

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: WISCONSIN MASONS 401(K) PLAN AND TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan): THE BOARD OF TRUSTEES OF THE WISCONSIN MASONS 401(K) PLAN AND TRUST
2b Employer Identification Number (EIN): 39-2008571
2c Plan Sponsor's telephone number: 608-278-9505
2d Business code (see instructions): 525100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	736
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)	680
	6a(2)	811
	6b	0
	6c	54
	6d	865
	6e	0
	6f	865
	6g(1)	736
6g(2)	865	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	65

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

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

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

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

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

<p>A Name of plan WISCONSIN MASONS 401(K) PLAN AND TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE WISCONSIN MASONS 401(K) PLAN AND TRUST</p>	<p>D Employer Identification Number (EIN) 39-2008571</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	338830-01	125	06/01/2024	05/31/2025

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

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

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

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

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

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

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	(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	1444538
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 1170595
c	Additions: (1) Contributions deposited during the year	7c(1) 39076
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 19578
	(4) Transferred from separate account	7c(4) 382942
	(5) Other (specify below)..... ▶	7c(5) 0
	(6) Total additions	7c(6) 441596
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1612191
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 51541
	(2) Administration charge made by carrier.....	7e(2) 3009
	(3) Transferred to separate account	7e(3) 113103
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 167653	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1444538

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)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan WISCONSIN MASONS 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE WISCONSIN MASONS 401(K) PLAN AND TRUST	D Employer Identification Number (EIN) 39-2008571	

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	338830-01	79	06/01/2024	05/31/2025

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

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

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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	1093838

6 Contracts With Allocated Funds:

- a** State the basis of premium rates ▶

- b** Premiums paid to carrier
- c** Premiums due but unpaid at the end of the year
- d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
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	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan WISCONSIN MASONS 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE WISCONSIN MASONS 401(K) PLAN AND TRUST	D Employer Identification Number (EIN) 39-2008571	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 64 50	NONE	40887	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)

REINHART BOERNER VAN DEUREN S.C.

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	29664	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)

BENESYS, INC.

39-1400101

(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?
13 50	NONE	18916	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)

PENSION GROUP FINANCIAL GROUP LLC
 24 E COTA ST
 STE 200
 SANTA BARBARA, CA 93101

(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	NONE	15763	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)

SIKICH CPA LLC

54-1172176

(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 99	NONE	13156	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)

THE PREVIAN LAW FIRM

39-1211596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	8619	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"/>

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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>WISCONSIN MASONS 401(K) PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE BOARD OF TRUSTEES OF THE WISCONSIN MASONS 401(K) PLAN AND TRUST</u>	D Employer Identification Number (EIN) <u>39-2008571</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TROWEL TRADES LARGE CAP EQUITY INDE</u>		
b Name of sponsor of entity listed in (a): <u>COMERICA BANK</u>		
c EIN-PN <u>38-3558170-001</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>3838722</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COTA STREET MANAGED BLEND DECUMULAT</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4116859-527</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>508077</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COTA STREET MANAGED EQUITY DECUMULA</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4116858-526</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>519304</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COTA STREET MANAGED FIXED INCOME AC</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4116857-525</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>5317</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COTA STREET MANAGED EQUITY ACCUMULA</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4116855-523</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>596497</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COTA STREET MANAGED BLEND ACCUMULAT</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4116856-524</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>387973</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COTA STREET MANAGED FIXED INCOME DE</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4116860-528</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>12420</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **LARGE CAP GROWTH / JPMORGAN**

b Name of sponsor of entity listed in (a): **EMPOWER ANNUITY INSURANCE COMPANY**

c EIN-PN 06-1050034-141	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1093838
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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 06/01/2024 and ending 05/31/2025	
A Name of plan WISCONSIN MASONS 401(K) PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE WISCONSIN MASONS 401(K) PLAN AND TRUST	D Employer Identification Number (EIN) 39-2008571

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	97189	59692
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	92980	71254
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	43496	89863
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4830927	5868310
(10) Value of interest in pooled separate accounts	1c(10)	1035352	1093838
(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)	18077815	18633163
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1170588	1444023
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	0	1565
f Total assets (add all amounts in lines 1a through 1e).....	1f	25348347	27261708
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	10625	3624
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	10625	3624
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25337722	27258084

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)		
(B) Participants.....	2a(1)(B)	1397175	
(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)		1397175
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	2728	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	19544	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22272
(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)	1147877	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1147877
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		612566
(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)		709875
c Other income	2c		15763
d Total income. Add all income amounts in column (b) and enter total	2d		3905528

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1837068	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1837068
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	18916	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13156	
(5) Investment advisory and investment management fees	2i(5)	67219	
(6) Bank or trust company trustee/custodial fees	2i(6)	2358	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	39158	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7291	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		148098
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1985166

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1920362
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: **SIKICH CPA LLC**

(2) EIN: **54-1172176**

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:

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.)

	Yes	No	Amount
4a	X		118322

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.)

4b		X	
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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.)

4c		X	
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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.)

4d		X	
-----------	--	---	--

e Was this plan covered by a fidelity bond?

4e	X		500000
-----------	---	--	--------

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

4f		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?

4g		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?

4h		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.)

4i	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.)

4j		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?

4k		X	
-----------	--	---	--

l Has the plan failed to provide any benefit when due under the plan?

4l		X	
-----------	--	---	--

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m		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.

4n			
-----------	--	--	--

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 _____.



**WISCONSIN MASONS'
401(K) PLAN & TRUST**

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

For the Years Ended May 31, 2025 and 2024



SIKICH.COM

WISCONSIN MASONS' 401(K) PLAN & TRUST
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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Wisconsin Masons' 401(k) Plan and Trust

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

We have performed audits of the accompanying financial statements of Wisconsin Masons' 401(k) Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of May 31, 2025 and 2024, and for the year ended May 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

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

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

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

Other Matters - Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of May 31, 2025 and schedule of delinquent participant contributions for the year ended May 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental schedules of administrative expenses for the years ended May 31, 2025 and 2024 are presented for informational purposes only. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Brookfield, Wisconsin
March 13, 2026

FINANCIAL STATEMENTS

WISCONSIN MASONS' 401(K) PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments at fair value	\$ 25,595,311	\$ 23,944,094
Investments at contract value	1,444,023	1,170,588
Total investments	<u>27,039,334</u>	<u>25,114,682</u>
Cash - checking accounts	<u>149,555</u>	<u>140,685</u>
Receivables		
Participant contributions	<u>71,254</u>	<u>92,980</u>
Prepaid expenses	<u>1,565</u>	<u>-</u>
Total assets	<u>27,261,708</u>	<u>25,348,347</u>
LIABILITIES		
Accounts payable	<u>3,624</u>	<u>10,625</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 27,258,084</u></u>	<u><u>\$ 25,337,722</u></u>

See accompanying notes to the financial statements.

WISCONSIN MASONS' 401(K) PLAN & TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended May 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 1,322,441	\$ 3,921,665
Interest and dividends	1,170,149	600,714
	<u>2,492,590</u>	<u>4,522,379</u>
Less investment expense	(67,219)	(59,925)
Net investment income	2,425,371	4,462,454
Contributions		
Participant contributions	1,397,175	1,210,428
Total additions	<u>3,822,546</u>	<u>5,672,882</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	1,837,068	3,277,709
Administrative expenses	65,116	57,118
Total deductions	<u>1,902,184</u>	<u>3,334,827</u>
NET INCREASE	1,920,362	2,338,055
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>25,337,722</u>	<u>22,999,667</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 27,258,084</u>	<u>\$ 25,337,722</u>

See accompanying notes to the financial statements.

WISCONSIN MASONS' 401(K) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

May 31, 2025 and 2024

1. DESCRIPTION OF PLAN

The following description of Wisconsin Masons' 401(k) Plan (the Plan) and Trust provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan was formed on July 1, 1999 by the Wisconsin Chapter, the Associated General Contractors of America, Inc., Local Union No.'s 1, 2, 3, 4, 6, 7, 9, 11, 13, 19, 21, and 34 of the International Union of Bricklayers and Allied Craftworkers, AFL-CIO, and Local Union No. 599 (area 257) of the Operative Plasterers and Cement Masons International Association, AFL-CIO. The Plan was created for the purpose of providing retirement and related benefits for participants and their beneficiaries. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Administration

The Trustees have overall responsibility for the operation and administration of the Plan and determine the appropriateness of the Plan's investment offerings and monitors investment performance. The Trustees have engaged the services of BeneSys, Inc. as a third-party administrator to handle the daily administration of the Plan. The Plan's assets are managed by Empower Annuity Insurance Company of America and Empower Trust Company, LLC (the custodians) under the brand name Empower Retirement. The custodians process and maintain the records of participant data and hold the Plan's investment assets. The Board of Trustees (Trustees), consisting of a union group and employer group of representatives, each having equal voting power.

Eligibility and Participant Contributions

Employees of participating employers in the above-mentioned locals are eligible to participate immediately upon employment or at any time during the Plan year. Effective January 1, 2025, a participant can elect to have withheld, on a pre-tax basis, \$.50 to \$13.00 per hour in \$.50 increments each pay period or such other amounts as the trustees, in their sole discretion, shall prescribe from time to time. Prior to January 1, 2025, a participant could elect to have withheld, on a pre-tax basis, \$.50 to \$9.00 per hour in \$.50 increments each pay period. Deferrals are subject to certain limitations determined by the Internal Revenue Service (IRS). Prior to January 1, 2025, participants who attained age 50 before the end of the Plan year were eligible to make catch-up contributions and could elect to have up to \$12.00 per hour withheld. Effective January 1, 2025, the Plan no longer permits additional catchup contributions. Participants may change their deferral amount quarterly on the first of July, October, January and April.

WISCONSIN MASONS' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (Continued)

1. DESCRIPTION OF PLAN (Continued)

Eligibility and Participant Contributions (Continued)

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at \$0.50 per hour and their contributions invested in a designated target date fund until changed by the participant. Participants may also contribute amounts representing distributions from other qualified plans (rollovers).

Contributions from plan participants are recorded in the year in which the employee contributions are withheld from compensation.

Contributions are subject to certain limitations as mandated by the Internal Revenue Code (IRC).

Investment Options

Participants may direct all their contributions among one or more funds subject to the allocation limitations set forth in the Plan. Changes in the allocation of future contributions and transfers among funds of presently invested contributions are permitted pursuant to the Plan's provisions.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of plan earnings (losses) and charged with the participant's benefit payments and an allocation of administrative expenses and any fees directly allocated to their account. Allocations are based on participant earnings (losses), account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

Upon termination of employment, attainment of age 59½, death, disability, or retirement, a participant may elect to receive either a lump-sum, monthly installments, or a rollover distribution based on the value of the participant's account balance. Certain withdrawals are permitted during employment for financial hardship of the participant, as defined in the Plan.

Unless otherwise provided, payment of benefits shall commence no later than the first day of April of the calendar year following the later of the calendar year in which the participant attains age 72 or retires.

WISCONSIN MASONS' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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

Cash

Cash is defined as currency on hand, in demand deposits.

Use of Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) and requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Participant Contributions Concentrations

Employers remit participant contributions to the Plan based on the number of hours worked by the members. Therefore, the employers' contributions are dependent on the construction and working environment of the area serviced by the employers. Two employers accounted for approximately 21% of the Plan's contributions for the year ended May 31, 2024. There were no material concentrations for the year ended May 31, 2025.

Investment Valuation and Income Recognition

Investments are stated at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies and procedures utilizing information provided by the investment custodians. See Note 4 for discussion of fair value measurements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Distribution fees are charged directly to the participant's account and are included in administrative expenses. Certain expenses of maintaining the Plan are paid from plan assets. These expenses include legal fees, auditing fees, insurance, printing and supplies, and service charges. The Plan also pays investment management and plan administration fees from plan assets. Certain investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Recent Accounting and Regulatory Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended May 31, 2025 and 2024. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.0 and is awaiting additional regulatory guidance from the IRS and Department of Labor (DOL). The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan years ended May 31, 2025 and 2024. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

3. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan invests in a fully benefit-responsive investment contract with Empower Annuity Insurance Company of America. The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. As of May 31, 2025 and 2024, the contract value of the fully benefit-responsive investment contract was \$1,444,023 and \$1,170,588, respectively.

3. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The contract issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the contract issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with the contract issuer and with participants are probable of occurring.

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

4. FAIR VALUE MEASUREMENTS

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

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

4. FAIR VALUE MEASUREMENTS (Continued)

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- Quoted prices for similar assets or liabilities in active markets,
- Quoted prices for identical or similar assets or liabilities in inactive markets,
- Inputs other than quoted prices that are observable for the asset or liability,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate account: Investment in units of pooled separate account held with an insurance company are stated at estimated fair market value and are valued by the insurance company based on the net asset value of units held by the Plan at year end. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Collective trusts: Investments are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the account in order to ensure the securities liquidation will be carried out in an orderly business manner.

WISCONSIN MASONS' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (Continued)

4. FAIR VALUE MEASUREMENTS (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values and are not necessarily an indication of the risk associated with investing in these securities. 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2025 and 2024:

Description	Assets at Fair Value as of			
	May 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,633,163	\$ -	\$ -	\$ 18,633,163
TOTAL ASSETS IN FAIR VALUE HIERARCHY	\$ 18,633,163	\$ -	\$ -	18,633,163
Investments measured at NAV (a)				6,962,148
TOTAL INVESTMENTS AT FAIR VALUE				\$ 25,595,311

Description	Assets at Fair Value as of			
	May 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,077,815	\$ -	\$ -	\$ 18,077,815
TOTAL ASSETS IN FAIR VALUE HIERARCHY	\$ 18,077,815	\$ -	\$ -	18,077,815
Investments measured at NAV (a)				5,866,279
TOTAL INVESTMENTS AT FAIR VALUE				\$ 23,944,094

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

WISCONSIN MASONS' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (Continued)

4. FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table presents the fair value, unfunded commitments, participant redemption frequency, and participant redemption notice period for plan investments for which fair value is measured using the net asset value per share practical expedient as of May 31, 2025 and 2024:

	Fair Value		Unfunded Commitments		Participant Redemption Frequency	Participant Redemption Notice Period
	2025	2024	2025	2024		
Pooled Separate Account						
JPMorgan Large Cap Growth	\$ 1,093,838	\$ 1,035,352	\$ -	\$ -	Daily	N/A
Collective Trusts						
Trowel Trades Large Cap Equity Index Fund	3,838,722	3,432,629	-	-	Daily	N/A
COTA Street Managed Blend Accumulation I	387,973	281,873	-	-	Daily	N/A
COTA Street Managed Blend Decumulation I	508,077	353,268	-	-	Daily	N/A
COTA Street Managed Equity Accumulation	596,497	431,839	-	-	Daily	N/A
COTA Street Managed Equity Decumulation	519,304	316,436	-	-	Daily	N/A
COTA Street Managed Fixed Income Accum I	5,317	4,964	-	-	Daily	N/A
COTA Street Managed Fixed Income Decum I	12,420	9,918	-	-	Daily	N/A

5. CERTIFICATION OF FINANCIAL INFORMATION

The financial data included in the accompanying financial statements as of and for the years ended May 31, 2025 and 2024 and supplemental schedule of assets (held at end of year) as of May 31, 2025 have been certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC, qualified institutions. The following certified information was obtained by management and agreed to or derived from information certified as complete and accurate, and has not been audited by the independent auditors for the Plan: investments at fair value, investments at contract value, interest and dividends, net appreciation in fair value of investments.

WISCONSIN MASONS' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (Continued)

6. PLAN TERMINATION

Although they have not expressed any intent to do so, the Trustees have the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Trustees may determine.

7. TAX STATUS

The IRS has determined and informed the Plan by letter dated March 26, 2015, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC and, therefore, believes the Plan is qualified, and the related trust is tax-exempt.

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. PARTY-IN-INTEREST TRANSACTIONS

The Plan reimburses the Wisconsin Masons' Health Care Fund (the Fund) for shared bank service charges. The total expense incurred under this arrangement for the years ended May 31, 2025 and 2024 was \$2,358 and \$2,049, respectively.

Certain Plan investments are managed by Empower Annuity Insurance Company of America and Empower Trust Company, LLC, the custodians; therefore, these transactions qualify as party-in-interest.

In addition, the Company receives revenue sharing amounts from the custodians pursuant to an agreement. Total amounts received from the custodians and used to offset expenses during the years ended May 31, 2025 and 2024 were \$15,763 and \$14,417, respectively.

9. PROHIBITED TRANSACTIONS

During the plan years ended May 31, 2023 through 2025, the employers failed to remit to the Plan's custodians certain participant contributions totaling \$118,322 within the period prescribed by Department of Labor's regulations. Delays in remitting contributions to the custodians were due to administrative errors, and the employers have made or will make contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays.

WISCONSIN MASONS' 401(K) PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS (Continued)

10. RISKS AND UNCERTAINTIES

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

11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through March 12, 2026, which was the date that the financial statements were available for issuance and noted the following subsequent events:

Effective January 1, 2026, the Plan was amended to change the allowable contribution rate to the any multiple of \$.50 per hour, up to \$10.00 and in multiples of \$1.00 thereafter to a maximum multiple that is determined by dividing the Annual Dollar Limit prescribed by Section 402(g) of the Code if the Employee is under the age of 50, or the Annual Dollar Limit after taking into account Section 414(v) of the Code if the Employee is age 50 and above, by 1725, and then rounding this amount down to the nearest whole dollar.

SUPPLEMENTAL SCHEDULES

WISCONSIN MASONS' 401(K) PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 39-2008571 PLAN: #001

May 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	American Funds	Europacific Growth Fund	**	\$ 597,235
	American Funds	New World Fund	**	141,128
	Baird	Aggregate Bond Inst Fund	**	69,198
	DFA	US Targeted Value I	**	141,529
	Dodge & Cox	International Stock Fund	**	114,320
	Dodge & Cox	Stock Fund	**	1,970,201
*	Empower Trust Company, LLC	T.Rowe Price Mid Cap GR Instl	**	873,535
	Fidelity	Advisor Total Bond Z	**	223,846
	Fidelity	Freedom Index 2015 Premier	**	20,411
	Fidelity	Freedom Index 2020 Premier	**	1,122,889
	Fidelity	Freedom Index 2025 Premier	**	57,447
	Fidelity	Freedom Index 2030 Premier	**	2,503,003
	Fidelity	Freedom Index 2035 Premier	**	246,491
	Fidelity	Freedom Index 2040 Premier	**	769,224
	Fidelity	Freedom Index 2045 Premier	**	360,461
	Fidelity	Freedom Index 2050 Premier	**	330,747
	Fidelity	Freedom Index 2055 Premier	**	203,964
	Fidelity	Freedom Index 2060 Premier	**	306,537
	Fidelity	Freedom Index 2065 Premier	**	397,626
	Fidelity	Freedom Index Income Fund	**	638,974
	Harbor	Capital Appreciation Inst Fund	**	2,913,904
	PIMCO	Income Inst Fund	**	235,200
	PIMCO	Real Return Fund	**	26,597
	Vanguard	500 Index Admiral	**	1
	Vanguard	Explorer Admin Fund	**	523,357
	Vanguard	Mid Cap Index Fund	**	2,193,032
	Vanguard	Small Cap Fund	**	312,282
	Victory Sycamore	Established Value I Fund	**	1,340,024
	Total mutual funds			<u>18,633,163</u>

(This schedule is continued on the following page.)

WISCONSIN MASONS' 401(K) PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 39-2008571 PLAN: #001

May 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Pooled Separate Account			
	JP Morgan	Large Cap Growth Separate Account	**	\$ 1,093,838
	Collective Trusts			
	COTA Street Managed	Blend Accumulation I	**	387,973
	COTA Street Managed	Blend Decumulation I	**	508,077
	COTA Street Managed	Equity Accumulation	**	596,497
	COTA Street Managed	Equity Decumulation	**	519,304
	COTA Street Managed	Fixed Income Accum I	**	5,317
	COTA Street Managed	Fixed Income Decum I	**	12,420
	Trowel Trades	Large Cap Equity Index Fund	**	3,838,722
	Total collective trusts			<u>5,868,310</u>
	Guaranteed Investment Contract			
*	Empower Annuity Insurance Company of America	Guaranteed Interest Fund	**	<u>1,444,023</u>
	TOTAL INVESTMENTS			<u>\$ 27,039,334</u>

* Represents a party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

WISCONSIN MASONS' 401(K) PLAN & TRUST

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, ITEM 4a**

EIN: 39-2008571 PLAN: #001

For the Year Ended May 31, 2025

Delinquent Employer Name	Work Month Remitted Late	Date Contributions Remitted	Date Lost Earnings Remitted	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Contributions Fully Corrected Under VFCP and PTE 2002-51
					Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
8 Pine, Inc.	March 2025	May 5, 2025	Not yet remitted	\$ 1,520	\$ 1,520	\$ -	\$ -	-
Aaron Kowalski Masonry LLC	October 2024	December 9, 2024	Not yet remitted	89	89	-	-	-
Berglund Construction	July 2022	August 22, 2022	Not yet remitted	187	187	-	-	-
Berglund Construction	May 2023	June 26, 2023	Not yet remitted	408	408	-	-	-
Berglund Construction	December 2023	January 22, 2024	Not yet remitted	1,828	1,828	-	-	-
Berglund Construction	June 2024	July 22, 2024	Not yet remitted	212	212	-	-	-
Berglund Construction	June 2024	July 22, 2024	Not yet remitted	2,167	2,167	-	-	-
Berglund Construction	February 2025	March 24, 2025	Not yet remitted	1,517	1,517	-	-	-
Boldt Oscar Construction Co.	August 2023	September 7, 2023	Not yet remitted	4,119	4,119	-	-	-
Boldt Oscar Construction Co.	December 2023	January 22, 2024	Not yet remitted	5,038	5,038	-	-	-
Boldt Oscar Construction Co.	March 2024	April 22, 2024	Not yet remitted	6,334	6,334	-	-	-
Boldt Oscar Construction Co.	May 2024	June 25, 2024	Not yet remitted	4,623	4,623	-	-	-
Boldt Oscar Construction Co.	May 2024	June 25, 2024	Not yet remitted	64	64	-	-	-
Boldt Oscar Construction Co.	May 2024	June 25, 2024	Not yet remitted	290	290	-	-	-
Boldt Oscar Construction Co.	May 2024	June 25, 2024	Not yet remitted	66	66	-	-	-
Boldt Oscar Construction Co.	May 2024	June 25, 2024	Not yet remitted	4,204	4,204	-	-	-
Boldt Oscar Construction Co.	September 2024	October 24, 2024	Not yet remitted	91	91	-	-	-
Boldt Oscar Construction Co.	September 2024	October 24, 2024	Not yet remitted	75	75	-	-	-
Boldt Oscar Construction Co.	September 2024	October 24, 2024	Not yet remitted	375	375	-	-	-
Boldt Oscar Construction Co.	September 2024	October 24, 2024	Not yet remitted	4,387	4,387	-	-	-
Boldt Oscar Construction Co.	September 2024	October 24, 2024	Not yet remitted	147	147	-	-	-
Boldt Oscar Construction Co.	December 2024	February 20, 2025	Not yet remitted	138	138	-	-	-
Boldt Oscar Construction Co.	December 2024	February 20, 2025	Not yet remitted	3,646	3,646	-	-	-
Boldt Oscar Construction Co.	December 2024	February 20, 2025	Not yet remitted	282	282	-	-	-
Boldt Oscar Construction Co.	December 2024	February 20, 2025	Not yet remitted	70	70	-	-	-

(This schedule is continued on the following pages.)

WISCONSIN MASONS' 401(K) PLAN & TRUST

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, ITEM 4a (Continued)**

EIN: 39-2008571 PLAN: #001

For the Year Ended May 31, 2025

Delinquent Employer Name	Work Month Remitted Late	Date Contributions Remitted	Date Lost Earnings Remitted	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Contributions Fully Corrected Under VFCP and PTE 2002-51
					Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
Boldt Oscar Construction Co.	December 2024	February 20, 2025	Not yet remitted	\$ 58	\$ 58	\$ -	\$ -	\$ -
Boldt Oscar Construction Co.	February 2025	April 15, 2025	Not yet remitted	148	148	-	-	-
Boldt Oscar Construction Co.	February 2025	April 15, 2025	Not yet remitted	2,916	2,916	-	-	-
Boldt Oscar Construction Co.	February 2025	April 15, 2025	Not yet remitted	81	81	-	-	-
Boldt Oscar Construction Co.	February 2025	April 15, 2025	Not yet remitted	304	304	-	-	-
Bukacek Construction, Inc.	May 2024	July 1, 2024	Not yet remitted	1,135	1,135	-	-	-
Bukacek Construction, Inc.	April 2024	May 31, 2024	June 13, 2024	911	-	911	-	-
Bukacek Construction, Inc.	May 2024	April 29, 2024	July 19, 2024	654	-	654	-	-
Bukacek Construction, Inc.	May 2024	July 1, 2024	July 19, 2024	1,135	-	1,135	-	-
Construction & Turnaround	November 2021	January 17, 2023	Not yet remitted	68	68	-	-	-
Construction & Turnaround	November 2021	February 21, 2023	Not yet remitted	15	15	-	-	-
Construction & Turnaround	December 2021	February 21, 2023	Not yet remitted	114	114	-	-	-
CR Meyer & Sons (Madison)	November 2024	December 30, 2024	Not yet remitted	411	411	-	-	-
Dickow & Cyzak Tile	July 2024	August 26, 2024	Not yet remitted	118	118	-	-	-
Dickow & Cyzak Tile	November 2024	December 23, 2024	Not yet remitted	533	533	-	-	-
Findorff & Son, Inc.	May 2022	July 1, 2022	Not yet remitted	16	16	-	-	-
George Siegfried Construction Co.	April 2025	May 22, 2025	Not yet remitted	151	151	-	-	-
IEI General Contractors, Inc.	October 2023	December 15, 2024	Not yet remitted	781	781	-	-	-
J.H. Hassinger	May 2022	June 22, 2022	Not yet remitted	201	201	-	-	-
Johnson Terrazzo Co.	August 2023	September 25, 2023	Not yet remitted	144	144	-	-	-
Johnson Terrazzo Co.	September 2023	October 23, 2023	Not yet remitted	65	65	-	-	-
Jurowski, R.J. Construction Co.	September 2023	October 23, 2023	Not yet remitted	255	255	-	-	-
Jurowski, R.J. Construction Co.	October 2024	November 22, 2024	Not yet remitted	72	72	-	-	-
Lippert Flooring and Tile	June 2023	July 24, 2023	Not yet remitted	260	260	-	-	-
Macco's Commercial Interior	June 2023	September 15, 2023	Not yet remitted	68	68	-	-	-

(This schedule is continued on the following pages.)

WISCONSIN MASONS' 401(K) PLAN & TRUST

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, ITEM 4a (Continued)**

EIN: 39-2008571 PLAN: #001

For the Year Ended May 31, 2025

Delinquent Employer Name	Work Month Remitted Late	Date Contributions Remitted	Date Lost Earnings Remitted	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Contributions Fully Corrected Under VFCP and PTE 2002-51
					Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
Macco's Commercial Interior	January 2024	March 15, 2024	Not yet remitted	\$ 137	\$ 137	\$ -	\$ -	-
Mel Bjurstrom Masonry LLC	June 2024	August 12, 2024	Not yet remitted	150	150	-	-	-
Mel Bjurstrom Masonry LLC	July 2024	September 6, 2024	Not yet remitted	145	145	-	-	-
Mel Bjurstrom Masonry LLC	August 2024	October 8, 2024	Not yet remitted	168	168	-	-	-
Mel Bjurstrom Masonry LLC	September 2024	November 12, 2024	Not yet remitted	155	155	-	-	-
Mel Bjurstrom Masonry LLC	December 2024	February 13, 2025	Not yet remitted	108	108	-	-	-
Mel Bjurstrom Masonry LLC	January 2025	March 3, 2025	Not yet remitted	49	49	-	-	-
Michels Road & Stone, Inc.	September 2023	October 24, 2023	Not yet remitted	1,224	1,224	-	-	-
Michels Road & Stone, Inc.	July 2024	August 28, 2024	Not yet remitted	820	820	-	-	-
Michels Road & Stone, Inc.	July 2024	August 28, 2024	Not yet remitted	1,674	1,674	-	-	-
Michels Road & Stone, Inc.	September 2024	October 23, 2024	Not yet remitted	76	76	-	-	-
Michels Road & Stone, Inc.	September 2024	October 23, 2024	Not yet remitted	863	863	-	-	-
Miron Construction Co. Inc.	February 2025	April 16, 2025	Not yet remitted	1,681	1,681	-	-	-
Miron Construction Co. Inc.	February 2025	April 16, 2025	Not yet remitted	4,870	4,870	-	-	-
Miron Construction Co. Inc.	February 2025	April 16, 2025	Not yet remitted	12,381	12,381	-	-	-
Mount Horeb Masonry LLC	November 2024	December 23, 2024	Not yet remitted	75	75	-	-	-
Ray Theobald Masonry Construction	March 2023	September 18, 2024	Not yet remitted	40	40	-	-	-
Refractory Service, Inc.	January 2023	March 1, 2023	Not yet remitted	269	269	-	-	-
Resch's Tile, Inc.	January 2024	February 26, 2024	Not yet remitted	1,126	1,126	-	-	-
Steinhammer Masonry LLC	July 2022	August 23, 2022	December 16, 2024	290	-	290	-	-
Walsh Masonry, Inc.	November 2023	December 22, 2023	Not yet remitted	3,636	3,636	-	-	-
Walsh Masonry, Inc.	December 2023	January 22, 2024	Not yet remitted	4,388	4,388	-	-	-
Walsh Masonry, Inc.	June 2024	July 22, 2024	Not yet remitted	4,310	4,310	-	-	-
Walsh Masonry, Inc.	June 2024	July 22, 2024	Not yet remitted	947	947	-	-	-
Walsh Masonry, Inc.	August 2024	September 26, 2024	Not yet remitted	5,570	5,570	-	-	-

(This schedule is continued on the following pages.)

WISCONSIN MASONS' 401(K) PLAN & TRUST

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, ITEM 4a (Continued)**

EIN: 39-2008571 PLAN: #001

For the Year Ended May 31, 2025

Delinquent Employer Name	Work Month Remitted Late	Date Contributions Remitted	Date Lost Earnings Remitted	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Contributions Fully Corrected Under VFCP and PTE 2002-51
					Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
Walsh Masonry, Inc.	August 2024	September 26, 2024	Not yet remitted	\$ 1,187	\$ 1,187	\$ -	\$ -	-
Walsh Masonry, Inc.	September 2024	October 25, 2024	Not yet remitted	866	866	-	-	-
Walsh Masonry, Inc.	September 2024	October 25, 2024	Not yet remitted	4,136	4,136	-	-	-
Walsh Masonry, Inc.	October 2024	November 25, 2024	Not yet remitted	1,215	1,215	-	-	-
Walsh Masonry, Inc.	October 2024	November 25, 2024	Not yet remitted	5,158	5,158	-	-	-
Walsh Masonry, Inc.	November 2024	December 26, 2024	Not yet remitted	4,039	4,039	-	-	-
Walsh Masonry, Inc.	November 2024	December 26, 2024	Not yet remitted	980	980	-	-	-
Winklers Masonry, Inc.	February 2023	June 6, 2023	Not yet remitted	24	24	-	-	-
Winklers Masonry, Inc.	March 2023	September 28, 2023	Not yet remitted	70	70	-	-	-
Winklers Masonry, Inc.	April 2023	September 28, 2023	Not yet remitted	119	119	-	-	-
Winklers Masonry, Inc.	May 2023	September 1, 2023	Not yet remitted	145	145	-	-	-
Winklers Masonry, Inc.	June 2023	December 4, 2023	Not yet remitted	147	147	-	-	-
Winklers Masonry, Inc.	July 2023	January 23, 2024	Not yet remitted	145	145	-	-	-
Winklers Masonry, Inc.	August 2023	February 20, 2024	Not yet remitted	170	170	-	-	-
Winklers Masonry, Inc.	September 2023	March 15, 2024	Not yet remitted	95	95	-	-	-
Winklers Masonry, Inc.	March 2024	April 22, 2024	Not yet remitted	49	49	-	-	-
Winklers Masonry, Inc.	May 2024	June 27, 2024	Not yet remitted	119	119	-	-	-
Winklers Masonry, Inc.	May 2024	June 27, 2024	Not yet remitted	119	119	-	-	-
Winklers Masonry, Inc.	July 2024	November 12, 2024	Not yet remitted	129	129	-	-	-
Winklers Masonry, Inc.	August 2024	November 15, 2024	Not yet remitted	103	103	-	-	-
Winklers Masonry, Inc.	September 2024	December 5, 2024	Not yet remitted	181	181	-	-	-
Winklers Masonry, Inc.	October 2024	December 5, 2024	Not yet remitted	169	169	-	-	-
Winklers Masonry, Inc.	October 2023	January 2, 2025	Not yet remitted	128	128	-	-	-
Winklers Masonry, Inc.	November 2023	January 6, 2025	Not yet remitted	120	120	-	-	-
Winklers Masonry, Inc.	December 2023	February 3, 2025	Not yet remitted	151	151	-	-	-

(The schedule is continued on the following page.)

WISCONSIN MASONS' 401(K) PLAN & TRUST

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FORM 5500, SCHEDULE H, ITEM 4a (Continued)**

EIN: 39-2008571 PLAN: #001

For the Year Ended May 31, 2025

Delinquent Employer Name	Work Month Remitted Late	Date Contributions Remitted	Date Lost Earnings Remitted	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Contributions Fully Corrected Under VFCP and PTE 2002-51
					Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction In VFCP	
Winklers Masonry, Inc.	December 2024	February 5, 2025	Not yet remitted	\$ 161	\$ 161	\$ -	\$ -	-
Winklers Masonry, Inc.	February 2025	May 1, 2025	Not yet remitted	569	569	-	-	-
Zenith Tech, Inc.	December 2023	January 26, 2024	Not yet remitted	154	154	-	-	-
Zenith Tech, Inc.	March 2024	April 25, 2024	Not yet remitted	40	40	-	-	-
				\$ 118,322	\$ 115,332	\$ 2,990	\$ -	-

WISCONSIN MASONS' 401(K) PLAN & TRUST

SCHEDULES OF ADMINISTRATIVE EXPENSES

For the Years Ended May 31, 2025 and 2024

	2025	2024
Administrative and consulting fees	\$ 18,916	\$ 19,639
Legal fees	39,158	29,806
Auditing fees	13,156	11,000
Insurance	7,291	9,041
Bank and clearinghouse service charges	2,358	2,049
	<hr/> 80,879	<hr/> 71,535
Less revenue sharing	<hr/> (15,763)	<hr/> (14,417)
TOTAL ADMINISTRATIVE EXPENSES	<hr/> \$ 65,116	<hr/> \$ 57,118

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan WISCONSIN MASONS 401(K) PLAN AND TRUST</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE BOARD OF TRUSTEES OF THE WISCONSIN MASONS 401(K) PLAN AND TRUST 2901 WEST BELTLINE HIGHWAY SUITE 100 MADISON WI 53713</p>	<p>1c Effective date of plan 07/01/1999</p> <p>2b Employer Identification Number (EIN) 39-2008571</p> <p>2c Plan Sponsor's telephone number 608-278-9505</p> <p>2d Business code (see instructions) 525100</p>

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

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

SIGN HERE		3-12-26	MARK TRAINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	736
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)	680
	6a(2)	811
	6b	0
	6c	54
	6d	865
	6e	0
	6f	865
	6g(1)	736
6g(2)	865	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	65

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

WISCONSIN MASONS' 401(K) PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 39-2008571 PLAN: #001

May 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	American Funds	Europacific Growth Fund	**	\$ 597,235
	American Funds	New World Fund	**	141,128
	Baird	Aggregate Bond Inst Fund	**	69,198
	DFA	US Targeted Value I	**	141,529
	Dodge & Cox	International Stock Fund	**	114,320
	Dodge & Cox	Stock Fund	**	1,970,201
*	Empower Trust Company, LLC	T.Rowe Price Mid Cap GR Instl	**	873,535
	Fidelity	Advisor Total Bond Z	**	223,846
	Fidelity	Freedom Index 2015 Premier	**	20,411
	Fidelity	Freedom Index 2020 Premier	**	1,122,889
	Fidelity	Freedom Index 2025 Premier	**	57,447
	Fidelity	Freedom Index 2030 Premier	**	2,503,003
	Fidelity	Freedom Index 2035 Premier	**	246,491
	Fidelity	Freedom Index 2040 Premier	**	769,224
	Fidelity	Freedom Index 2045 Premier	**	360,461
	Fidelity	Freedom Index 2050 Premier	**	330,747
	Fidelity	Freedom Index 2055 Premier	**	203,964
	Fidelity	Freedom Index 2060 Premier	**	306,537
	Fidelity	Freedom Index 2065 Premier	**	397,626
	Fidelity	Freedom Index Income Fund	**	638,974
	Harbor	Capital Appreciation Inst Fund	**	2,913,904
	PIMCO	Income Inst Fund	**	235,200
	PIMCO	Real Return Fund	**	26,597
	Vanguard	500 Index Admiral	**	1
	Vanguard	Explorer Admin Fund	**	523,357
	Vanguard	Mid Cap Index Fund	**	2,193,032
	Vanguard	Small Cap Fund	**	312,282
	Victory Sycamore	Established Value I Fund	**	1,340,024
	Total mutual funds			<u>18,633,163</u>

(This schedule is continued on the following page.)

WISCONSIN MASONS' 401(K) PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 39-2008571 PLAN: #001

May 31, 2025

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Pooled Separate Account			
	JP Morgan	Large Cap Growth Separate Account	**	\$ 1,093,838
	Collective Trusts			
	COTA Street Managed	Blend Accumulation I	**	387,973
	COTA Street Managed	Blend Decumulation I	**	508,077
	COTA Street Managed	Equity Accumulation	**	596,497
	COTA Street Managed	Equity Decumulation	**	519,304
	COTA Street Managed	Fixed Income Accum I	**	5,317
	COTA Street Managed	Fixed Income Decum I	**	12,420
	Trowel Trades	Large Cap Equity Index Fund	**	3,838,722
	Total collective trusts			<u>5,868,310</u>
	Guaranteed Investment Contract			
*	Empower Annuity Insurance Company of America	Guaranteed Interest Fund	**	<u>1,444,023</u>
	TOTAL INVESTMENTS			<u>\$ 27,039,334</u>

* Represents a party-in-interest as defined by ERISA

** Cost omitted for participant directed investments