.82	96.843	0.10%	3.61%
253,052.4100	FNMA Lng 30 Year 3.5000% 11/01/46 Cusip:3140FQTZ0	226,244.68	230,195.63	90.968	0.56%	3.85%
43,060.2500	FNMA 2018-67 4.5000% 03/25/46 Cusip:3136B2Q70	44,479.90	42,430.28	98.537	0.10%	4.57%
183,619.9500	FNMA 2018-25 3.5000% 03/25/46 Cusip:3136B1VE1	184,824.94	177,406.25	96.616	0.43%	3.62%
6,138.7300	FNMA ARM Pool 891326 1.9030% 04/01/36 Cusip:31410MHB9	6,214.33	6,314.75	102.867	0.02%	7.09%
1,063.9700	FNMA ARM Pool 895687 2.0890% 05/01/36 Cusip:31410SCY1	1,088.89	1,083.48	101.834	0.00%	7.25%
731.6400	FNMA Conv Pool 656529 6.0000% 09/01/32 Cusip:31390ULJ3	852.95	738.98	101.003	0.00%	5.94%
5,769.6000	FNMA Conv Pool 735421 7.0000% 01/01/35 Cusip:31402RAW9	6,106.69	6,019.86	104.338	0.01%	6.71%
16,696.8200	FNMA Conv Pool 735912 5.5000% 10/01/35 Cusip:31402RR92	18,350.82	17,063.30	102.195	0.04%	5.38%
2,787.9100	FNMA Conv Pool 888163 7.0000% 12/01/33 Cusip:31410FWY7	2,999.18	2,908.84	104.338	0.01%	6.71%
16,227.5200	FNMA Conv Pool AA4392 4.0000% 04/01/39 Cusip:31416M3A0	16,828.44	15,502.81	95.534	0.04%	4.19%
5,084.5600	FNMA Conv Pool AJ7509 3.2470% 12/01/41 Cusip:3138E0KX6	5,368.15	5,212.40	102.514	0.01%	5.88%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
321,480.5300	FNMA FS9716 20Yr 2.0000% 08/01/42 Cusip:3140XRYN9	269,792.48	270,980.37	84.291	0.66%	2.37%
3,513.4200	FNMA Whole Loan 2002-W3 A5 7.5000% 11/25/41 Cusip:31392CT20	3,696.50	3,681.15	104.774	0.01%	7.16%
1,894.3900	JP Morgan Mtg 2005-A1 IB1 3.1143% 02/25/35 Cusip:466247MB6	1,801.96	1,762.62	93.044	0.00%	6.49%
30,697.1500	JP Morgan Mtg 2005-A2 B1 3.1363% 04/25/35 Cusip:466247PE7	29,621.02	29,181.63	95.063	0.07%	6.24%
51,940.6600	JP Morgan Mtg 2005-A3 1B1 4.0131% 06/25/35 Cusip:466247RC9	50,230.53	48,419.60	93.221	0.12%	6.11%
11,743.7400	JP Morgan Mtg 2005-A4 B1 3.4665% 07/25/35 Cusip:466247RX3	11,478.59	11,217.15	95.516	0.03%	6.24%
18,313.4630	JP Morgan Mtg 2005-A5 IB1 3.0095% 08/25/35 Cusip:466247SS3	17,729.16	16,490.72	90.047	0.04%	6.10%
8,505.4100	Morgan Stanley Mtg 2005-5AR 5.3156% 09/25/35 Cusip:61748HLF6	8,307.16	5,525.11	64.960	0.01%	7.02%
10,486.8100	Morgan Stanley Mtg 2005-6AR 5.3717% 11/25/35 Cusip:61748HMR9	10,344.71	4,158.02	39.650	0.01%	11.50%
27,678.6400	Structured AssetSec 2004-4 B 2.5060% 04/25/34 Cusip:86359BPE5	26,726.23	26,503.13	95.753	0.06%	6.88%
933.4600	Wachovia Mtg 2005-B 4A1 5.4391% 10/20/35 Cusip:92977YBR1	880.43	899.24	96.334	0.00%	6.70%
	Total Mortgaged Backed Pools	1,589,680.50	1,507,700.25		3.64%	3.61%
	Corporate Bonds					

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
150,000.0000	Air Products And Chemicals 4.7500% 02/08/31 Cusip:009158BJ4	149,850.00	151,337.58	100.892	0.37%	4.71%
210,000.0000	Allstate Corp 5.2500% 03/30/33 Cusip:020002BK6	207,828.60	212,295.01	101.093	0.51%	5.19%
210,000.0000	American Express Co 5.5320% 04/25/30 Cusip:025816DU0	216,591.90	216,770.35	103.224	0.52%	5.36%
280,000.0000	Bank New York Mellon Corp 6.3170% 10/25/29 Cusip:06406RBT3	299,267.60	296,021.34	105.722	0.72%	5.98%
275,000.0000	Bank of America Corp 5.2020% 04/25/29 Cusip:06051GLG2	276,237.50	279,299.33	101.563	0.68%	5.12%
130,000.0000	Berkshire Hathaway Energy Co 3.2500% 04/15/28 Cusip:084659AM3	120,216.20	126,502.79	97.310	0.31%	3.34%
400,000.0000	Childrens Hosp Med 2.8530% 11/15/26 Cusip:16876AAB0	400,000.00	390,137.27	97.534	0.94%	2.93%
160,000.0000	Cisco Sys Inc 4.8500% 02/26/29 Cusip:17275RBR2	160,316.80	163,082.04	101.926	0.39%	4.76%
200,000.0000	CVS Health Corp 4.3000% 03/25/28 Cusip:126650CX6	235,820.00	197,667.16	98.834	0.48%	4.35%
215,000.0000	Dover Corp 3.1500% 11/15/25 Cusip:260003AM0	204,101.65	213,614.47	99.356	0.52%	3.17%
220,000.0000	Eversource Energy 3.3000% 01/15/28 Cusip:30040WAE8	223,984.20	212,852.89	96.751	0.52%	3.41%
205,000.0000	Fifth Third Bancorp 6.3390% 07/27/29 Cusip:316773DK3	212,384.10	214,222.70	104.499	0.52%	6.07%
265,000.0000	Florida Pwr & Lt Co 5.1000% 04/01/33 Cusip:341081GL5	266,715.30	267,250.69	100.849	0.65%	5.06%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
235,000.0000	Georgia Pwr Co Cusip:373334KE0	3.2500% 04/01/26 225,148.80	232,586.98	98.973	0.56%	3.28%
280,000.0000	Honeywell Intl Inc Cusip:438516CQ7	4.8750% 09/01/29 276,609.20	284,928.56	101.760	0.69%	4.79%
210,000.0000	Huntington Bancshares Inc Cusip:446150BC7	6.2080% 08/21/29 210,747.60	218,746.73	104.165	0.53%	5.96%
50,000.0000	Lehman Brothers Holdings Es Cusip:524ESCC81	7.8750% 08/15/10 0.00	78.50	0.157	0.00%	5015.92%
215,000.0000	Lowes Cos Inc Cusip:548661DP9	3.1000% 05/03/27 206,851.50	210,042.98	97.694	0.51%	3.17%
355,000.0000	National Rural Utilities Cusip:637432NP6	3.4000% 02/07/28 387,432.80	346,340.55	97.561	0.84%	3.49%
240,000.0000	Pepsico Inc Cusip:713448GC6	5.0000% 02/07/35 239,009.40	239,114.22	99.631	0.58%	5.02%
400,000.0000	PNC Bank NA Cusip:69349LAR9	4.0500% 07/26/28 445,209.00	393,909.92	98.477	0.95%	4.11%
311,000.0000	Prologis L P Cusip:74340XBN0	2.1250% 04/15/27 297,735.85	298,919.75	96.116	0.72%	2.21%
235,000.0000	Target Corp Cusip:87612EBJ4	2.3500% 02/15/30 208,785.75	214,809.02	91.408	0.52%	2.57%
500,000.0000	Truist Bank Global Cusip:89788KAA4	2.2500% 03/11/30 499,280.00	441,765.82	88.353	1.07%	2.55%
285,000.0000	US Bancorp Cusip:91159HJR2	5.6780% 01/23/35 286,798.35	289,874.60	101.710	0.70%	5.58%
200,000.0000	Virginia Elec & Pwr Co Cusip:927804FV1	2.9500% 11/15/26 194,348.00	195,592.22	97.796	0.47%	3.02%
250,000.0000	Wells Fargo & Co Cusip:94974BGL8	4.3000% 07/22/27 249,050.00	248,772.89	99.509	0.60%	4.32%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
225,000.0000	Xylem Inc 3.2500% 11/01/26 Cusip:98419MAJ9	219,705.75	221,109.50	98.271	0.54%	3.31%
	Total Corporate Bonds	6,920,025.85	6,777,645.86		16.41%	4.18%
	Municipal Bonds - Other States					
350,000.0000	Kansas St Dev Fin Auth Rev 4.0910% 04/15/27 Cusip:485429Z23	363,412.00	349,114.50	99.747	0.85%	4.10%
	Total Municipal Bonds - Other States	363,412.00	349,114.50		0.85%	4.10%
	Bond Funds - Taxable					
1,527,729.1370	Baird Intermediate Bond-I Cusip:057071805	15,624,105.61	15,903,660.32	10.410	38.50%	0.00%
	Total Bond Funds - Taxable	15,624,105.61	15,903,660.32		38.50%	0.00%
	Total Fixed Income	29,387,484.46	29,469,110.87		71.34%	1.64%
	Cash & Equivalents					
	Money Market - Taxable					
567,876.1600	Northern Ins-Treasury Portfolio Cusip:665279808	567,876.16	567,876.16	1.000	1.37%	0.00%
	Total Money Market - Taxable	567,876.16	567,876.16		1.37%	0.00%
	Total Cash & Equivalents	567,876.16	567,876.16		1.37%	0.00%
	Total Asset	40,316,107.04	41,306,748.93		100.00%	1.17%
	Ending Accrual For Period		102,067.66			
	Ending Market Value		41,408,816.59			

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
Common Stock						
1,370.0000	ADR ArcelorMittal-NY reg Cusip:03938L203	36,257.37	41,894.60	30.580	0.20%	1.53%
969.0000	Ally Financial Inc Cusip:02005N100	25,161.50	33,915.00	35.000	0.16%	3.43%
31.0000	Alphabet Inc-A Cusip:02079K305	5,542.80	5,323.94	171.740	0.03%	0.47%
162.0000	Amgen Inc Cusip:031162100	33,358.36	46,685.16	288.180	0.22%	3.30%
339.0000	Analog Devices Inc Cusip:032654105	46,398.66	72,539.22	213.980	0.35%	1.85%
221.0000	Apple Inc Cusip:037833100	10,488.89	44,387.85	200.850	0.21%	0.52%
1,946.0000	AT&T Inc Cusip:00206R102	40,663.50	54,098.80	27.800	0.26%	3.99%
247.0000	Chevron Corp Cusip:166764100	26,824.33	33,764.90	136.700	0.16%	5.00%
811.0000	Cisco Systems Inc Cusip:17275R102	25,127.42	51,125.44	63.040	0.25%	2.60%
937.0000	Comcast Corp-A Cusip:20030N101	39,942.34	32,392.09	34.570	0.16%	3.82%
572.0000	CVS Health Corp Cusip:126650100	42,096.85	36,630.88	64.040	0.18%	4.15%
593.0000	Dominion Resources Inc/VA Cusip:25746U109	36,617.82	33,605.31	56.670	0.16%	4.71%
389.0000	Duke Energy Corp Cusip:26441C204	29,778.66	45,793.08	117.720	0.22%	3.55%

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Asset Statement

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Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
178.0000	Eaton Corp PLC Cusip:G29183103	13,617.79	56,995.60	320.200	0.27%	1.30%
704.0000	Entergy Corp Cusip:29364G103	38,496.60	58,629.12	83.280	0.28%	2.88%
343.0000	EOG Resources Inc Cusip:26875P101	39,347.27	37,239.51	108.570	0.18%	3.76%
924.0000	Exelon Corp Cusip:30161N101	28,473.34	40,489.68	43.820	0.20%	3.65%
151.0000	General Dynamics Corp Cusip:369550108	28,273.64	42,051.99	278.490	0.20%	2.15%
732.0000	General Mills Inc Cusip:370334104	40,561.06	39,718.32	54.260	0.19%	4.42%
292.0000	Intl Business Machines Corp Cusip:459200101	38,012.77	75,645.52	259.060	0.36%	2.59%
540.0000	Johnson Controls Intl PLC Cusip:G51502105	23,817.99	54,739.80	101.370	0.26%	1.46%
836.0000	JP Morgan Chase & Co Cusip:46625H100	105,331.04	220,704.00	264.000	1.06%	2.12%
215.0000	Kimberly-Clark Corp Cusip:494368103	22,941.60	30,908.40	143.760	0.15%	3.51%
95.0000	KLA Corp Cusip:482480100	38,060.95	71,903.60	756.880	0.35%	1.00%
84.0000	Lilly Eli & Co Cusip:532457108	11,991.98	61,964.28	737.670	0.30%	0.81%
36.0000	Marathon Petroleum Corp Cusip:56585A102	5,498.64	5,786.64	160.740	0.03%	2.26%
429.0000	Medtronic PLC Cusip:G5960L103	45,658.82	35,598.42	82.980	0.17%	3.42%

Schedule - 3.1.1

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335.0000	Merck & Co Inc Cusip:58933Y105	20,238.44	25,741.40	76.840	0.12%	4.22%
538.0000	Metlife Inc Cusip:59156R108	25,583.81	42,276.04	78.580	0.20%	2.89%
121.0000	Microsoft Corp Cusip:594918104	9,937.60	55,703.56	460.360	0.27%	0.72%
510.0000	NextEra Energy Inc Cusip:65339F101	16,400.93	36,026.40	70.640	0.17%	3.21%
157.0000	Norfolk Southern Corp Cusip:655844108	18,936.17	38,797.84	247.120	0.19%	2.19%
165.0000	PepsiCo Inc Cusip:713448108	15,870.56	21,689.25	131.450	0.10%	4.33%
1,069.0000	Pfizer Inc Cusip:717081103	31,944.01	25,110.81	23.490	0.12%	7.32%
196.0000	Procter & Gamble Co Cusip:742718109	18,355.89	33,298.44	169.890	0.16%	2.49%
323.0000	Qualcomm Inc Cusip:747525103	23,050.62	46,899.60	145.200	0.23%	2.45%
862.0000	Schlumberger Ltd Cusip:806857108	42,866.53	28,489.10	33.050	0.14%	3.45%
1,794.0000	Stellantis NV Cusip:N82405106	28,598.51	18,191.16	10.140	0.09%	7.63%
1,105.0000	Truist Financial Corp Cusip:89832Q109	41,207.20	43,647.50	39.500	0.21%	5.27%
197.0000	United Parcel Service-B Cusip:911312106	19,294.20	19,215.38	97.540	0.09%	6.73%
803.0000	US Bancorp Cusip:902973304	25,167.63	35,002.77	43.590	0.17%	4.59%

Schedule - 3.1.1

Asset Statement

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Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
1,011.0000	Verizon Communications Inc Cusip:92343V104	44,360.82	44,443.56	43.960	0.21%	6.16%
191.0000	Waste Management Inc Cusip:94106L109	33,269.75	46,025.27	240.970	0.22%	1.37%
402.0000	Welltower Inc Cusip:95040Q104	28,818.04	62,020.56	154.280	0.30%	1.74%
	Total Common Stock	1,322,242.70	1,987,109.79		9.55%	2.85%
	Equity Fund					
3,642.6320	Alger Cap Apprec Inst-I Cusip:015570401	142,203.41	166,213.30	45.630	0.80%	0.00%
955.0140	Dodge & Cox Stock Cusip:256219106	179,709.31	250,910.83	262.730	1.21%	0.00%
38,085.7580	Fidelity Contrafund Cusip:316071109	461,192.02	832,173.81	21.850	4.01%	0.00%
8,156.7860	Vanguard Dividend Growth-Inv Cusip:921908604	225,373.98	294,133.70	36.060	1.42%	0.00%
2,521.4020	Vanguard Equity Income-Adm Cusip:921921300	209,558.07	227,859.10	90.370	1.10%	0.00%
3,522.6790	Vanguard Institutional Index Cusip:922040100	682,082.10	1,695,852.90	481.410	8.17%	0.00%
	Total Equity Fund	1,900,118.89	3,467,143.64		16.71%	0.00%
	Equity Fund-REIT					
3,281.2220	Cohen Steer Instl Realty Shs Cusip:19247U106	142,565.88	161,993.93	49.370	0.78%	0.00%
10,359.8500	Neuberger Berman Real Estate-I Cusip:641224795	131,914.65	144,416.31	13.940	0.70%	0.00%
	Total Equity Fund-REIT	274,480.53	306,410.24		1.48%	0.00%
	International Equity Fund					

Schedule - 3.1.1

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5,923.7170	Fidelity Intl Small Cap Cusip:315910737	196,312.00	208,277.89	35.160	1.00%	0.00%
6,426.9780	Invesco International Growth-R5 Cusip:008882771	172,948.80	154,568.82	24.050	0.74%	0.00%
5,884.6670	T Rowe Price Intl New Asia Cusip:77956H500	101,695.72	103,217.06	17.540	0.50%	0.00%
24,206.1650	Vanguard Developed Mkts Index-Adm Cusip:921943809	392,624.00	432,322.11	17.860	2.08%	0.00%
3,715.0040	Vanguard Emg Mkt Stock Index-Admiral Cusip:922042841	137,418.00	145,033.76	39.040	0.70%	0.00%
	Total International Equity Fund	1,000,998.52	1,043,419.64		5.02%	0.00%
	International Real Estate Fund					
28,125.2430	DFA Intl Real Estate Sec Portf Cusip:233203348	132,107.80	105,469.66	3.750	0.51%	0.00%
	Total International Real Estate Fund	132,107.80	105,469.66		0.51%	0.00%
	Total Equities	4,629,948.44	6,909,552.97		33.27%	0.82%
	Fixed Income					
	U S Government Notes & Bonds					
500,000.0000	United States Treas Nts 0.2500% 10/31/25 Cusip:91282CAT8	494,055.69	491,699.22	98.340	2.37%	0.25%
250,000.0000	United States Treas Nts 0.7500% 08/31/26 Cusip:91282CCW9	224,600.87	239,951.17	95.980	1.16%	0.78%
250,000.0000	United States Treas Nts 1.2500% 06/30/28 Cusip:91282CCH2	219,433.59	231,015.63	92.406	1.11%	1.35%
250,000.0000	United States Treas Nts 1.6250% 09/30/26 Cusip:912828YG9	248,398.44	242,197.27	96.879	1.17%	1.68%

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Shares/Par Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
750,000.0000	United States Treas Nts 03/31/26 Cusip:9128286L9	2.2500%	806,538.20	738,128.90	98.417	3.56%	2.29%
100,000.0000	United States Treas Nts 05/15/29 Cusip:9128286T2	2.3750%	105,032.81	94,339.84	94.340	0.45%	2.52%
500,000.0000	United States Treas Nts 02/28/26 Cusip:9128286F2	2.5000%	543,713.27	493,580.73	98.716	2.38%	2.53%
100,000.0000	United States Treas Nts 03/31/27 Cusip:91282CEF4	2.5000%	94,900.00	97,464.84	97.465	0.47%	2.57%
250,000.0000	United States Treas Nts 06/30/27 Cusip:91282CEW7	3.2500%	243,798.83	246,787.11	98.715	1.19%	3.29%
200,000.0000	United States Treas Nts 03/31/28 Cusip:91282CGT2	3.6250%	194,453.13	198,640.62	99.320	0.96%	3.65%
250,000.0000	United States Treas Nts 09/30/31 Cusip:91282CLM1	3.6250%	242,561.72	242,841.80	97.137	1.17%	3.73%
250,000.0000	United States Treas Nts 06/30/30 Cusip:91282CHJ3	3.7500%	248,641.50	247,060.55	98.824	1.19%	3.79%
200,000.0000	United States Treas Nts 12/31/27 Cusip:91282CGC9	3.8750%	196,351.56	199,945.31	99.973	0.96%	3.88%
200,000.0000	United States Treas Nts 01/15/26 Cusip:91282CGE5	3.8750%	197,436.07	199,617.19	99.809	0.96%	3.88%
250,000.0000	United States Treas Nts 08/15/34 Cusip:91282CLF6	3.8750%	243,084.95	240,351.56	96.141	1.16%	4.03%

Schedule - 3.1.1
Asset Statement
As Of 05/31/2025

Shares/Par Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
100,000.0000	United States Treas Nts 11/30/27 Cusip:91282CFZ9	3.8750%	100,583.15	99,949.22	99.949	0.48%	3.88%
100,000.0000	United States Treas Nts 11/30/29 Cusip:91282CFY2	3.8750%	101,187.74	99,597.66	99.598	0.48%	3.89%
500,000.0000	United States Treas Nts 01/15/27 Cusip:91282CJT9	4.0000%	497,730.07	499,941.41	99.988	2.41%	4.00%
350,000.0000	United States Treas Nts 01/31/31 Cusip:91282CJX0	4.0000%	344,002.31	348,769.53	99.648	1.68%	4.01%
250,000.0000	United States Treas Nts 01/31/30 Cusip:91282CMG3	4.2500%	249,211.44	252,861.33	101.145	1.22%	4.20%
350,000.0000	United States Treas Nts 01/31/32 Cusip:91282CMK4	4.3750%	349,764.62	354,033.20	101.152	1.71%	4.33%
250,000.0000	United States Treas Nts 07/31/26 Cusip:91282CLB5	4.3750%	251,797.10	250,693.36	100.277	1.21%	4.36%
250,000.0000	United States Treas Nts 09/30/30 Cusip:91282CHZ7	4.6250%	257,004.89	257,021.49	102.809	1.24%	4.50%
250,000.0000	United States Treas Nts 11/15/26 Cusip:91282CJK8	4.6250%	250,966.80	252,031.25	100.813	1.21%	4.59%
250,000.0000	United States Treas Nts 02/15/26 Cusip:912828P46	1.6250%	259,501.95	245,473.63	98.189	1.18%	1.65%
250,000.0000	United States Treas Nts 02/15/27 Cusip:912828V98	2.2500%	235,148.45	242,929.69	97.172	1.17%	2.32%
500,000.0000	United States Treas Nts 11/15/25 Cusip:912828M56	2.2500%	532,695.31	495,400.39	99.080	2.39%	2.27%

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
100,000.0000	United States Treas Nts 3.1250% 11/15/28 Cusip:9128285M8	96,704.86	97,464.84	97.465	0.47%	3.21%
	Total US Government Notes & Bonds	7,829,299.32	7,699,788.74		37.11%	2.98%
	Government Agency Securities					
250,000.0000	Federal Farm Cr Bks 0.4700% 12/22/25 Cusip:3133EMLC4	250,000.00	244,832.76	97.933	1.18%	0.48%
250,000.0000	Federal Farm Cr Bks 0.5400% 11/03/25 Cusip:3133EMFR8	249,750.00	245,919.93	98.368	1.18%	0.55%
250,000.0000	Federal Home Ln Mtg Corp 0.6200% 12/01/25 Cusip:3134GXDM3	250,000.00	245,465.68	98.186	1.18%	0.63%
250,000.0000	Federal Home Loan Banks 1.0500% 12/15/26 Cusip:3130AMPU0	250,000.00	238,117.35	95.247	1.15%	1.10%
250,000.0000	Federal Natl Mtg Assn 0.6400% 09/28/26 Cusip:3136G44M2	250,000.00	239,000.03	95.600	1.15%	0.67%
	Total Government Agency Securities	1,249,750.00	1,213,335.75		5.84%	0.68%
	G N M A Pools					
2,827.6600	GNMA I Pool 641217 5.5000% 03/15/35 Cusip:36291XK65	2,813.53	2,880.60	101.872	0.01%	5.40%
10,383.7200	GNMA I Pool AC3667 1.6600% 08/15/26 Cusip:36179DCC2	10,357.76	10,168.82	97.930	0.05%	1.70%
	Total G N M A Pools	13,171.29	13,049.42		0.06%	2.51%
	Mortgaged Backed Pools					
133,228.8500	FNMA MA4126 Pool 2.0000% 08/01/30 Cusip:31418DSQ6	139,515.61	127,095.99	95.397	0.61%	2.10%
	Total Mortgaged Backed Pools	139,515.61	127,095.99		0.61%	2.10%
	Corporate Bonds					

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
100,000.0000	Alphabet Inc 0.8000% 08/15/27 Cusip:02079KAJ6	100,033.00	93,317.42	93.317	0.45%	0.86%
100,000.0000	Apple Inc .7000% 02/08/26 Cusip:037833EB2	99,980.00	97,556.15	97.556	0.47%	0.72%
100,000.0000	Applied Materials Inc 3.9000% 10/01/25 Cusip:038222AJ4	106,613.00	99,835.48	99.835	0.48%	3.91%
100,000.0000	Microsoft Corp 2.4000% 08/08/26 Cusip:594918BR4	100,209.00	98,019.54	98.020	0.47%	2.45%
	Total Corporate Bonds	406,835.00	388,728.59		1.87%	2.01%
	Bond Funds - Taxable					
7,348.8900	Loomis Sayles Strategic Income Y Cusip:543487250	112,678.13	89,142.04	12.130	0.43%	0.00%
20,364.0930	Northern Ultra-Short Fixed Income Fund Cusip:665162467	207,515.95	209,953.80	10.310	1.01%	0.00%
27,281.8740	Pioneer Bond-Y Instl Cusip:723622403	256,991.84	224,257.00	8.220	1.08%	0.00%
63,181.9260	Vanguard Short-Term Federal-Adm Cusip:922031844	686,353.23	648,246.56	10.260	3.12%	0.00%
22,899.4680	Vanguard Total Bond Market Index-Inst'l Cusip:921937504	247,805.34	218,918.91	9.560	1.05%	0.00%
	Total Bond Funds - Taxable	1,511,344.49	1,390,518.31		6.69%	0.00%
	Exchange Traded Fund - Fixed					
1,622.0000	iShares TIPS ETF Cusip:464287176	162,944.67	177,268.38	109.290	0.85%	2.49%
	Total Exchange Traded Fund - Fixed	162,944.67	177,268.38		0.85%	2.49%
	Brokered CD					
250,000.0000	Capital One Bank USA CD 3.5000% 08/03/26 Cusip:14042TJC2	250,000.00	247,762.20	99.105	1.19%	3.53%

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
250,000.0000	Discover Bank CD Cusip:2546735H5	4.4500% 05/30/28	250,000.00	252,112.58	100.845	1.21%	4.41%
250,000.0000	Sallie Mae Bank Utah CD Cusip:795451AK9	1.1000% 08/11/26	250,000.00	240,792.83	96.317	1.16%	1.14%
250,000.0000	UBS Bank USA CD Cusip:90355GDS2	4.5500% 06/01/27	250,000.00	254,640.40	101.856	1.23%	4.47%
Total Brokered CD			1,000,000.00	995,308.01		4.79%	3.42%
Total Fixed Income			12,312,860.38	12,005,093.19		57.82%	2.39%
Cash & Equivalents							
Money Market - Taxable							
1,342,075.8000	Northern Ins-Treasury Portfolio Cusip:665279808		1,342,075.80	1,342,075.80	1.000	6.47%	0.00%
250,000.0000	Signature Bank MM Savings Deposit Fund		250,000.00	250,000.00	1.000	1.20%	4.38%
250,000.0000	Waterford Bank MM Savings Deposit Fund		250,000.00	250,000.00	1.000	1.20%	4.38%
Total Money Market - Taxable			1,842,075.80	1,842,075.80		8.87%	1.19%
Total Cash & Equivalents			1,842,075.80	1,842,075.80		8.87%	1.19%
Total Asset			18,784,884.62	20,756,721.96		99.96%	1.76%
Ending Accrual For Period				92,902.24			
Ending Market Value				20,849,624.20			

Union Construction Workers Health Plan
 EIN: 34-4442536 Plan Number: 501
 Schedule H (Line 4j), Schedule of Reportable Transactions
 Year Ended May 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost</u>	<u>Current Value on Transaction Date</u>	<u>Gain (Loss)</u>
<i>Category (i) - Single Transactions in Excess of 5 percent of Net Assets</i>						
Vanguard Institutional Index	Sale	\$ -	6,569,770	1,398,662	6,569,770	5,171,108
Fidelity 500 Index - Instl	Purchase	\$ 6,569,770	-	6,569,770	6,569,770	-
<i>Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets</i>						
Fidelity 500 Index - Instl	Purchases	\$ 7,862,636	-	7,862,636	7,862,636	-
Northern Institutional Treasury Portfolio	Purchases	\$ 18,910,901	-	18,910,901	18,910,901	-
	Sales	\$ -	17,110,413	17,110,413	17,110,413	-
FDIC Insured Money Market	Purchases	\$ 2,115,148	-	2,115,148	2,115,148	-
	Sales	\$ -	2,732,333	2,732,333	2,732,333	-

There were no reportable category (ii) or (iv) transactions for the year ended May 31, 2025.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's regulations.



Union Construction Workers Health Plan
 EIN: 34-4442536 Plan Number: 501
 Schedule H, Line 4i, Schedule of Assets (Held at End of Year)
 May 31, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest collateral, part or maturity value	Cost	Current Value	
	Money market funds and certificates of deposits	\$ 3,409,952	3,405,260	
	Common stocks	1,322,243	1,987,110	
	Registered investment companies	30,966,847	33,663,652	
	U.S. Government and agency obligations	15,554,146	15,347,803	
	Corporate obligations	7,484,392	7,310,531	
	Municipal bonds	<u>363,412</u>	<u>349,115</u>	
	Total assets held	\$ <u>59,100,992</u>	<u>62,063,471</u>	

The enclosed Trust Company Family Offices List of Assets (pages 63 through 69 and pages 50 through 59) are incorporated herein by reference.

Consolidation: UCW

Schedule - 3.1.1
Asset Statement
As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
Equity Fund						
42,053.3580	Fidelity 500 Index-Instl Cusip:315911750	7,862,635.63	8,648,273.07	205.650	20.94%	0.00%
152,146.7690	Johnson Enhanced Return Fund Cusip:479164881	2,498,110.79	2,621,488.83	17.230	6.35%	0.00%
Total Equity Fund		10,360,746.42	11,269,761.90		27.29%	0.00%
Total Equities		10,360,746.42	11,269,761.90		27.29%	0.00%
Fixed Income						
U S Government Notes & Bonds						
455,000.0000	United States Treas Bds 2.8750% 05/15/32 Cusip:91282CEP2	418,684.18	419,008.79	92.090	1.01%	3.12%
875,000.0000	United States Treas Nts 0.8750% 11/15/30 Cusip:91282CAV3	722,623.05	740,332.03	84.609	1.79%	1.03%
800,000.0000	United States Treas Nts 1.3750% 11/15/31 Cusip:91282CDJ7	658,490.24	674,687.50	84.336	1.63%	1.63%
690,000.0000	United States Treas Nts 1.5000% 02/15/30 Cusip:912828Z94	585,910.55	617,576.95	89.504	1.50%	1.68%
580,000.0000	United States Treas Nts 1.7500% 11/15/29 Cusip:912828YS3	543,392.98	528,796.88	91.172	1.28%	1.92%
85,000.0000	United States Treas Nts 2.6250% 02/15/29 Cusip:9128286B1	79,451.76	81,224.80	95.559	0.20%	2.75%
610,000.0000	United States Treas Nts 3.5000% 01/31/30 Cusip:91282CGJ4	593,314.06	597,633.20	97.973	1.45%	3.57%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
50,000.0000	United States Treas Nts 08/31/26 Cusip:91282CLH2	3.7500%	49,603.51	49,787.11	99.574	0.12%	3.77%
520,000.0000	United States Treas Nts 02/15/34 Cusip:91282CJZ5	4.0000%	514,406.44	507,040.62	97.508	1.23%	4.10%
340,000.0000	United States Treas Nts 11/30/28 Cusip:91282CJN2	4.3750%	344,170.31	345,020.31	101.477	0.84%	4.31%
	Total US Government Notes & Bonds		4,510,047.08	4,561,108.19		11.05%	2.49%
	Government Agency Securities						
360,000.0000	Federal Home Loan Banks 12/10/32 Cusip:3130ATVX2	4.7500%	377,463.60	368,205.45	102.279	0.89%	4.64%
	Total Government Agency Securities		377,463.60	368,205.45		0.89%	4.64%
	G N M A Pools						
7.2200	GNMA I Pool 416181 Cusip:36206NJ22	7.0000% 03/15/26	8.84	7.23	100.119	0.00%	7.05%
1,659.1000	GNMA I Pool 445796 Cusip:36207YGD6	7.0000% 02/15/28	2,740.98	1,669.07	100.601	0.00%	6.96%
	Total G N M A Pools		2,749.82	1,676.30		0.00%	6.96%
	Mortgaged Backed Pools						
470.0500	Chase Mtg Fin 2007-A2 1B2 Cusip:16163LAX0	2.6390% 07/25/37	411.67	0.00		0.00%	0.00%
127,956.0500	FHLMC 4346 NL Cusip:3137BAL26	3.5000% 07/15/39	132,734.40	124,480.76	97.284	0.30%	3.60%
422,304.4900	FHLMC 5189PG Cusip:3137H5VD6	2.5000% 09/25/51	429,430.87	384,001.47	90.930	0.93%	2.75%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
33,005.3100	FHLMC Giant Gold Pool G06616 4.5000% 12/01/35 Cusip:3128M8VH4	35,207.39	32,440.27	98.288	0.08%	4.58%
758.8200	FHLMC Gold Pool G01381 7.0000% 04/01/32 Cusip:31283HRA5	807.48	792.61	104.452	0.00%	6.70%
43,668.4300	FHR 3946 LN 3.5000% 04/15/41 Cusip:3137AGLW8	47,120.95	42,289.82	96.843	0.10%	3.61%
253,052.4100	FNMA Lng 30 Year 3.5000% 11/01/46 Cusip:3140FQTZ0	226,244.68	230,195.63	90.968	0.56%	3.85%
43,060.2500	FNMA 2018-67 4.5000% 03/25/46 Cusip:3136B2Q70	44,479.90	42,430.28	98.537	0.10%	4.57%
183,619.9500	FNMA 2018-25 3.5000% 03/25/46 Cusip:3136B1VE1	184,824.94	177,406.25	96.616	0.43%	3.62%
6,138.7300	FNMA ARM Pool 891326 1.9030% 04/01/36 Cusip:31410MHB9	6,214.33	6,314.75	102.867	0.02%	7.09%
1,063.9700	FNMA ARM Pool 895687 2.0890% 05/01/36 Cusip:31410SCY1	1,088.89	1,083.48	101.834	0.00%	7.25%
731.6400	FNMA Conv Pool 656529 6.0000% 09/01/32 Cusip:31390ULJ3	852.95	738.98	101.003	0.00%	5.94%
5,769.6000	FNMA Conv Pool 735421 7.0000% 01/01/35 Cusip:31402RAW9	6,106.69	6,019.86	104.338	0.01%	6.71%
16,696.8200	FNMA Conv Pool 735912 5.5000% 10/01/35 Cusip:31402RR92	18,350.82	17,063.30	102.195	0.04%	5.38%
2,787.9100	FNMA Conv Pool 888163 7.0000% 12/01/33 Cusip:31410FWY7	2,999.18	2,908.84	104.338	0.01%	6.71%
16,227.5200	FNMA Conv Pool AA4392 4.0000% 04/01/39 Cusip:31416M3A0	16,828.44	15,502.81	95.534	0.04%	4.19%
5,084.5600	FNMA Conv Pool AJ7509 3.2470% 12/01/41 Cusip:3138E0KX6	5,368.15	5,212.40	102.514	0.01%	5.88%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
321,480.5300	FNMA FS9716 20Yr 2.0000% 08/01/42 Cusip:3140XRYN9	269,792.48	270,980.37	84.291	0.66%	2.37%
3,513.4200	FNMA Whole Loan 2002-W3 A5 7.5000% 11/25/41 Cusip:31392CT20	3,696.50	3,681.15	104.774	0.01%	7.16%
1,894.3900	JP Morgan Mtg 2005-A1 IB1 3.1143% 02/25/35 Cusip:466247MB6	1,801.96	1,762.62	93.044	0.00%	6.49%
30,697.1500	JP Morgan Mtg 2005-A2 B1 3.1363% 04/25/35 Cusip:466247PE7	29,621.02	29,181.63	95.063	0.07%	6.24%
51,940.6600	JP Morgan Mtg 2005-A3 1B1 4.0131% 06/25/35 Cusip:466247RC9	50,230.53	48,419.60	93.221	0.12%	6.11%
11,743.7400	JP Morgan Mtg 2005-A4 B1 3.4665% 07/25/35 Cusip:466247RX3	11,478.59	11,217.15	95.516	0.03%	6.24%
18,313.4630	JP Morgan Mtg 2005-A5 IB1 3.0095% 08/25/35 Cusip:466247SS3	17,729.16	16,490.72	90.047	0.04%	6.10%
8,505.4100	Morgan Stanley Mtg 2005-5AR 5.3156% 09/25/35 Cusip:61748HLF6	8,307.16	5,525.11	64.960	0.01%	7.02%
10,486.8100	Morgan Stanley Mtg 2005-6AR 5.3717% 11/25/35 Cusip:61748HMR9	10,344.71	4,158.02	39.650	0.01%	11.50%
27,678.6400	Structured AssetSec 2004-4 B 2.5060% 04/25/34 Cusip:86359BPE5	26,726.23	26,503.13	95.753	0.06%	6.88%
933.4600	Wachovia Mtg 2005-B 4A1 5.4391% 10/20/35 Cusip:92977YBR1	880.43	899.24	96.334	0.00%	6.70%
	Total Mortgaged Backed Pools	1,589,680.50	1,507,700.25		3.64%	3.61%
	Corporate Bonds					

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
150,000.0000	Air Products And Chemicals 4.7500% 02/08/31 Cusip:009158BJ4	149,850.00	151,337.58	100.892	0.37%	4.71%
210,000.0000	Allstate Corp 5.2500% 03/30/33 Cusip:020002BK6	207,828.60	212,295.01	101.093	0.51%	5.19%
210,000.0000	American Express Co 5.5320% 04/25/30 Cusip:025816DU0	216,591.90	216,770.35	103.224	0.52%	5.36%
280,000.0000	Bank New York Mellon Corp 6.3170% 10/25/29 Cusip:06406RBT3	299,267.60	296,021.34	105.722	0.72%	5.98%
275,000.0000	Bank of America Corp 5.2020% 04/25/29 Cusip:06051GLG2	276,237.50	279,299.33	101.563	0.68%	5.12%
130,000.0000	Berkshire Hathaway Energy Co 3.2500% 04/15/28 Cusip:084659AM3	120,216.20	126,502.79	97.310	0.31%	3.34%
400,000.0000	Childrens Hosp Med 2.8530% 11/15/26 Cusip:16876AAB0	400,000.00	390,137.27	97.534	0.94%	2.93%
160,000.0000	Cisco Sys Inc 4.8500% 02/26/29 Cusip:17275RBR2	160,316.80	163,082.04	101.926	0.39%	4.76%
200,000.0000	CVS Health Corp 4.3000% 03/25/28 Cusip:126650CX6	235,820.00	197,667.16	98.834	0.48%	4.35%
215,000.0000	Dover Corp 3.1500% 11/15/25 Cusip:260003AM0	204,101.65	213,614.47	99.356	0.52%	3.17%
220,000.0000	Eversource Energy 3.3000% 01/15/28 Cusip:30040WAE8	223,984.20	212,852.89	96.751	0.52%	3.41%
205,000.0000	Fifth Third Bancorp 6.3390% 07/27/29 Cusip:316773DK3	212,384.10	214,222.70	104.499	0.52%	6.07%
265,000.0000	Florida Pwr & Lt Co 5.1000% 04/01/33 Cusip:341081GL5	266,715.30	267,250.69	100.849	0.65%	5.06%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
235,000.0000	Georgia Pwr Co Cusip:373334KE0	3.2500% 04/01/26 225,148.80	232,586.98	98.973	0.56%	3.28%
280,000.0000	Honeywell Intl Inc Cusip:438516CQ7	4.8750% 09/01/29 276,609.20	284,928.56	101.760	0.69%	4.79%
210,000.0000	Huntington Bancshares Inc Cusip:446150BC7	6.2080% 08/21/29 210,747.60	218,746.73	104.165	0.53%	5.96%
50,000.0000	Lehman Brothers Holdings Es Cusip:524ESCC81	7.8750% 08/15/10 0.00	78.50	0.157	0.00%	5015.92%
215,000.0000	Lowes Cos Inc Cusip:548661DP9	3.1000% 05/03/27 206,851.50	210,042.98	97.694	0.51%	3.17%
355,000.0000	National Rural Utilities Cusip:637432NP6	3.4000% 02/07/28 387,432.80	346,340.55	97.561	0.84%	3.49%
240,000.0000	Pepsico Inc Cusip:713448GC6	5.0000% 02/07/35 239,009.40	239,114.22	99.631	0.58%	5.02%
400,000.0000	PNC Bank NA Cusip:69349LAR9	4.0500% 07/26/28 445,209.00	393,909.92	98.477	0.95%	4.11%
311,000.0000	Prologis L P Cusip:74340XBN0	2.1250% 04/15/27 297,735.85	298,919.75	96.116	0.72%	2.21%
235,000.0000	Target Corp Cusip:87612EBJ4	2.3500% 02/15/30 208,785.75	214,809.02	91.408	0.52%	2.57%
500,000.0000	Truist Bank Global Cusip:89788KAA4	2.2500% 03/11/30 499,280.00	441,765.82	88.353	1.07%	2.55%
285,000.0000	US Bancorp Cusip:91159HJR2	5.6780% 01/23/35 286,798.35	289,874.60	101.710	0.70%	5.58%
200,000.0000	Virginia Elec & Pwr Co Cusip:927804FV1	2.9500% 11/15/26 194,348.00	195,592.22	97.796	0.47%	3.02%
250,000.0000	Wells Fargo & Co Cusip:94974BGL8	4.3000% 07/22/27 249,050.00	248,772.89	99.509	0.60%	4.32%

Consolidation: UCW

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
225,000.0000	Xylem Inc 3.2500% 11/01/26 Cusip:98419MAJ9	219,705.75	221,109.50	98.271	0.54%	3.31%
	Total Corporate Bonds	6,920,025.85	6,777,645.86		16.41%	4.18%
	Municipal Bonds - Other States					
350,000.0000	Kansas St Dev Fin Auth Rev 4.0910% 04/15/27 Cusip:485429Z23	363,412.00	349,114.50	99.747	0.85%	4.10%
	Total Municipal Bonds - Other States	363,412.00	349,114.50		0.85%	4.10%
	Bond Funds - Taxable					
1,527,729.1370	Baird Intermediate Bond-I Cusip:057071805	15,624,105.61	15,903,660.32	10.410	38.50%	0.00%
	Total Bond Funds - Taxable	15,624,105.61	15,903,660.32		38.50%	0.00%
	Total Fixed Income	29,387,484.46	29,469,110.87		71.34%	1.64%
	Cash & Equivalents					
	Money Market - Taxable					
567,876.1600	Northern Ins-Treasury Portfolio Cusip:665279808	567,876.16	567,876.16	1.000	1.37%	0.00%
	Total Money Market - Taxable	567,876.16	567,876.16		1.37%	0.00%
	Total Cash & Equivalents	567,876.16	567,876.16		1.37%	0.00%
	Total Asset	40,316,107.04	41,306,748.93		100.00%	1.17%
	Ending Accrual For Period		102,067.66			
	Ending Market Value		41,408,816.59			

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
Common Stock						
1,370.0000	ADR ArcelorMittal-NY reg Cusip:03938L203	36,257.37	41,894.60	30.580	0.20%	1.53%
969.0000	Ally Financial Inc Cusip:02005N100	25,161.50	33,915.00	35.000	0.16%	3.43%
31.0000	Alphabet Inc-A Cusip:02079K305	5,542.80	5,323.94	171.740	0.03%	0.47%
162.0000	Amgen Inc Cusip:031162100	33,358.36	46,685.16	288.180	0.22%	3.30%
339.0000	Analog Devices Inc Cusip:032654105	46,398.66	72,539.22	213.980	0.35%	1.85%
221.0000	Apple Inc Cusip:037833100	10,488.89	44,387.85	200.850	0.21%	0.52%
1,946.0000	AT&T Inc Cusip:00206R102	40,663.50	54,098.80	27.800	0.26%	3.99%
247.0000	Chevron Corp Cusip:166764100	26,824.33	33,764.90	136.700	0.16%	5.00%
811.0000	Cisco Systems Inc Cusip:17275R102	25,127.42	51,125.44	63.040	0.25%	2.60%
937.0000	Comcast Corp-A Cusip:20030N101	39,942.34	32,392.09	34.570	0.16%	3.82%
572.0000	CVS Health Corp Cusip:126650100	42,096.85	36,630.88	64.040	0.18%	4.15%
593.0000	Dominion Resources Inc/VA Cusip:25746U109	36,617.82	33,605.31	56.670	0.16%	4.71%
389.0000	Duke Energy Corp Cusip:26441C204	29,778.66	45,793.08	117.720	0.22%	3.55%

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
178.0000	Eaton Corp PLC Cusip:G29183103	13,617.79	56,995.60	320.200	0.27%	1.30%
704.0000	Entergy Corp Cusip:29364G103	38,496.60	58,629.12	83.280	0.28%	2.88%
343.0000	EOG Resources Inc Cusip:26875P101	39,347.27	37,239.51	108.570	0.18%	3.76%
924.0000	Exelon Corp Cusip:30161N101	28,473.34	40,489.68	43.820	0.20%	3.65%
151.0000	General Dynamics Corp Cusip:369550108	28,273.64	42,051.99	278.490	0.20%	2.15%
732.0000	General Mills Inc Cusip:370334104	40,561.06	39,718.32	54.260	0.19%	4.42%
292.0000	Intl Business Machines Corp Cusip:459200101	38,012.77	75,645.52	259.060	0.36%	2.59%
540.0000	Johnson Controls Intl PLC Cusip:G51502105	23,817.99	54,739.80	101.370	0.26%	1.46%
836.0000	JP Morgan Chase & Co Cusip:46625H100	105,331.04	220,704.00	264.000	1.06%	2.12%
215.0000	Kimberly-Clark Corp Cusip:494368103	22,941.60	30,908.40	143.760	0.15%	3.51%
95.0000	KLA Corp Cusip:482480100	38,060.95	71,903.60	756.880	0.35%	1.00%
84.0000	Lilly Eli & Co Cusip:532457108	11,991.98	61,964.28	737.670	0.30%	0.81%
36.0000	Marathon Petroleum Corp Cusip:56585A102	5,498.64	5,786.64	160.740	0.03%	2.26%
429.0000	Medtronic PLC Cusip:G5960L103	45,658.82	35,598.42	82.980	0.17%	3.42%

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
335.0000	Merck & Co Inc Cusip:58933Y105	20,238.44	25,741.40	76.840	0.12%	4.22%
538.0000	Metlife Inc Cusip:59156R108	25,583.81	42,276.04	78.580	0.20%	2.89%
121.0000	Microsoft Corp Cusip:594918104	9,937.60	55,703.56	460.360	0.27%	0.72%
510.0000	NextEra Energy Inc Cusip:65339F101	16,400.93	36,026.40	70.640	0.17%	3.21%
157.0000	Norfolk Southern Corp Cusip:655844108	18,936.17	38,797.84	247.120	0.19%	2.19%
165.0000	PepsiCo Inc Cusip:713448108	15,870.56	21,689.25	131.450	0.10%	4.33%
1,069.0000	Pfizer Inc Cusip:717081103	31,944.01	25,110.81	23.490	0.12%	7.32%
196.0000	Procter & Gamble Co Cusip:742718109	18,355.89	33,298.44	169.890	0.16%	2.49%
323.0000	Qualcomm Inc Cusip:747525103	23,050.62	46,899.60	145.200	0.23%	2.45%
862.0000	Schlumberger Ltd Cusip:806857108	42,866.53	28,489.10	33.050	0.14%	3.45%
1,794.0000	Stellantis NV Cusip:N82405106	28,598.51	18,191.16	10.140	0.09%	7.63%
1,105.0000	Truist Financial Corp Cusip:89832Q109	41,207.20	43,647.50	39.500	0.21%	5.27%
197.0000	United Parcel Service-B Cusip:911312106	19,294.20	19,215.38	97.540	0.09%	6.73%
803.0000	US Bancorp Cusip:902973304	25,167.63	35,002.77	43.590	0.17%	4.59%

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
1,011.0000	Verizon Communications Inc Cusip:92343V104	44,360.82	44,443.56	43.960	0.21%	6.16%
191.0000	Waste Management Inc Cusip:94106L109	33,269.75	46,025.27	240.970	0.22%	1.37%
402.0000	Welltower Inc Cusip:95040Q104	28,818.04	62,020.56	154.280	0.30%	1.74%
	Total Common Stock	1,322,242.70	1,987,109.79		9.55%	2.85%
	Equity Fund					
3,642.6320	Alger Cap Apprec Inst-I Cusip:015570401	142,203.41	166,213.30	45.630	0.80%	0.00%
955.0140	Dodge & Cox Stock Cusip:256219106	179,709.31	250,910.83	262.730	1.21%	0.00%
38,085.7580	Fidelity Contrafund Cusip:316071109	461,192.02	832,173.81	21.850	4.01%	0.00%
8,156.7860	Vanguard Dividend Growth-Inv Cusip:921908604	225,373.98	294,133.70	36.060	1.42%	0.00%
2,521.4020	Vanguard Equity Income-Adm Cusip:921921300	209,558.07	227,859.10	90.370	1.10%	0.00%
3,522.6790	Vanguard Institutional Index Cusip:922040100	682,082.10	1,695,852.90	481.410	8.17%	0.00%
	Total Equity Fund	1,900,118.89	3,467,143.64		16.71%	0.00%
	Equity Fund-REIT					
3,281.2220	Cohen Steer Instl Realty Shs Cusip:19247U106	142,565.88	161,993.93	49.370	0.78%	0.00%
10,359.8500	Neuberger Berman Real Estate-I Cusip:641224795	131,914.65	144,416.31	13.940	0.70%	0.00%
	Total Equity Fund-REIT	274,480.53	306,410.24		1.48%	0.00%
	International Equity Fund					

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
5,923.7170	Fidelity Intl Small Cap Cusip:315910737	196,312.00	208,277.89	35.160	1.00%	0.00%
6,426.9780	Invesco International Growth-R5 Cusip:008882771	172,948.80	154,568.82	24.050	0.74%	0.00%
5,884.6670	T Rowe Price Intl New Asia Cusip:77956H500	101,695.72	103,217.06	17.540	0.50%	0.00%
24,206.1650	Vanguard Developed Mkts Index-Adm Cusip:921943809	392,624.00	432,322.11	17.860	2.08%	0.00%
3,715.0040	Vanguard Emg Mkt Stock Index-Admiral Cusip:922042841	137,418.00	145,033.76	39.040	0.70%	0.00%
	Total International Equity Fund	1,000,998.52	1,043,419.64		5.02%	0.00%
	International Real Estate Fund					
28,125.2430	DFA Intl Real Estate Sec Portf Cusip:233203348	132,107.80	105,469.66	3.750	0.51%	0.00%
	Total International Real Estate Fund	132,107.80	105,469.66		0.51%	0.00%
	Total Equities	4,629,948.44	6,909,552.97		33.27%	0.82%
	Fixed Income					
	U S Government Notes & Bonds					
500,000.0000	United States Treas Nts 0.2500% 10/31/25 Cusip:91282CAT8	494,055.69	491,699.22	98.340	2.37%	0.25%
250,000.0000	United States Treas Nts 0.7500% 08/31/26 Cusip:91282CCW9	224,600.87	239,951.17	95.980	1.16%	0.78%
250,000.0000	United States Treas Nts 1.2500% 06/30/28 Cusip:91282CCH2	219,433.59	231,015.63	92.406	1.11%	1.35%
250,000.0000	United States Treas Nts 1.6250% 09/30/26 Cusip:912828YG9	248,398.44	242,197.27	96.879	1.17%	1.68%

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
750,000.0000	United States Treas Nts 03/31/26 Cusip:9128286L9	2.2500%	806,538.20	738,128.90	98.417	3.56%	2.29%
100,000.0000	United States Treas Nts 05/15/29 Cusip:9128286T2	2.3750%	105,032.81	94,339.84	94.340	0.45%	2.52%
500,000.0000	United States Treas Nts 02/28/26 Cusip:9128286F2	2.5000%	543,713.27	493,580.73	98.716	2.38%	2.53%
100,000.0000	United States Treas Nts 03/31/27 Cusip:91282CEF4	2.5000%	94,900.00	97,464.84	97.465	0.47%	2.57%
250,000.0000	United States Treas Nts 06/30/27 Cusip:91282CEW7	3.2500%	243,798.83	246,787.11	98.715	1.19%	3.29%
200,000.0000	United States Treas Nts 03/31/28 Cusip:91282CGT2	3.6250%	194,453.13	198,640.62	99.320	0.96%	3.65%
250,000.0000	United States Treas Nts 09/30/31 Cusip:91282CLM1	3.6250%	242,561.72	242,841.80	97.137	1.17%	3.73%
250,000.0000	United States Treas Nts 06/30/30 Cusip:91282CHJ3	3.7500%	248,641.50	247,060.55	98.824	1.19%	3.79%
200,000.0000	United States Treas Nts 12/31/27 Cusip:91282CGC9	3.8750%	196,351.56	199,945.31	99.973	0.96%	3.88%
200,000.0000	United States Treas Nts 01/15/26 Cusip:91282CGE5	3.8750%	197,436.07	199,617.19	99.809	0.96%	3.88%
250,000.0000	United States Treas Nts 08/15/34 Cusip:91282CLF6	3.8750%	243,084.95	240,351.56	96.141	1.16%	4.03%

Schedule - 3.1.1 Asset Statement As Of 05/31/2025

Shares/Par Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
100,000.0000	United States Treas Nts 11/30/27 Cusip:91282CFZ9	3.8750%	100,583.15	99,949.22	99.949	0.48%	3.88%
100,000.0000	United States Treas Nts 11/30/29 Cusip:91282CFY2	3.8750%	101,187.74	99,597.66	99.598	0.48%	3.89%
500,000.0000	United States Treas Nts 01/15/27 Cusip:91282CJT9	4.0000%	497,730.07	499,941.41	99.988	2.41%	4.00%
350,000.0000	United States Treas Nts 01/31/31 Cusip:91282CJX0	4.0000%	344,002.31	348,769.53	99.648	1.68%	4.01%
250,000.0000	United States Treas Nts 01/31/30 Cusip:91282CMG3	4.2500%	249,211.44	252,861.33	101.145	1.22%	4.20%
350,000.0000	United States Treas Nts 01/31/32 Cusip:91282CMK4	4.3750%	349,764.62	354,033.20	101.152	1.71%	4.33%
250,000.0000	United States Treas Nts 07/31/26 Cusip:91282CLB5	4.3750%	251,797.10	250,693.36	100.277	1.21%	4.36%
250,000.0000	United States Treas Nts 09/30/30 Cusip:91282CHZ7	4.6250%	257,004.89	257,021.49	102.809	1.24%	4.50%
250,000.0000	United States Treas Nts 11/15/26 Cusip:91282CJK8	4.6250%	250,966.80	252,031.25	100.813	1.21%	4.59%
250,000.0000	United States Treas Nts 02/15/26 Cusip:912828P46	1.6250%	259,501.95	245,473.63	98.189	1.18%	1.65%
250,000.0000	United States Treas Nts 02/15/27 Cusip:912828V98	2.2500%	235,148.45	242,929.69	97.172	1.17%	2.32%
500,000.0000	United States Treas Nts 11/15/25 Cusip:912828M56	2.2500%	532,695.31	495,400.39	99.080	2.39%	2.27%

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
100,000.0000	United States Treas Nts 3.1250% 11/15/28 Cusip:9128285M8	96,704.86	97,464.84	97.465	0.47%	3.21%
	Total US Government Notes & Bonds	7,829,299.32	7,699,788.74		37.11%	2.98%
	Government Agency Securities					
250,000.0000	Federal Farm Cr Bks 0.4700% 12/22/25 Cusip:3133EMLC4	250,000.00	244,832.76	97.933	1.18%	0.48%
250,000.0000	Federal Farm Cr Bks 0.5400% 11/03/25 Cusip:3133EMFR8	249,750.00	245,919.93	98.368	1.18%	0.55%
250,000.0000	Federal Home Ln Mtg Corp 0.6200% 12/01/25 Cusip:3134GXDM3	250,000.00	245,465.68	98.186	1.18%	0.63%
250,000.0000	Federal Home Loan Banks 1.0500% 12/15/26 Cusip:3130AMPU0	250,000.00	238,117.35	95.247	1.15%	1.10%
250,000.0000	Federal Natl Mtg Assn 0.6400% 09/28/26 Cusip:3136G44M2	250,000.00	239,000.03	95.600	1.15%	0.67%
	Total Government Agency Securities	1,249,750.00	1,213,335.75		5.84%	0.68%
	G N M A Pools					
2,827.6600	GNMA I Pool 641217 5.5000% 03/15/35 Cusip:36291XK65	2,813.53	2,880.60	101.872	0.01%	5.40%
10,383.7200	GNMA I Pool AC3667 1.6600% 08/15/26 Cusip:36179DCC2	10,357.76	10,168.82	97.930	0.05%	1.70%
	Total G N M A Pools	13,171.29	13,049.42		0.06%	2.51%
	Mortgaged Backed Pools					
133,228.8500	FNMA MA4126 Pool 2.0000% 08/01/30 Cusip:31418DSQ6	139,515.61	127,095.99	95.397	0.61%	2.10%
	Total Mortgaged Backed Pools	139,515.61	127,095.99		0.61%	2.10%
	Corporate Bonds					

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
100,000.0000	Alphabet Inc 0.8000% 08/15/27 Cusip:02079KAJ6	100,033.00	93,317.42	93.317	0.45%	0.86%
100,000.0000	Apple Inc .7000% 02/08/26 Cusip:037833EB2	99,980.00	97,556.15	97.556	0.47%	0.72%
100,000.0000	Applied Materials Inc 3.9000% 10/01/25 Cusip:038222AJ4	106,613.00	99,835.48	99.835	0.48%	3.91%
100,000.0000	Microsoft Corp 2.4000% 08/08/26 Cusip:594918BR4	100,209.00	98,019.54	98.020	0.47%	2.45%
	Total Corporate Bonds	406,835.00	388,728.59		1.87%	2.01%
	Bond Funds - Taxable					
7,348.8900	Loomis Sayles Strategic Income Y Cusip:543487250	112,678.13	89,142.04	12.130	0.43%	0.00%
20,364.0930	Northern Ultra-Short Fixed Income Fund Cusip:665162467	207,515.95	209,953.80	10.310	1.01%	0.00%
27,281.8740	Pioneer Bond-Y Instl Cusip:723622403	256,991.84	224,257.00	8.220	1.08%	0.00%
63,181.9260	Vanguard Short-Term Federal-Adm Cusip:922031844	686,353.23	648,246.56	10.260	3.12%	0.00%
22,899.4680	Vanguard Total Bond Market Index-Inst'l Cusip:921937504	247,805.34	218,918.91	9.560	1.05%	0.00%
	Total Bond Funds - Taxable	1,511,344.49	1,390,518.31		6.69%	0.00%
	Exchange Traded Fund - Fixed					
1,622.0000	iShares TIPS ETF Cusip:464287176	162,944.67	177,268.38	109.290	0.85%	2.49%
	Total Exchange Traded Fund - Fixed	162,944.67	177,268.38		0.85%	2.49%
	Brokered CD					
250,000.0000	Capital One Bank USA CD 3.5000% 08/03/26 Cusip:14042TJC2	250,000.00	247,762.20	99.105	1.19%	3.53%

Schedule - 3.1.1

Asset Statement

As Of 05/31/2025

Shares/Par Value	Description		Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
250,000.0000	Discover Bank CD Cusip:2546735H5	4.4500% 05/30/28	250,000.00	252,112.58	100.845	1.21%	4.41%
250,000.0000	Sallie Mae Bank Utah CD Cusip:795451AK9	1.1000% 08/11/26	250,000.00	240,792.83	96.317	1.16%	1.14%
250,000.0000	UBS Bank USA CD Cusip:90355GDS2	4.5500% 06/01/27	250,000.00	254,640.40	101.856	1.23%	4.47%
Total Brokered CD			1,000,000.00	995,308.01		4.79%	3.42%
Total Fixed Income			12,312,860.38	12,005,093.19		57.82%	2.39%
Cash & Equivalents							
Money Market - Taxable							
1,342,075.8000	Northern Ins-Treasury Portfolio Cusip:665279808		1,342,075.80	1,342,075.80	1.000	6.47%	0.00%
250,000.0000	Signature Bank MM Savings Deposit Fund		250,000.00	250,000.00	1.000	1.20%	4.38%
250,000.0000	Waterford Bank MM Savings Deposit Fund		250,000.00	250,000.00	1.000	1.20%	4.38%
Total Money Market - Taxable			1,842,075.80	1,842,075.80		8.87%	1.19%
Total Cash & Equivalents			1,842,075.80	1,842,075.80		8.87%	1.19%
Total Asset			18,784,884.62	20,756,721.96		99.96%	1.76%
Ending Accrual For Period				92,902.24			
Ending Market Value				20,849,624.20			