

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 1205 WELFARE FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 12/30/1975
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LOCAL 1205 WELFARE FUND 246 CONKLIN STREET FARMINGDALE, NY 11735
2b Employer Identification Number (EIN) 11-1586595
2c Plan Sponsor's telephone number 516-501-1205
2d Business code (see instructions) 444190

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Nelson Nunez (plan administrator) and Thomas Carberry (employer/plan sponsor).

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	861
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)	861
	6a(2)	852
	6b	1
	6c	
	6d	853
	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	34

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 4Q

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</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 checked="" 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 _____

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

<p>A Name of plan LOCAL 1205 WELFARE FUND</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 BOARD OF TRUSTEES OF LOCAL 1205 WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 11-1586595</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
AMALGAMATED 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
13-5501223	60216	260C56	854	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	71027
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan LOCAL 1205 WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 WELFARE FUND	D Employer Identification Number (EIN) 11-1586595

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	525799-E1		07/01/2024	06/30/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	1902960
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	80538
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	1983498
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	1983498

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan LOCAL 1205 WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 WELFARE FUND	D Employer Identification Number (EIN) 11-1586595	

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

NEUBERGER BERMAN INV. ADVISERS, LLC

02-0654486

(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)

EMPIRE HEALTHCHOICE ASSURANCE, INC.

23-7391136

(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	374253	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

VENUS TEMPLE

11-1586595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	97093	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)

TINA NARDI

11-1586595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86498	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

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	74656	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)

ROTHMAN ROCCA LARUFFA, LLP

47-5401457

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	61200	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)

MELISSA DIMARIA

11-1586595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58107	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 SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	54129	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)

PAIGE GOLDING

11-1586595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53445	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)

EXPRESS SCRIPTS, INC

43-1420563

(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 50	NONE	47892	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)

CHRISSE SINACORI

11-1586595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47577	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)

AMALGAMATED MEDICAL CARE MGMT.

13-3860528

(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 50	NONE	41100	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)

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	31127	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)

REYNOLDS CONSULTING SERVICES, LLC

20-1899564

(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 50 27 50	NONE	22000	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)

TEAMSTER CENTER SERVICES

13-1964856

(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 50	NONE	21984	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)

SELF-INSURED DENTAL SERVICES

11-2995970

(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	21964	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)

HIGHLAND CAPITAL MANAGEMENT, LLC

27-5440911

(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 50	NONE	13797	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)

AMALGAMATED BANK

13-4920330

(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?
19 51	NONE	8350	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	94	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FREDRICK AST

12-7420901

(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 50	NONE	7200	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)

CITRIN COOPERMAN ADVISORS LLC

87-2525370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6923	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)

UNITED LABOR SYSTEMS

(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 50	NONE	5937	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

A Name of plan <u>LOCAL 1205 WELFARE FUND</u>	B Three-digit plan number (PN)	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF LOCAL 1205 WELFARE FUND</u>	D Employer Identification Number (EIN) <u>11-1586595</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW BROAD MARKET 3000 INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>46-2044954-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20698614</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan LOCAL 1205 WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 WELFARE FUND	D Employer Identification Number (EIN) 11-1586595

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	521116	166856
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1188311	1124755
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	749289	623867
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1402479	483237
(2) U.S. Government securities	1c(2)	1869872	1721605
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1756708	1910918
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	19134927	20698614
(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)	8949090	9842800
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1991230	2058347

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	50520	54055
f Total assets (add all amounts in lines 1a through 1e).....	1f	37613542	38685054
Liabilities			
g Benefit claims payable.....	1g	3524000	3745100
h Operating payables.....	1h	54589	52017
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1311395	1466112
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4889984	5263229
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32723558	33421825

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)	17901669	
(B) Participants.....	2a(1)(B)	335552	
(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)		18237221
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	62663	
(B) U.S. Government securities.....	2b(1)(B)	56092	
(C) Corporate debt instruments.....	2b(1)(C)	76991	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	82204	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		277950
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	518037	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		518037
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5603749	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5607704	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-3955
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	123861	
(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)	2813687
(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)	428946
c Other income	2c	2199
d Total income. Add all income amounts in column (b) and enter total	2d	22397946

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	71027
(3) Other	2e(3)	20826026
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	20897053
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)	362984
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	6923
(4) IQPA audit fees	2i(4)	31127
(5) Investment advisory and investment management fees	2i(5)	42287
(6) Bank or trust company trustee/custodial fees	2i(6)	1182
(7) Actuarial fees	2i(7)	54129
(8) Legal fees	2i(8)	61200
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	242794
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	802626
j Total expenses. Add all expense amounts in column (b) and enter total	2j	21699679

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	698267
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: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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



LOCAL 1205 WELFARE FUND

FINANCIAL STATEMENTS

JUNE 30, 2025





LOCAL 1205 WELFARE FUND

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 1205 Welfare Fund

Opinion

We have audited the accompanying financial statements of Local 1205 Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and 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 benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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





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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if 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 GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of June 30, 2025, and of reportable transactions for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the June 30, 2025 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying schedules 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.

Calibre CPA Group, PLLC

New York, NY
January 29, 2026

LOCAL 1205 WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

JUNE 30, 2025 AND 2024

	2025	2024
Assets		
Investments - at fair value		
Cash equivalents	\$ 483,237	\$ 1,402,479
U.S. Government securities	1,721,605	1,869,872
Corporate bonds	1,910,918	1,756,708
Mutual fund	9,842,800	8,949,090
Municipal bonds	74,849	88,270
Collective trust fund	20,698,614	19,134,927
Stable value fund	<u>1,983,498</u>	<u>1,902,960</u>
Total investments - at fair value	<u>36,715,521</u>	<u>35,104,306</u>
Receivables		
Employer contributions	1,124,755	1,188,311
Interest and dividends	25,287	31,825
Prescription drug rebates	592,418	716,478
Net amount due from affiliated entities	<u>6,162</u>	<u>986</u>
Total receivables	<u>1,748,622</u>	<u>1,937,600</u>
Cash	<u>166,856</u>	<u>521,116</u>
Property and equipment	<u>33,867</u>	<u>29,178</u>
Prepaid expenses	<u>20,188</u>	<u>21,342</u>
Total assets	<u>38,685,054</u>	<u>37,613,542</u>
Liabilities		
Accounts payable and accrued expenses	<u>52,017</u>	<u>54,589</u>
Net assets available for benefits	<u>38,633,037</u>	<u>37,558,953</u>
Benefit obligations		
Claims payable and claims incurred but not reported	3,745,100	3,524,000
Accumulated eligibility	<u>1,466,112</u>	<u>1,311,395</u>
Total benefit obligations	<u>5,211,212</u>	<u>4,835,395</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 33,421,825</u>	<u>\$ 32,723,558</u>

See accompanying notes to financial statements.

LOCAL 1205 WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Additions		
Contributions		
Employers	\$ 17,901,669	\$ 17,400,454
Employees	298,213	288,674
Participants (COBRA)	37,339	95,499
Total contributions	18,237,221	17,784,627
Investment income		
Net appreciation in fair value of investments	3,362,539	4,000,556
Interest and dividends	795,987	738,733
	4,158,526	4,739,289
Less: investment expenses	43,469	40,890
Investment income - net	4,115,057	4,698,399
Other income	2,199	1,618
Total additions	22,354,477	22,484,644
Deductions		
Benefits paid	20,521,237	20,192,326
Administrative expenses	759,157	731,174
Total deductions	21,280,394	20,923,500
Net change	1,074,083	1,561,144
Change in benefit obligations		
Change during the year attributed to change in		
Claims payable and claims incurred but not reported	221,100	317,300
Accumulated eligibility	154,716	99,569
Net change in benefit obligations	375,816	416,869
Change in net assets available for benefits over benefit obligations	698,267	1,144,275
Excess of net assets available for benefits over benefit obligations		
Beginning of year	32,723,558	31,579,283
End of year	\$ 33,421,825	\$ 32,723,558

See accompanying notes to financial statements.



LOCAL 1205 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Local 1205 Welfare Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit welfare plan established under the provisions of an Agreement and Declaration of Trust dated December 30, 1975, between Local 1205 (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America and various employers, primarily in the lumber and building supply industries and having collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a trust fund for the purpose of providing health and welfare benefits to eligible employees of contributing employers who are members of the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of equal union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits - The Plan provides health benefits including medical, hospitalization, prescription drugs, dental, and optical benefit to employees of contributing employers who are covered by collective bargaining agreements (CBAs) with the Union and who have met specific eligibility requirements. These benefits are self-insured and paid out of the general assets of the Plan. The Plan fully insures its term life insurance and accidental death and dismemberment benefits.

The Plan continues to provide benefits to certain participants and eligible dependents up to the last day of the month following the month in which a member ceases employment with a contributing employer.

Funding Policy - Funding to provide the benefits is made through contributions by participating employers on behalf of each covered employee on the basis of an hourly or fixed monthly rate in accordance with the terms of the applicable CBA with the Union. Contributions are also made by the Union and the affiliated Local 1205 Pension Fund, as well as the Plan, in their capacity as employers. Additionally, contributions are made by participants who share in the cost of their employer provided health care as well as participants who have left covered employment and who elect to continue coverage with the Plan through the Consolidated Omnibus Budget Reconciliation Act (COBRA).



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred, regardless of when cash is exchanged.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, including estimated amounts for claims incurred but not reported and accumulated eligibility and disclosure of contingent assets and liabilities, if any, at the date of financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian.

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

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Payment of Benefits - Claim payments are recorded when paid to the third-party claim processors. Amounts due to claims processors that have yet to be reimbursed by the Plan are recognized as claims payable in the accompanying statements of net assets available for benefits and benefit obligations.

Prescription Drug Rebates - The Plan retains a pharmacy benefit manager (PBM) which periodically provides rebates to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recognized when earned. Refunds due as of the financial statement dates have been reported as a receivable, with the offset being netted against benefits paid. Pharmacy rebates totaling \$1,532,144 and \$1,224,671 have been netted with benefits paid on the statements of changes in net assets available for benefits and benefit obligations for the years ended June 30, 2025 and 2024, respectively.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Benefit Obligations - Benefit obligations at June 30, 2025 and 2024 for self-insured health claims incurred by active participants but not reported at those dates are estimated by the Plan's actuary, Segal Consulting, in accordance with accepted actuarial principles that take into consideration prior claims experience and also include analyzing claim lag studies based on data provided by the Plans' third-party claims administrators. Such amounts are reported undiscounted as these obligations typically are payable within one year. Any differences in the estimated and actual incurred but not reported obligations will be reported in future years. The obligations arising from accumulated eligibility is determined by applying the average cost of benefits per eligible participants for self-insured benefits to the accumulated eligibility periods.

Depreciation - Property and equipment is stated at cost less accumulated depreciation. Depreciation is computed on the straight-line method at rates calculated to expense the assets over their estimated useful lives. Depreciation expense for the years ended June 30, 2025 and 2024 was \$4,510 and \$3,971, respectively.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are reported as deductions in the accompanying statements of changes in net assets available for benefits and benefit obligations. The Plan shares certain administrative expenses with a related benefit fund and the Union in accordance with a time allocation study.

Operating Leases - The Plan has elected, for all underlying classes of assets, to not recognize right of use assets and lease liabilities for leases obligations that are not material to the financial statements and therefore related disclosures under accounting standards for these leases are not included in the financial statements. The Plan recognizes lease expenses associated with immaterial leases as incurred over the lease term.

NOTE 3. TAX STATUS

The Plan has received an exemption letter from the Internal Revenue Service (IRS) stating that the trust established under the Plan was in compliance with the applicable requirements of Section 501(c)(9) of the Internal Revenue Code (IRC). The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Trustees believe that the Plan, as amended, is operating in compliance with the applicable requirements of the IRC and, therefore, believe that the related trust was tax-exempt as of the financial statement date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025 and 2024, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.



NOTE 4. UNINSURED CASH BALANCES

The Federal Deposit Insurance Corporation (FDIC) insurance limit is \$250,000 per institution. Financial instruments that potentially subject the Plan to concentration of credit risk consist principally of cash held in a high-quality financial institution. The balance at times may exceed FDIC insured amounts. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk.

NOTE 5. PROPERTY AND EQUIPMENT

Property and equipment used in operation consist of the following:

<u>Depreciable Asset Classes</u>	June 30,	
	<u>2025</u>	<u>2024</u>
Furniture and fixtures	\$ 3,787	\$ 3,787
Leasehold improvement	48,818	41,130
Computer system	<u>118,151</u>	<u>116,640</u>
	170,756	161,557
Less: accumulated depreciation	<u>136,889</u>	<u>132,379</u>
Net property and equipment	<u>\$ 33,867</u>	<u>\$ 29,178</u>

NOTE 6. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). 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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

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 maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

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

Cash equivalents - Cash equivalents consist of a money market fund that is valued at cost, which approximates fair value.

U.S. Government securities - Valued at the closing price reported in the active market in which the individual securities are traded.

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

Mutual fund - Valued at the daily closing price reported in the active market in which the fund is traded. The mutual fund held by the Plan is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Collective trust fund - Valued at the NAV per share at year end as reported by the collective trust (Trust). The NAV, as provided by the Trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the Trust.

Stable value fund - Valued at contributions made plus interest earned at the contract value rate, less withdrawals and administrative charges. The fair value approximates contract value as estimated by the insurance company.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

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. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

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

Description	Assets at Fair Value as of June 30, 2025			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 483,237	\$ 483,237	\$ -	\$ -
U.S. Government securities	1,721,605	1,721,605	-	-
Corporate bonds	1,910,918	-	1,910,918	-
Municipal bonds	74,849	-	74,849	-
Stable value fund	1,983,498	-	-	1,983,498
Mutual fund	<u>9,842,800</u>	<u>9,842,800</u>	-	-
Total assets in fair value hierarchy	16,016,907	<u>\$ 12,047,642</u>	<u>\$ 1,985,767</u>	<u>\$ 1,983,498</u>
Investment measured at NAV*	<u>20,698,614</u>			
Total assets at fair value	<u>\$ 36,715,521</u>			

Description	Assets at Fair Value as of June 30, 2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 1,402,479	\$ 1,402,479	\$ -	\$ -
U.S. Government securities	1,869,872	1,869,872	-	-
Corporate bonds	1,756,708	-	1,756,708	-
Municipal bonds	88,270	-	88,270	-
Stable value fund	1,902,960	-	-	1,902,960
Mutual fund	<u>8,949,090</u>	<u>8,949,090</u>	-	-
Total assets in fair value hierarchy	15,969,379	<u>\$ 12,221,441</u>	<u>\$ 1,844,978</u>	<u>\$ 1,902,960</u>
Investment measured at NAV*	<u>19,134,927</u>			
Total assets at fair value	<u>\$ 35,104,306</u>			

*In accordance with accounting standards, investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits and benefit obligations.



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate NAV

The table below summarizes investments measured at fair value based on NAV per share as of June 30, 2025 and 2024. The investment funds file U.S. Department of Labor Form 5500 as a Direct Filing Entity (DFE). Accordingly, disclosure of the significant investment strategy for this investment is not required. There were no unfunded commitments towards this investment fund at June 30, 2025 and 2024.

<u>Description</u>	<u>Fair Value</u> <u>June 30, 2025</u>	<u>Fair Value</u> <u>June 30, 2024</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice Period</u>
Collective Trust Fund				
Longview Broad Market 3000 Index Fund	\$ 20,698,614	\$ 19,134,927	Daily	Daily

NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office space and administration with its affiliated Local 1205 Pension Fund (Pension Fund) and sponsoring Union. As part of a cost sharing agreement, the Pension Fund acts as a paying agent for certain common administrative expenses. Consequently, the Plan reimburses the Pension Fund for its estimated allocable share of these common administrative expenses as determined by the Trustees. Allocable administrative expenses include payroll and payroll related costs as well as other administrative expenses. For the years ended June 30, 2025 and 2024, reimbursable expenses totaled \$384,433 and \$363,115, respectively. Amounts due from (to) the Pension Fund totaled \$33 and \$(5,433) at June 30, 2025 and 2024, respectively. These amounts were subsequently settled.

The Plan, its sponsoring Union, and the Pension Fund shares office space at 246 Conklin Street, Farmingdale NY, 11735. The Plan remits payments to the 1205 Building Corporation, a wholly owned subsidiary of the Union, for its share of occupancy and other costs as specified in the cost sharing agreement. Payments made to the Local 1205 Building Corporation totaled \$67,359 and \$55,648 for the years ended June 30, 2025 and 2024, respectively. Prepaid expenses totaled \$6,129 and \$6,419 at June 30, 2025 and 2024, respectively.

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.



NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of benefits paid from the financial statements to the Form 5500 for the years ended June 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Benefits paid per the financial statements	\$ 20,521,237	\$ 20,192,326
Add: benefit obligations at June 30, 2025 and 2024	5,211,212	4,835,395
Less: benefit obligations at June 30, 2024 and 2023	<u>(4,835,395)</u>	<u>(4,418,527)</u>
Benefits paid per the Form 5500	<u>\$ 20,897,054</u>	<u>\$ 20,609,194</u>

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended June 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Total additions per the financial statements	\$ 22,354,477	\$ 22,484,644
Add: investment expenses	<u>43,469</u>	<u>40,890</u>
Total income per the Form 5500	<u>\$ 22,397,946</u>	<u>\$ 22,525,534</u>

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended June 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Total deductions per the financial statements	\$ 21,280,394	\$ 20,923,500
Add: investment expenses	43,469	40,890
Add: change in benefit obligations	<u>375,816</u>	<u>416,869</u>
Total expenses per the Form 5500	<u>\$ 21,699,679</u>	<u>\$ 21,381,259</u>

NOTE 9. PRIORITIES UPON TERMINATION OF THE PLAN

Although they have not expressed any intention to do so, the Plan's Trustees, as Plan Sponsor, have the right under the Plan to modify the benefits provided to active employees and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, the Trustees shall pay or provide for the payment of any and all obligations of the Plan and shall distribute and apply any remaining surplus in such manner as will, in their opinion, best effectuate the purpose of the Plan. In no event shall any surplus be used for or diverted to purposes other than the exclusive benefit of participants or the administrative expenses of the Plan.



NOTE 10. RISK 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 and to uncertainties in estimates and assumptions, it is at least reasonably possible that changes in the values of such investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and benefit obligations.

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.

NOTE 11. PARTICIPATION IN MULTIEMPLOYER PLAN

The Plan's office employees, which it shares with another affiliated benefit fund, are covered by a multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If an employer chooses to stop participating in this multiemployer plan, the employer may be required to pay an amount, referred to as a withdrawal liability, based on the under-funded status of the plan.

The Plan's participation in this multiemployer plan for the years ended June 30, 2025 and 2024 is outlined in the table on the next page. The "EIN" and "Pension Plan Number" rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2025 and 2024 is for the multiemployer plan's year ends at December 31, 2025 and 2024, respectively. The zone status is based on information that the Plan received from the multiemployer plan and is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status row indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" row indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2025 and 2024 contributions. Contributions reported in the table on the next page represent the Plan's proportionate share of the contributions made to this multiemployer plan.



NOTE 11. PARTICIPATION IN MULTIEMPLOYER PLAN (CONTINUED)

Legal Name of Plan:	Local 1205 Pension Fund
EIN:	11-1880353
Pension Plan Number:	001
PPA Zone Status:	
2025	Neither endangered or critical (Green)
2024	Neither endangered or critical (Green)
FIP / RP Status:	N/A
Contributions:	
Year ended June 30, 2025	\$34,093
Year ended June 30, 2024	\$33,729
Surcharge Imposed:	N/A

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date.

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through January 29, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION





275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
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LOCAL 1205 WELFARE FUND
TRADE DATE
AS OF 06/30/25

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ACCOUNT NUMBER:

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
COLLATERALIZED MORT BACKED OBLIGATION FHLMC MULTIFAMILY CMO 2.875% 04/25/26	98.92	65,000.00	64,309.37	64,309.37	64,298.40	-10.97	-10.97
TOTAL FOR COLLATERALIZED MORT		65,000.00	64,309.37	64,309.37	64,298.40	-10.97	-10.97
COMMON/COLLECTIVE INVESTMENT FUNDS LONGVIEW BROAD MARKET 3000 INDEX FUND	489.29	42,303.37	17,956,634.18	17,157,843.40	20,698,613.58	2,741,979.40	3,540,770.18
TOTAL FOR COMMON/COLLECTIVE IN		42,303.37	17,956,634.18	17,157,843.40	20,698,613.58	2,741,979.40	3,540,770.18
CORPORATE ABS							
BOJANGLES ISSUER LLC 6.584% 11/20/2054	101.94	40,000.00	40,000.00	40,000.00	40,776.13	776.13	776.13
BUNDT 2024-1A A2 6.75% 07/30/2054	101.86	39,800.00	40,289.86	39,800.00	40,539.19	249.33	739.19
CARMAX AUTO OWN TR 1.00% 03/15/2027	98.93	25,000.00	23,601.89	22,525.39	24,731.37	1,129.48	2,205.98
CARMAX AUTO OWNER 5.65% 05/17/2027	100.25	4,431.57	4,437.96	4,437.96	4,442.70	4.74	4.74
CYRUSONE DATA CENTERS 5.56% 11/20/2048	101.43	25,000.00	24,417.62	23,181.89	25,357.81	940.19	2,175.92
DLLAD LLC 5.3% 07/20/2029	101.98	9,000.00	9,030.52	8,998.23	9,177.94	147.42	179.71
MMAF EQUIP FIN 5.54% 10/13/2029	101.84	27,000.00	27,193.60	26,994.52	27,496.81	303.21	502.29
MVW OWN TR 2021-1WA 1.14% 01/22/2041	95.80	20,281.79	18,929.29	19,191.63	19,429.67	500.38	238.04
PEAC SOLUTIONS 5.79% 06/21/2027	100.77	27,456.25	27,453.28	27,453.28	27,668.18	214.90	214.90
SERVICE EXPERTS ISSUER 2.67% 02/02/2032	97.46	28,765.34	27,191.99	27,504.23	28,033.36	841.37	529.13
SMB PRIVATE EDU LN TR 5.43% 03/15/2056	101.68	85,226.50	84,863.58	83,717.99	86,661.08	1,797.50	2,943.09
SUBWAY FDG LLC 5.914% 07/30/2054	98.91	24,875.00	24,875.00	24,875.00	24,604.94	-270.06	-270.06
SWTCH 2024-1A A2 6.28% 03/25/2054	101.99	25,000.00	25,081.38	24,780.60	25,497.98	416.60	717.38
TOYOTA AUTO REV OWNR 5.16% 04/17/2028	100.54	11,688.68	11,671.79	11,671.79	11,751.88	80.09	80.09
ZAYO ISSUER 2025-1 5.648% 03/20/2055	102.09	40,000.00	40,000.00	40,000.00	40,834.71	834.71	834.71
TOTAL FOR CORPORATE ABS		433,525.11	429,037.76	425,132.51	437,003.75	7,965.99	11,871.24
CORPORATE BONDS							
ALBEMARLE CORP SR NT 4.65% 06/01/2027	99.65	50,000.00	49,195.00	49,954.00	49,825.50	630.50	-128.50
AMERICAN ELEC PWR 5.699% 08/15/2025	100.08	15,000.00	15,011.85	14,932.80	15,011.85	0.00	79.05
AMPHENOL CORP 2.8% 02/15/2030	93.82	50,000.00	44,511.50	48,692.50	46,909.50	2,398.00	-1,783.00
ATHENE GLOBAL FDG 5.349% 07/09/2027	101.55	35,000.00	35,000.00	35,000.00	35,543.55	543.55	543.55
EATON CORP 4% 11/02/2032	96.67	100,000.00	93,154.00	102,328.54	96,672.00	3,518.00	-5,656.54
INTEL CORP 4% 12/15/2032	93.74	100,000.00	91,932.00	99,227.60	93,737.00	1,805.00	-5,490.60



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LOCAL 1205 WELFARE FUND
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ACCOUNT NUMBER:

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
CORPORATE BONDS (CONT.)							
JANUS HENDERSON 5.45% 09/10/2034	99.19	39,000.00	38,898.99	38,898.99	38,685.66	-213.33	-213.33
JONES LANG LASALLE 6.875% 12/01/2028	107.31	9,000.00	9,473.58	8,931.24	9,657.63	184.05	726.39
LEIDOS INC SR GLBL NT 5.75% 03/15/2033	104.18	35,000.00	35,305.55	34,753.95	36,463.00	1,157.45	1,709.05
LOWE'S COS INC 2.5% 04/15/2026	98.50	50,000.00	47,623.50	45,266.00	49,251.50	1,628.00	3,985.50
MAIN STR CAP CORP 6.5% 06/04/2027	102.24	8,000.00	8,006.08	7,983.44	8,179.36	173.28	195.92
MUTUAL OF OMAHA COS 5.45% 12/12/2028	102.80	30,000.00	30,146.10	29,975.40	30,841.20	695.10	865.80
NMI HLDGS INC 6.00% 08/15/2029	102.61	10,000.00	9,908.80	9,875.40	10,261.00	352.20	385.60
NORTHWESTERN MUTUAL 4.11% 09/12/2027	99.91	40,000.00	39,998.80	39,998.80	39,964.40	-34.40	-34.40
NUCOR CORP 2.7% 06/01/30	92.26	75,000.00	66,267.00	82,268.75	69,192.75	2,925.75	-13,076.00
RAYTHEON TECH CORP 3.125% 05/04/27	98.04	40,000.00	37,911.60	39,479.20	39,214.00	1,302.40	-265.20
SAMMONS FINANCIAL GROUP 5.1% 12/10/2029	102.14	35,000.00	34,983.20	34,983.20	35,749.70	766.50	766.50
US BANCORP 6.00% 02/28/2035	100.70	50,000.00	50,000.00	50,000.00	50,350.00	350.00	350.00
WALT DISNEY COMPANY 2% 09/01/202	91.82	75,000.00	65,185.50	76,852.50	68,865.00	3,679.50	-7,987.50
WASTE MANAGEMENT INC 3.15% 11/15/2027	97.97	20,000.00	18,875.20	19,321.20	19,593.60	718.40	272.40
TOTAL FOR CORPORATE BONDS		866,000.00	821,388.25	868,723.51	843,968.20	22,579.95	-24,755.31
CORPORATE VARIABLE RATE CMO							
CHASE HM LENDING MTG VAR 05/25/2055	100.86	19,532.70	19,464.35	19,465.97	19,701.28	236.93	235.31
FRESB TR 2018-SB55 A-10F VAR 09/25/2028	98.82	53,973.07	51,949.09	51,949.09	53,336.59	1,387.50	1,387.50
J P MORGAN MTG TR VAR 04/25/2055	99.38	34,325.00	33,649.24	33,649.24	34,113.15	463.91	463.91
J.P. MORGAN MORTGAGE VAR 06/25/2054	100.87	18,908.33	18,793.88	18,881.36	19,073.16	279.28	191.80
RADIAN MTG CAPITA 2025-J1 VAR 07/25/2055	99.38	96,404.65	94,551.88	94,551.88	95,809.64	1,257.76	1,257.76
TOTAL FOR CORPORATE VARIABLE R		223,143.76	218,408.44	218,497.54	222,033.82	3,625.38	3,536.28
FED HOME LOAN MORTGAGE ASSOC GOLD POOLS							
FHLMC GOLD POOL#A8-0399 5.00% 06/01/2037	101.48	10,943.94	10,808.86	10,588.26	11,106.39	297.53	518.13
TOTAL FOR FED HOME LOAN MORTGA		10,943.94	10,808.86	10,588.26	11,106.39	297.53	518.13
FED HOME LOAN MORTGAGE ASSOC POOLS							
FHLMC POOL #WN-2387 5.13% 02/01/2033	101.30	50,000.00	49,890.63	48,716.80	50,648.44	757.81	1,931.64



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ACCOUNT NUMBER:

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
FED HOME LOAN MORTGAGE ASSOC POOLS (CONT.)							
FHLMC POOL #WN-2485 5.29% 09/01/2028	101.45	72,446.64	71,801.41	71,807.08	73,499.38	1,697.97	1,692.30
TOTAL FOR FED HOME LOAN MORTGA		122,446.64	121,692.04	120,523.88	124,147.82	2,455.78	3,623.94
FEDERAL HOME LOAN MORT CORP REMIC							
FHLMC REMIC SERIES 3.00% 10/15/2026	99.20	5,851.97	5,725.51	5,851.97	5,805.35	79.84	-46.62
TOTAL FOR FEDERAL HOME LOAN MO		5,851.97	5,725.51	5,851.97	5,805.35	79.84	-46.62
FEDL NATIONAL MORTGAGE ASSOC REMIC							
FNMA REMIC 2025-41 5.00% 04/25/2052	99.56	39,280.89	38,753.05	38,753.05	39,106.79	353.74	353.74
FNMA REMIC TRUST 5.5% 07/25/2047	102.17	33,120.18	33,120.17	33,120.17	33,839.88	719.71	719.71
TOTAL FOR FEDL NATIONAL MORTGA		72,401.07	71,873.22	71,873.22	72,946.67	1,073.45	1,073.45
FEDL NATIONAL MORTGAGE ASSOCIATION POOLS							
FNMA POOL #725598 5.5% 07/01/2034	102.70	5,059.96	5,078.15	4,971.40	5,196.74	118.59	225.34
FNMA POOL #AL9264 4.0% 10/01/2036	98.17	6,399.41	6,135.43	6,016.71	6,282.42	146.99	265.71
TOTAL FOR FEDL NATIONAL MORTGA		11,459.38	11,213.58	10,988.11	11,479.16	265.58	491.05
FHLMC REMIC (VARIABLE RATE)							
FHLMC REMIC SERIES VAR 07/25/2033	97.20	38,000.00	35,879.21	36,062.38	36,936.74	1,057.53	874.36
FHLMC REMIC SERIES VAR 08/15/2026	99.57	10,026.01	10,543.22	10,543.22	9,983.37	-559.85	-559.85
FHLMC REMIC SERIES VAR 12/25/2032	101.66	33,876.61	33,423.28	32,925.76	34,440.30	1,017.02	1,514.54
TOTAL FOR FHLMC REMIC (VARIABLE)		81,902.62	79,845.71	79,531.36	81,360.41	1,514.70	1,829.05
FLOATING RATE CORPORATE BONDS							
ALLY FINL INC VAR 01/17/2031	101.41	40,000.00	40,000.00	40,000.00	40,562.00	562.00	562.00
CAPITAL ONE FINL VAR 01/30/2036	101.81	40,000.00	40,000.00	40,000.00	40,722.00	722.00	722.00
CITIGROUP INC SR VAR 02/13/2030	102.02	11,000.00	10,935.98	11,000.00	11,222.53	286.55	222.53
FIFTH THIRD BANCORP VAR 09/06/2030	101.11	10,000.00	10,000.00	10,000.00	10,110.90	110.90	110.90
GENERAL MTRS FINL VAR 01/07/2030	97.78	19,000.00	19,000.00	19,000.00	18,577.82	-422.18	-422.18
HOMESTREET INC SUB VAR 01/30/2032	74.94	50,000.00	32,647.50	47,125.00	37,471.50	4,824.00	-9,653.50
HYUNDAI CAP AMER VAR 03/25/2027	99.84	40,000.00	40,000.00	40,000.00	39,935.60	-64.40	-64.40
MORGAN STANLEY SR VAR 05/30/2030	100.23	39,000.00	39,000.00	39,000.00	39,090.09	90.09	90.09
SYNCHRONY FINANCIAL VAR 03/06/2031	100.87	35,000.00	35,000.00	35,000.00	35,305.20	305.20	305.20



275 7th Avenue
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YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 WELFARE FUND
TRADE DATE
AS OF 06/30/25

PAGE 54

ACCOUNT NUMBER:

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
FLOATING RATE CORPORATE BONDS (CONT.)							
TD SYNEX CORPORATION CR VAR 08/09/2026	96.69	20,000.00	19,115.80	19,115.80	19,337.20	221.40	221.40
TOTAL FOR FLOATING RATE CORPOR		304,000.00	285,699.28	300,240.80	292,334.84	6,635.56	-7,905.96
FOREIGN CORPORATE BONDS							
ATHENE HOLDING LTD 5.875% 01/15/2034	103.56	11,000.00	10,884.28	10,799.14	11,391.49	507.21	592.35
NXP B V / NXP FDG LLC 5.00% 01/15/2033	99.72	40,000.00	39,003.20	39,880.40	39,887.60	884.40	7.20
TOTAL FOR FOREIGN CORPORATE BO		51,000.00	49,887.48	50,679.54	51,279.09	1,391.61	599.55
GOVERNMENT AGENCIES							
FFCB 4.09% 05/03/2032	96.99	50,000.00	46,956.50	49,875.00	48,496.00	1,539.50	-1,379.00
FHLMC 0.65% 10/27/2025	98.81	25,000.00	23,558.00	22,774.75	24,702.00	1,144.00	1,927.25
TOTAL FOR GOVERNMENT AGENCIES		75,000.00	70,514.50	72,649.75	73,198.00	2,683.50	548.25
GOVT NATIONAL MORTGAGE ASSOC I POOLS							
GNMA PL #510585 4.500% 2/15/35	98.78	594.97	578.89	588.36	587.72	8.83	-0.64
GNMA PL #520826 5.5% 03/15/2035	101.91	304.33	309.84	314.67	310.13	0.29	-4.54
GNMA PL #552311 6.000% 1/15/32	103.55	375.06	383.80	373.54	388.36	4.56	14.82
GNMA PL #555660 6.000% 1/15/32	101.48	175.43	179.02	182.85	178.04	-0.98	-4.81
GNMA PL #565112 6.000% 11/15/32	101.78	416.08	420.88	429.49	423.49	2.61	-6.00
GNMA PL #569239 6.000% 3/15/32	100.63	514.00	521.95	514.08	517.21	-4.74	3.13
GNMA PL #579538 6.000% 3/15/32	102.20	217.46	220.86	238.49	222.25	1.39	-16.24
GNMA PL #580985 6.000% 2/15/32	100.88	70.10	70.75	69.57	70.72	-0.03	1.15
GNMA PL #582097 6.000% 4/15/32	100.45	39.07	39.79	40.33	39.25	-0.54	-1.08
GNMA PL #582382 6.000% 11/15/32	102.00	578.84	581.92	594.15	590.42	8.50	-3.73
GNMA PL #584244 6.000% 4/15/32	101.17	416.58	420.16	412.86	421.46	1.30	8.60
GNMA PL #586535 6.000% 3/15/32	104.36	187.42	193.55	196.29	195.59	2.04	-0.70
GNMA PL #587074 6.000% 5/15/32	105.16	189.23	196.07	189.78	198.98	2.91	9.20
GNMA PL #599395 5.000% 6/15/34	100.03	2,930.35	2,930.82	2,888.18	2,931.27	0.45	43.09
GNMA PL #613033 5.000% 9/15/33	100.27	1,085.41	1,075.41	1,102.41	1,088.30	12.89	-14.11
GNMA PL #617518 5.5% 05/15/37	102.23	581.79	587.34	639.04	594.79	7.45	-44.25
GNMA PL #618318 5.00% 03/15/36	100.78	1,577.69	1,586.56	1,557.94	1,590.01	3.45	32.07
GNMA PL #634507 5.5% 07/15/38	103.31	1,003.85	1,015.93	1,041.91	1,037.11	21.18	-4.80
GNMA PL #640915 5.0% 05/15/2035	100.23	639.46	630.57	680.40	640.96	10.39	-39.44
GNMA PL #641944 5.000% 5/15/35	99.66	155.73	153.74	155.90	155.19	1.45	-0.71
GNMA PL #648526 5.00% 12/15/2035	100.34	314.84	310.82	310.03	315.92	5.10	5.89
GNMA PL #651683 4.500% 01/15/36	98.61	1,269.06	1,235.35	1,218.92	1,251.41	16.06	32.49
GNMA PL #657368 5.500% 02/15/37	103.83	2,170.69	2,210.04	2,371.98	2,253.79	43.75	-118.19
GNMA PL #663814 5.50% 02/15/37	103.31	933.73	950.66	961.72	964.66	14.00	2.94



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SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 WELFARE FUND
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ACCOUNT NUMBER:

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
GOVT NATIONAL MORTGAGE ASSOC I POOLS (CONT.)							
GNMA PL #668613 5.0% 05/15/38	101.17	805.36	808.00	849.20	814.79	6.79	-34.41
GNMA PL #670370 5.00% 11/15/37	101.56	11,831.58	12,031.25	11,932.61	12,016.44	-14.81	83.83
GNMA PL #675072 5.00% 01/15/2038	101.33	205.30	205.97	222.10	208.03	2.06	-14.07
GNMA PL #676357 5.00% 10/15/2037	101.25	801.54	805.18	800.21	811.56	6.38	11.35
GNMA PL #677176 5.5% 06/15/38	103.97	2,344.28	2,386.76	2,428.78	2,437.31	50.55	8.53
GNMA PL #679494 5.00% 01/15/38	101.31	658.65	656.82	702.96	667.30	10.48	-35.66
GNMA PL #687827 5.5% 08/15/38	103.45	647.25	659.00	658.47	669.60	10.60	11.13
GNMA PL #690950 5.00% 06/15/2038	100.44	954.52	942.88	985.88	958.70	15.82	-27.18
GNMA PL #696009 5.00% 07/15/38	101.20	616.15	618.93	642.91	623.56	4.63	-19.35
GNMA PL #696494 5.00% 08/15/38	100.41	2,774.73	2,746.55	2,684.86	2,786.00	39.45	101.14
GNMA PL #704058 5.00% 11/15/38	100.44	1,230.94	1,215.77	1,259.30	1,236.33	20.56	-22.97
GNMA PL #706707 5% 02/15/2039	101.16	1,495.50	1,498.54	1,612.26	1,512.79	14.25	-99.47
GNMA PL #710182 5% 03/15/39	100.81	840.58	837.17	906.88	847.41	10.24	-59.47
GNMA PL #712415 5% 05/15/39	100.80	341.73	338.74	375.66	344.45	5.71	-31.21
GNMA PL #714189 5% 03/15/39	101.30	1,046.76	1,049.54	1,198.88	1,060.34	10.80	-138.54
GNMA PL #745133 4.5% 06/15/40	97.41	1,006.70	968.66	1,062.13	980.59	11.93	-81.54
GNMA PL #754058 4.5% 06/15/2041	97.81	1,839.66	1,785.34	1,958.99	1,799.41	14.07	-159.58
GNMA PL #774768 4% 12/15/2041	94.11	10,777.80	10,028.42	11,559.21	10,142.92	114.50	-1,416.29
GNMA PL #781419 7.500% 03/15/32	106.78	43.57	47.23	45.99	46.53	-0.70	0.54
GNMA PL #782200 5.00% 10/15/2037	101.19	3,423.63	3,435.40	3,466.61	3,464.28	28.88	-2.33
GNMA PL #782262 5.5% 02/15/38	103.30	2,567.93	2,614.07	2,747.57	2,652.60	38.53	-94.97
GNMA PL #782694 5% 06/15/39	101.30	429.79	430.13	464.47	435.36	5.23	-29.11
GNMA POOL #691777X 5.00% 07/15/2038	101.33	5,920.96	5,942.24	6,467.55	5,999.60	57.36	-467.95
TOTAL FOR GOVT NATIONAL MORTGA		69,346.11	68,857.31	72,106.37	69,482.93	625.62	-2,623.44
GOVT NATIONAL MORTGAGE ASSOC REMIC							
GNMA REMIC 2024-097 3.00% 06/20/2054	93.11	33,990.78	30,198.68	30,198.68	31,647.17	1,448.49	1,448.49
GNMA REMIC TRUST 1.25% 06/16/2062	62.09	12,327.64	8,113.13	8,113.13	7,654.59	-458.54	-458.54
GNMA REMIC TRUST 1.25% 12/16/2062	71.42	4,359.87	3,158.20	3,158.20	3,113.69	-44.51	-44.51
GNMA REMIC TRUST 4.5% 02/20/2052	98.19	28,323.75	27,130.11	26,511.02	27,811.21	681.10	1,300.19
GNMA REMIC TRUST 5.25% 09/20/2053	102.59	24,017.25	24,002.24	24,002.24	24,638.87	636.63	636.63
GNMA REMIC TRUST 5.5% 04/20/2034	100.89	13,132.58	13,182.65	12,968.42	13,249.56	66.91	281.14
GNMA REMIC TRUST 5.5% 08/20/2033	100.22	13,566.86	13,547.35	13,438.67	13,597.31	49.96	158.64
GNMA REMIC TRUST 5.5% 11/20/2034	101.60	9,840.39	9,874.70	9,743.96	9,997.75	123.05	253.79
GNMA REMIC TRUST 6.00% 08/20/2038	100.05	19,648.99	19,679.26	19,517.92	19,659.00	-20.26	141.08
TOTAL FOR GOVT NATIONAL MORTGA		159,208.12	148,886.32	147,652.24	151,369.15	2,482.83	3,716.91
GOVT NATIONAL MORTGAGE ASSOC REMIC(VAR)							



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SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 WELFARE FUND
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ACCOUNT NUMBER:

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
GOVT NATIONAL MORTGAGE ASSOC REMIC(VAR) (CONT.)							
GNMA REMIC TRUST VAR 05/16/2026	99.91	7,476.51	7,455.99	7,310.35	7,469.47	13.48	159.12
TOTAL FOR GOVT NATIONAL MORTGA		7,476.51	7,455.99	7,310.35	7,469.47	13.48	159.12
MUNICIPAL BONDS							
PENNSYLVANIA ST UNIV 1.645% 09/01/2025	99.57	25,000.00	23,985.00	23,733.25	24,892.00	907.00	1,158.75
TEXAS ST PUB FAC AUTH 3.295% 10/01/2025	99.72	25,000.00	24,452.25	25,204.50	24,930.50	478.25	-274.00
TOTAL FOR MUNICIPAL BONDS		50,000.00	48,437.25	48,937.75	49,822.50	1,385.25	884.75
MUNICIPAL SINKING FUND							
PLYMOUTH-CANTON MICH 5.4% 05/01/2027	100.11	25,000.00	24,902.25	24,902.25	25,026.75	124.50	124.50
TOTAL FOR MUNICIPAL SINKING FU		25,000.00	24,902.25	24,902.25	25,026.75	124.50	124.50
SHORT TERM INVESTMENT FUNDS							
DREYFUS GOVERNMENT CASH MGMT	1.00	163,016.03	163,016.03	163,016.03	163,016.03	0.00	0.00
DREYFUS TREASURY & AGENCY CASH MGMT	1.00	210,701.71	210,701.71	210,701.71	210,701.71	0.00	0.00
TOTAL FOR SHORT TERM INVESTMEN		373,717.74	373,717.74	373,717.74	373,717.74	0.00	0.00
U.S. TREASURY BILLS							
US TREASURY BILL 08/07/2025	99.56	110,000.00	109,424.52	109,424.52	109,519.30	94.78	94.78
TOTAL FOR U.S. TREASURY BILLS		110,000.00	109,424.52	109,424.52	109,519.30	94.78	94.78
U.S. TREASURY NOTES							
U.S. TREASURY NOTES 2.875% 07/31/2025	99.88	5,000.00	4,884.75	4,982.74	4,993.75	109.00	11.01
U.S. TREASURY NOTE 1.25% 08/15/2031	85.55	50,000.00	40,578.00	49,885.94	42,773.50	2,195.50	-7,112.44
U.S. TREASURY NOTE 3.25% 06/30/2029	98.17	20,000.00	19,567.19	19,567.19	19,634.40	67.21	67.21
U.S. TREASURY NOTE 4.00% 02/15/2034	98.96	20,000.00	19,696.09	19,696.09	19,791.40	95.31	95.31
U.S. TREASURY NOTE 4.125% 11/15/2032	100.69	35,000.00	34,410.60	35,693.17	35,241.85	831.25	-451.32
U.S. TREASURY NOTES 0.625% 05/15/30	86.04	20,000.00	16,166.40	19,881.25	17,207.80	1,041.40	-2,673.45
U.S. TREASURY NOTES 1.5% 08/15/2026	97.32	100,000.00	93,578.00	97,742.58	97,316.00	3,738.00	-426.58
U.S. TREASURY NOTES 1.625% 02/15/2026	98.43	65,000.00	61,742.20	65,727.60	63,978.85	2,236.65	-1,748.75
U.S. TREASURY NOTES 1.625% 05/15/2026	97.92	85,000.00	80,251.90	84,561.99	83,235.40	2,983.50	-1,326.59



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SCHEDULE OF ASSETS HELD FOR
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ACCOUNT NUMBER:

EMPLOYER ID: NOT SUPPLIED

ASSETS HELD AT THE END OF THE PLAN YEAR

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
U.S. TREASURY NOTES (CONT.)							
U.S. TREASURY NOTES 1.625% 08/15/2029	92.09	50,000.00	43,814.50	50,161.33	46,043.00	2,228.50	-4,118.33
U.S. TREASURY NOTES 2.25% 08/15/2027	97.00	25,000.00	23,358.50	24,821.87	24,250.00	891.50	-571.87
U.S. TREASURY NOTES 2.25% 11/15/2027	96.70	50,000.00	46,511.50	48,763.87	48,349.50	1,838.00	-414.37
U.S. TREASURY NOTES 2.375% 05/15/2027	97.53	70,000.00	65,926.00	67,346.15	68,268.90	2,342.90	922.75
U.S. TREASURY NOTES 2.625% 02/15/2029	96.30	25,000.00	23,175.75	24,990.43	24,075.25	899.50	-915.18
U.S. TREASURY NOTES 2.75% 02/15/2028	97.62	115,000.00	108,895.94	113,910.16	112,264.15	3,368.21	-1,646.01
U.S. TREASURY NOTES 3.875% 08/15/2034	97.64	25,000.00	25,042.97	25,042.97	24,409.25	-633.72	-633.72
US TREASURY NOTE 3.875% 08/15/2033	98.48	25,000.00	24,050.75	24,293.95	24,619.25	568.50	325.30
US TREASURY NOTES 0.875% 11/15/2030	85.78	35,000.00	28,310.45	33,764.84	30,021.95	1,711.50	-3,742.89
US TREASURY NOTES 1.125% 02/15/2031	86.52	180,000.00	147,198.60	176,295.06	155,741.40	8,542.80	-20,553.66
US TREASURY NOTES 4.00% 07/31/2030	100.87	35,000.00	34,332.90	34,335.55	35,304.85	971.95	969.30
TOTAL FOR U.S. TREASURY NOTES		1,035,000.00	941,492.99	1,021,464.73	977,520.45	36,027.46	-43,944.28
UMBS SECURITIES							
FNMA UMBS POOL #A09777 2.5% 08/01/2027	98.22	5,419.69	5,217.29	5,149.78	5,323.15	105.86	173.37
FNMA UMBS POOL #MA0976 3.5% 02/01/2032	98.05	55,776.32	53,763.14	53,763.14	54,686.94	923.80	923.80
FNMA UMBS POOL #MA5093 5.00% 07/01/2038	100.81	35,566.02	35,265.95	35,566.04	35,855.00	589.05	288.96
FNMA UMBS POOL #MA5444 5.5% 08/01/2054	100.02	13,937.35	13,699.98	13,699.98	13,939.53	239.55	239.55
TOTAL FOR UMBS SECURITIES		110,699.38	107,946.36	108,178.94	109,804.62	1,858.26	1,625.68
US TREASURY INFLATION PROTECTED SECURITI							
U.S. TREASURY BND TIPS 0.625% 2/15/43	74.30	34,879.00	25,326.22	34,383.42	25,914.75	588.53	-8,468.67
TOTAL FOR US TREASURY INFLATIO		34,879.00	25,326.22	34,383.42	25,914.75	588.53	-8,468.67
TOTAL ASSETS		4,340,304.71	22,053,485.13	21,405,511.53	24,889,223.14	2,835,738.01	3,483,711.61



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SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 WELFARE FUND
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ACCOUNT NUMBER:

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
CASH					0.00		
TOTAL MARKET VALUE					24,889,223.14		



LOCAL 1205 WELFARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2025

Attachment to 2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Name: Local 1205 Welfare Fund
Plan Sponsor's Name: Board of Trustees of Local 1205 Welfare Fund

EIN: 11-1586595
PN: 501

(a)	(b) Identify of issuer, borrower, lessor, or similar party	(c) Description of Asset	(d) Cost	(e) Current Value
	NEUBERGER BERMAN	STRATEGIC INCOME FD CL R6	\$ 10,959,601	\$ 9,842,800
	EMPOWER RETIREMENT	PRUDENTIAL FIXED RATE FUND	1,976,412	1,983,498
		INVESTMENTS HELD BY AMALGAMATED BANK	21,405,512	24,889,223
		TOTAL INVESTMENTS	\$ 34,341,525	\$ 36,715,521

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.

Part I Annual Report Identification Information

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

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan LOCAL 1205 WELFARE FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	12/30/1975
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LOCAL 1205 WELFARE FUND 246 CONKLIN STREET FARMINGDALE, NY 11735	2b Employer Identification Number (EIN)	11-1586595
	2c Plan Sponsor's telephone number	(516) 501-1205
	2d Business code (see instructions)	444190

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

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

SIGN HERE	<i>Nelson Nunez</i>	03/13/2026	NELSON NUNEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>J P Carberry</i>	03/13/2026	THOMAS CARBERRY
	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



275 7th Avenue
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YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 WELFARE FUND
TRADE DATE
FROM 07/01/24 TO 06/30/25

PAGE 744
ACCOUNT NUMBER:

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 24,252,256.00

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CATEGORY TOTAL							0	0		



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YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 WELFARE FUND
TRADE DATE
FROM 07/01/24 TO 06/30/25

PAGE 745
ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 24,252,256.00
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CATEGORY TOTAL						0	0	0		



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TRADE DATE
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ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 24,252,256.00

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									5.44%
BUY	07/02/24	07/02/24	9,434.00	1.00	9,434		9,434	9,434		
BUY	07/16/24	07/16/24			181.58		182	182		
BUY	08/01/24	08/01/24	5,992.11	1.00	5,992		5,992	5,992		
BUY	08/13/24	08/13/24			0.31		0	0		
BUY	08/14/24	08/14/24			114.98		115	115		
BUY	09/03/24	09/03/24	6,003.51	1.00	6,004		6,004	6,004		
BUY	09/18/24	09/18/24			115.32		115	115		
BUY	10/01/24	10/01/24	5,648.77	1.00	5,649		5,649	5,649		
BUY	10/15/24	10/15/24			112.16		112	112		
BUY	11/01/24	11/01/24	5,568.09	1.00	5,568		5,568	5,568		
BUY	11/13/24	11/13/24			116.45		116	116		
BUY	12/02/24	12/02/24	5,192.33	1.00	5,192		5,192	5,192		
BUY	12/23/24	12/23/24			113.10		113	113		
BUY	01/03/25	01/03/25	5,213.49	1.00	5,213		5,213	5,213		
BUY	01/15/25	01/15/25			117.17		117	117		
BUY	02/03/25	02/03/25	5,033.62	1.00	5,034		5,034	5,034		
BUY	02/04/25	02/04/25			0.12		0	0		
BUY	02/20/25	02/20/25			118.09		118	118		
BUY	03/03/25	03/03/25	4,533.27	1.00	4,533		4,533	4,533		
BUY	03/18/25	03/18/25			106.94		107	107		
BUY	04/01/25	04/01/25	5,015.43	1.00	5,015		5,015	5,015		
BUY	04/10/25	04/10/25			118.85		119	119		
BUY	05/01/25	05/01/25	4,215.32	1.00	4,215		4,215	4,215		
BUY	05/14/25	05/14/25			100.10		100	100		
BUY	06/02/25	06/02/25	4,300.78	1.00	4,301		4,301	4,301		
BUY	06/13/25	06/13/25			102.61		103	103		
SUB-TOTAL BUYS			TXN CNT:	26			67,567	67,567		
SELL	07/22/24	07/22/24	906.49	1.00	906		906	906		
SELL	10/21/24	10/21/24			616.02		616	616		
SELL	01/23/25	01/23/25			623.34		623	623		
SELL	02/11/25	02/11/25			3.64		4	4		
SELL	04/03/25	04/03/25	200,000.00	1.00	200,000		200,000	200,000		
SELL	04/21/25	04/21/25			629.93		630	630		
SELL	06/05/25	06/05/25	750,000.00	1.00	750,000		750,000	750,000		
SELL	06/27/25	06/27/25	300,000.00	1.00	300,000		300,000	300,000		
SUB-TOTAL SELLS			TXN CNT:	8			1,252,779	1,252,779		
SECURITY TOTAL			TXN CNT:	34			1,320,346	1,320,346		

AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT

12.68%



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ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 24,252,256.00

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
CASH EQUIVALENTS (CONT)											
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT										12.68%
BUY	07/02/24	07/02/24	575.36	1.00	575		575	575			
BUY	07/15/24	07/15/24	5,742.70	1.00	5,743		5,743	5,743			
BUY	07/16/24	07/16/24	1,454.10	1.00	1,454		1,454	1,454			
BUY	07/17/24	07/17/24	382.36	1.00	382		382	382			
BUY	07/18/24	07/18/24	4,157.62	1.00	4,158		4,158	4,158			
BUY	07/22/24	07/22/24	7,545.95	1.00	7,546		7,546	7,546			
BUY	07/23/24	07/23/24	140.73	1.00	141		141	141			
BUY	07/25/24	07/25/24	5,850.50	1.00	5,851		5,851	5,851			
BUY	07/30/24	07/30/24	1,392.50	1.00	1,393		1,393	1,393			
BUY	08/01/24	08/01/24	40,229.67	1.00	40,230		40,230	40,230			
BUY	08/05/24	08/05/24	27,252.20	1.00	27,252		27,252	27,252			
BUY	08/12/24	08/12/24	2,764.70	1.00	2,765		2,765	2,765			
BUY	08/13/24	08/13/24	409.22	1.00	409		409	409			
BUY	08/16/24	08/16/24	1,348.49	1.00	1,348		1,348	1,348			
BUY	08/19/24	08/19/24	5,285.05	1.00	5,285		5,285	5,285			
BUY	08/20/24	08/20/24	3,146.31	1.00	3,146		3,146	3,146			
BUY	08/21/24	08/21/24	3,814.69	1.00	3,815		3,815	3,815			
BUY	08/26/24	08/26/24	4,791.97	1.00	4,792		4,792	4,792			
BUY	08/27/24	08/27/24	130.83	1.00	131		131	131			
BUY	08/28/24	08/28/24	19,791.56	1.00	19,792		19,792	19,792			
BUY	09/03/24	09/03/24	142,101.97	1.00	142,102		142,102	142,102			
BUY	09/04/24	09/04/24	25,148.26	1.00	25,148		25,148	25,148			
BUY	09/11/24	09/11/24	45,255.04	1.00	45,255		45,255	45,255			
BUY	09/16/24	09/16/24	4,663.64	1.00	4,664		4,664	4,664			
BUY	09/17/24	09/17/24	1,483.81	1.00	1,484		1,484	1,484			
BUY	09/18/24	09/18/24	44,601.16	1.00	44,601		44,601	44,601			
BUY	09/20/24	09/20/24	7,830.08	1.00	7,830		7,830	7,830			
BUY	09/23/24	09/23/24	324.46	1.00	324		324	324			
BUY	09/24/24	09/24/24	1,263.53	1.00	1,264		1,264	1,264			
BUY	09/25/24	09/25/24	5,206.67	1.00	5,207		5,207	5,207			
BUY	10/01/24	10/01/24	856.23	1.00	856		856	856			
BUY	10/03/24	10/03/24	35,834.58	1.00	35,835		35,835	35,835			
BUY	10/07/24	10/07/24	99,736.42	1.00	99,736		99,736	99,736			
BUY	10/15/24	10/15/24	3,326.73	1.00	3,327		3,327	3,327			
BUY	10/16/24	10/16/24	3,354.75	1.00	3,355		3,355	3,355			
BUY	10/21/24	10/21/24	7,518.56	1.00	7,519		7,519	7,519			
BUY	10/22/24	10/22/24	1,596.13	1.00	1,596		1,596	1,596			
BUY	10/25/24	10/25/24	4,443.78	1.00	4,444		4,444	4,444			
BUY	10/31/24	10/31/24	1,634.93	1.00	1,635		1,635	1,635			
BUY	11/01/24	11/01/24	36,220.81	1.00	36,221		36,221	36,221			
BUY	11/04/24	11/04/24	3,647.50	1.00	3,648		3,648	3,648			
BUY	11/08/24	11/08/24	30,495.00	1.00	30,495		30,495	30,495			
BUY	11/12/24	11/12/24	362.50	1.00	363		363	363			
BUY	11/13/24	11/13/24	124.65	1.00	125		125	125			



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ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 24,252,256.00

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					12.68%
BUY	11/15/24	11/15/24	8,042.71	1.00	8,043		8,043	8,043		
BUY	11/18/24	11/18/24	5,123.39	1.00	5,123		5,123	5,123		
BUY	11/25/24	11/25/24	9,684.64	1.00	9,685		9,685	9,685		
BUY	12/02/24	12/02/24	4,008.81	1.00	4,009		4,009	4,009		
BUY	12/03/24	12/03/24	1,072.50	1.00	1,073		1,073	1,073		
BUY	12/12/24	12/12/24	3,918.69	1.00	3,919		3,919	3,919		
BUY	12/13/24	12/13/24	124.65	1.00	125		125	125		
BUY	12/16/24	12/16/24	5,974.56	1.00	5,975		5,975	5,975		
BUY	12/17/24	12/17/24	2,170.73	1.00	2,171		2,171	2,171		
BUY	12/18/24	12/18/24	3,788.31	1.00	3,788		3,788	3,788		
BUY	12/20/24	12/20/24	6,484.48	1.00	6,484		6,484	6,484		
BUY	12/23/24	12/23/24	1,276.57	1.00	1,277		1,277	1,277		
BUY	12/26/24	12/26/24	9,834.60	1.00	9,835		9,835	9,835		
BUY	01/02/25	01/02/25	103.90	1.00	104		104	104		
BUY	01/09/25	01/09/25	1,503.29	1.00	1,503		1,503	1,503		
BUY	01/13/25	01/13/25	14,904.77	1.00	14,905		14,905	14,905		
BUY	01/15/25	01/15/25	56,517.52	1.00	56,518		56,518	56,518		
BUY	01/16/25	01/16/25	1,579.94	1.00	1,580		1,580	1,580		
BUY	01/17/25	01/17/25	1,399.59	1.00	1,400		1,400	1,400		
BUY	01/21/25	01/21/25	10,135.50	1.00	10,136		10,136	10,136		
BUY	01/22/25	01/22/25	168.88	1.00	169		169	169		
BUY	01/27/25	01/27/25	8,867.93	1.00	8,868		8,868	8,868		
BUY	01/28/25	01/28/25	400.15	1.00	400		400	400		
BUY	01/31/25	01/31/25	2,353.13	1.00	2,353		2,353	2,353		
BUY	02/07/25	02/07/25	28,536.41	1.00	28,536		28,536	28,536		
BUY	02/10/25	02/10/25	869.70	1.00	870		870	870		
BUY	02/11/25	02/11/25	20,522.00	1.00	20,522		20,522	20,522		
BUY	02/12/25	02/12/25	124,484.06	1.00	124,484		124,484	124,484		
BUY	02/13/25	02/13/25	409.22	1.00	409		409	409		
BUY	02/18/25	02/18/25	19,078.17	1.00	19,078		19,078	19,078		
BUY	02/19/25	02/19/25	93.89	1.00	94		94	94		
BUY	02/21/25	02/21/25	1,079.92	1.00	1,080		1,080	1,080		
BUY	02/25/25	02/25/25	7,626.37	1.00	7,626		7,626	7,626		
BUY	03/03/25	03/03/25	1,279.08	1.00	1,279		1,279	1,279		
BUY	03/05/25	03/05/25	400.15	1.00	400		400	400		
BUY	03/10/25	03/10/25	1,062.75	1.00	1,063		1,063	1,063		
BUY	03/12/25	03/12/25	822.00	1.00	822		822	822		
BUY	03/13/25	03/13/25	25,953.74	1.00	25,954		25,954	25,954		
BUY	03/17/25	03/17/25	6,923.77	1.00	6,924		6,924	6,924		
BUY	03/18/25	03/18/25	4,918.05	1.00	4,918		4,918	4,918		
BUY	03/20/25	03/20/25	4,751.32	1.00	4,751		4,751	4,751		
BUY	03/21/25	03/21/25	2,934.65	1.00	2,935		2,935	2,935		
BUY	03/24/25	03/24/25	30,065.63	1.00	30,066		30,066	30,066		
BUY	03/25/25	03/25/25	39,678.79	1.00	39,679		39,679	39,679		



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ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 24,252,256.00

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
CASH EQUIVALENTS (CONT)											
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT			(CONT)							12.68%
BUY	03/26/25	03/26/25	811.22	1.00	811		811	811			
BUY	04/01/25	04/01/25	580.07	1.00	580		580	580			
BUY	04/07/25	04/07/25	268.00	1.00	268		268	268			
BUY	04/08/25	04/08/25	1,193.88	1.00	1,194		1,194	1,194			
BUY	04/14/25	04/14/25	124.65	1.00	125		125	125			
BUY	04/15/25	04/15/25	4,794.25	1.00	4,794		4,794	4,794			
BUY	04/16/25	04/16/25	1,550.87	1.00	1,551		1,551	1,551			
BUY	04/21/25	04/21/25	13,232.28	1.00	13,232		13,232	13,232			
BUY	04/25/25	04/25/25	12,674.52	1.00	12,675		12,675	12,675			
BUY	04/28/25	04/28/25	1,439.14	1.00	1,439		1,439	1,439			
BUY	05/05/25	05/05/25	1,647.50	1.00	1,648		1,648	1,648			
BUY	05/13/25	05/13/25	124.65	1.00	125		125	125			
BUY	05/15/25	05/15/25	8,959.10	1.00	8,959		8,959	8,959			
BUY	05/16/25	05/16/25	27,441.42	1.00	27,441		27,441	27,441			
BUY	05/19/25	05/19/25	183.64	1.00	184		184	184			
BUY	05/20/25	05/20/25	6,362.19	1.00	6,362		6,362	6,362			
BUY	05/21/25	05/21/25	1,891.51	1.00	1,892		1,892	1,892			
BUY	05/22/25	05/22/25	146.99	1.00	147		147	147			
BUY	05/27/25	05/27/25	11,981.07	1.00	11,981		11,981	11,981			
BUY	06/02/25	06/02/25	129,525.04	1.00	129,525		129,525	129,525			
BUY	06/04/25	06/04/25	260.00	1.00	260		260	260			
BUY	06/11/25	06/11/25	40,150.00	1.00	40,150		40,150	40,150			
BUY	06/12/25	06/12/25	817.50	1.00	818		818	818			
BUY	06/13/25	06/13/25	123.19	1.00	123		123	123			
BUY	06/16/25	06/16/25	6,982.45	1.00	6,982		6,982	6,982			
BUY	06/17/25	06/17/25	1,388.94	1.00	1,389		1,389	1,389			
BUY	06/20/25	06/20/25	5,553.77	1.00	5,554		5,554	5,554			
BUY	06/23/25	06/23/25	1,893.74	1.00	1,894		1,894	1,894			
BUY	06/24/25	06/24/25	208,899.52	1.00	208,900		208,900	208,900			
BUY	06/30/25	06/30/25	325.00	1.00	325		325	325			
SUB-TOTAL BUYS			TXN CNT:	118			1,615,503	1,615,503			
SELL	07/11/24	07/11/24	35,000.00	1.00	35,000		35,000	35,000			
SELL	07/12/24	07/12/24	19,827.50	1.00	19,828		19,828	19,828			
SELL	07/19/24	07/19/24	3,218.88	1.00	3,219		3,219	3,219			
SELL	07/31/24	07/31/24	16,646.87	1.00	16,647		16,647	16,647			
SELL	08/07/24	08/07/24	38,902.32	1.00	38,902		38,902	38,902			
SELL	08/08/24	08/08/24	8,247.56	1.00	8,248		8,248	8,248			
SELL	08/15/24	08/15/24	15,552.87	1.00	15,553		15,553	15,553			
SELL	08/30/24	08/30/24	25,000.00	1.00	25,000		25,000	25,000			
SELL	09/06/24	09/06/24	10,000.00	1.00	10,000		10,000	10,000			
SELL	09/09/24	09/09/24	39,972.00	1.00	39,972		39,972	39,972			
SELL	09/10/24	09/10/24	38,898.99	1.00	38,899		38,899	38,899			



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TRADE DATE
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ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 24,252,256.00

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
CASH EQUIVALENTS (CONT)											
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT										12.68%
SELL	09/12/24	09/12/24	79,998.80	1.00	79,999		79,999	79,999			
SELL	09/13/24	09/13/24	24,875.35	1.00	24,875		24,875	24,875			
SELL	10/18/24	10/18/24	36,055.26	1.00	36,055		36,055	36,055			
SELL	10/28/24	10/28/24	38,407.25	1.00	38,407		38,407	38,407			
SELL	10/30/24	10/30/24	39,225.06	1.00	39,225		39,225	39,225			
SELL	11/20/24	11/20/24	51,600.50	1.00	51,601		51,601	51,601			
SELL	11/21/24	11/21/24	21,055.90	1.00	21,056		21,056	21,056			
SELL	11/22/24	11/22/24	57,925.34	1.00	57,925		57,925	57,925			
SELL	11/26/24	11/26/24	38,381.15	1.00	38,381		38,381	38,381			
SELL	12/04/24	12/04/24	18,552.26	1.00	18,552		18,552	18,552			
SELL	12/05/24	12/05/24	39,937.50	1.00	39,938		39,938	39,938			
SELL	12/10/24	12/10/24	28,140.53	1.00	28,141		28,141	28,141			
SELL	01/07/25	01/07/25	18,908.75	1.00	18,909		18,909	18,909			
SELL	01/08/25	01/08/25	14,767.74	1.00	14,768		14,768	14,768			
SELL	01/30/25	01/30/25	37,919.56	1.00	37,920		37,920	37,920			
SELL	02/03/25	02/03/25	28,741.33	1.00	28,741		28,741	28,741			
SELL	02/14/25	02/14/25	40,000.00	1.00	40,000		40,000	40,000			
SELL	02/20/25	02/20/25	91,933.01	1.00	91,933		91,933	91,933			
SELL	02/28/25	02/28/25	50,000.00	1.00	50,000		50,000	50,000			
SELL	03/06/25	03/06/25	34,755.25	1.00	34,755		34,755	34,755			
SELL	03/19/25	03/19/25	29,729.82	1.00	29,730		29,730	29,730			
SELL	03/27/25	03/27/25	40,000.00	1.00	40,000		40,000	40,000			
SELL	04/30/25	04/30/25	29,330.53	1.00	29,331		29,331	29,331			
SELL	05/01/25	05/01/25	24,637.56	1.00	24,638		24,638	24,638			
SELL	05/02/25	05/02/25	17,196.49	1.00	17,196		17,196	17,196			
SELL	06/10/25	06/10/25	77,909.65	1.00	77,910		77,910	77,910			
SELL	06/25/25	06/25/25	101,537.68	1.00	101,538		101,538	101,538			
SELL	06/26/25	06/26/25	31,819.93	1.00	31,820		31,820	31,820			
SELL	06/27/25	06/27/25	64,433.95	1.00	64,434		64,434	64,434			
SUB-TOTAL SELLS							TXN CNT: 40	1,459,046	1,459,046		
SECURITY TOTAL							TXN CNT: 158	3,074,549	3,074,549		
SECURITY CLASS TOTAL								0	4,394,895	4,394,895	
CATEGORY TOTAL								0	4,394,895	4,394,895	



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 WELFARE FUND
TRADE DATE
FROM 07/01/24 TO 06/30/25

PAGE 751
ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 24,252,256.00

CATEGORY 4 - 5% TRANSACTIONS BY BROKER - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
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