Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE AGMA HEALTH FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 09/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES AGMA HEALTH FUND

C/O CDS

60 BOULEVARD OF THE ALLIES
5TH FLOOR
PITTSBURGH, PA 15222

2b Employer Identification Number (EIN) 13-2643045

2c Plan Sponsor's telephone number 877-578-8703

2d Business code (see instructions) 711100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2026	ALEXANDRA OBLOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/08/2026	JOHN W COLEMAN
	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 [X] 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**	856
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	**6a(1)**	856
a(2) Total number of active participants at the end of the plan year	**6a(2)**	834
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	834
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	14

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

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
THE AGMA HEALTH FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES AGMA HEALTH FUND

D Employer Identification Number (EIN)
13-2643045

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
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0724290	498	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] 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**	149435
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
THE AGMA HEALTH FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES AGMA HEALTH FUND

D Employer Identification Number (EIN)
13-2643045

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
HCC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-1817054	92711	HCL36346	589	01/01/2024	12/31/2024

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] 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**	724066
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
THE AGMA HEALTH FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES AGMA HEALTH FUND

D Employer Identification Number (EIN)
13-2643045

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

(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)

AETNA LIFE INS CO

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	303707	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CENTRAL DATA SERVICES

25-1352803

(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 14 15 18 36 38 50	NONE	165118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RHONDA MURRAY

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	129990	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MILLIMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	96057	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPIVAK LIPTON LLP

13-3494495

(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	92195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DERBA LEVIN

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SANIA KHAN

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	64538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEJANDRA VEGA-ROJAS

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	56541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	53812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HILB GROUP OF NEW ENGLAND LLC

47-4324398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 22 50	NONE	45637	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAWN NEDD

13-2643045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42952	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILMINGTON TRUST

51-0055023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	38716	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	18144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M&T BANK

16-0538020

(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 50	NONE	17101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLAGHER FIDUCIARY ADVISORS, LLC

36-4291971

(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 51	NONE	16500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLITMAN & KING LLP

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	14696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCKTIGHT SOLUTIONS, INC

22-3825157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	9333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEX INC

700 26TH AVE E
WEST FARGO, ND 58078

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	5849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ADMINISTRATIVE SERVICES ONLY, INC

11-2995970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	5470	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADP INC

ONE ADP BLVD
ROSELAND, NJ 07068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	5117	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

A Name of plan
THE AGMA HEALTH FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES AGMA HEALTH FUND

D Employer Identification Number (EIN)
13-2643045

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1061506	586797
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	548000	534000
(2) Participant contributions	1b(2)	29000	30000
(3) Other	1b(3)	413618	964936
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	4623577	5598866
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	749591	730027
(B) All other	1c(3)(B)	2491507	2788715
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3761046	2826314
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	98174	39109
f Total assets (add all amounts in lines 1a through 1e)	1f	13776019	14098764
Liabilities			
g Benefit claims payable	1g	1174000	1663000
h Operating payables	1h	112304	123130
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	1286304	1786130
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12489715	12312634

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)	12018142	
(B) Participants	2a(1)(B)	672878	
(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)		12691020
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)	135924	
(C) Corporate debt instruments	2b(1)(C)	115693	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9221	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		260838
(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)	74501	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		74501
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2093756	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2080636	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		13120
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	128680	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		128680

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		342989
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13511148
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11634586	
(2) To insurance carriers for the provision of benefits	2e(2)	1046511	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12681097
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)	278039	
(2) Contract administrator fees	2i(2)	176437	
(3) Recordkeeping fees	2i(3)	6812	
(4) IQPA audit fees	2i(4)	47000	
(5) Investment advisory and investment management fees	2i(5)	16500	
(6) Bank or trust company trustee/custodial fees	2i(6)	55818	
(7) Actuarial fees	2i(7)	143597	
(8) Legal fees	2i(8)	106891	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	962	
(11) Other expenses	2i(11)	175076	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1007132
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13688229
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-177081
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) [X] 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)** [X] 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: SCHULTHEIS & PANETTIERI, LLP **(2)** EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**			
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 [X] 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 _____.

Schultheis & Panettieri LLP
Accountants and Consultants

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Telephone: (631) 273-4778
Fax: (631) 273-3488

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Telephone: (516) 216-5695

485A US Route 1 South
Suite 360
Iselin, NJ 08830
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Independent Auditor's Report

Board of Trustees
The AGMA Health Fund

Opinion

We have audited the accompanying financial statements of The AGMA Health Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended August 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of August 31, 2025 and 2024, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended August 31, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 17 through 23 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 24 through 27 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Hauppauge, New York
June 10, 2026

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE AGMA HEALTH FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 09/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES AGMA HEALTH FUND

C/O CDS
60 BOULEVARD OF THE ALLIES
5TH FLOOR
PITTSBURGH PA 15222

2b Employer Identification Number (EIN) 13-2643045

2c Plan Sponsor's telephone number (877) 578-8703

2d Business code (see instructions) 711100

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	X	X	X
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X John W. Coleman	X 6/9/26	X John W Coleman
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a	Plan administrator's name and address [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	856
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	**6a(1)**	856
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	834
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	834
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	14

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

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **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_____

THE AGMA HEALTH FUND

FINANCIAL STATEMENTS

YEARS ENDED AUGUST 31, 2025 AND 2024

THE AGMA HEALTH FUND

YEARS ENDED AUGUST 31, 2025 AND 2024

TABLE OF CONTENTS

Schultheis & Panettieri LLP
Accountants and Consultants

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Independent Auditor's Report

Board of Trustees
The AGMA Health Fund

Opinion

We have audited the accompanying financial statements of The AGMA Health Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended August 31, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of August 31, 2025 and 2024, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended August 31, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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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.

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Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
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In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Supplemental Information

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Hauppauge, New York
June 10, 2026

THE AGMA HEALTH FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AUGUST 31, 2025 AND 2024

	2025	2024
Assets		
Investments at fair value		
U.S. government securities	$ 5,598,866	$ 4,623,577
Corporate debt instruments	3,518,742	3,241,098
Registered investment companies	2,826,314	3,761,046
Total investments	11,943,922	11,625,721
Receivables		
Participant contributions	30,000	29,000
Employers' contributions	534,000	548,000
Accrued interest/dividends	80,650	62,818
Related organizations - net	886	70,330
Prescription rebate receivable	355,400	101,470
Stop loss receivable	528,000	179,000
Cash	586,797	1,061,506
Other assets	39,109	98,174
Total assets	14,098,764	13,776,019
Liabilities		
Accounts payable	123,130	112,304
Total liabilities	123,130	112,304
Net assets available for benefits	$ 13,975,634	$ 13,663,715

See Notes to Financial Statements

THE AGMA HEALTH FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED AUGUST 31, 2025 AND 2024

	2025	2024
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	$ 484,789	$ 816,356
Interest/dividends	335,339	301,251
Total investment income	820,128	1,117,607
Less investment expenses	(55,217)	(42,986)
Net investment income	764,911	1,074,621
Contributions		
Participants'	672,878	698,609
Employers'	12,018,142	11,488,148
Total additions	13,455,931	13,261,378
Deductions from net assets attributed to:		
Benefits paid to or for participants		
Health care	10,993,069	10,669,773
Group health insurance premiums	152,517	128,563
Stop loss insurance premiums	705,710	721,970
Personal account benefits	340,801	403,855
Total benefits paid	12,192,097	11,924,161
Administrative expenses	951,915	1,234,632
Total deductions	13,144,012	13,158,793
Net increase	311,919	102,585
Net assets available for benefits		
Beginning of year	13,663,715	13,561,130
End of year	$ 13,975,634	$ 13,663,715

See Notes to Financial Statements

THE AGMA HEALTH FUND

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

AUGUST 31, 2025 AND 2024

	2025	2024
Amounts currently payable		
Claims payable and claims incurred but not reported	$ 1,663,000	$ 1,174,000
Postemployment benefit obligations		
Accumulated eligibility credits	2,293,000	1,912,000
Participant account balances	3,981,946	4,017,352
	6,274,946	5,929,352
Plan's total benefit obligations	$ 7,937,946	$ 7,103,352

See Notes to Financial Statements

THE AGMA HEALTH FUND

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED AUGUST 31, 2025 AND 2024

	2025	2024
Amounts currently payable		
Balance at beginning of year	$ 1,174,000	$ 3,197,000
Claims reported and approved for payment	12,681,097	9,901,161
Total benefits paid	(12,192,097)	(11,924,161)
Balance at end of year	1,663,000	1,174,000
Postemployment benefit obligations		
Balance at beginning of year	5,929,352	5,908,841
Net change during year:		
Accumulated eligibility credits	380,999	46,000
Participant account balances	(35,405)	(25,489)
Balance at end of year	6,274,946	5,929,352
Plan's total benefit obligations at end of year	$ 7,937,946	$ 7,103,352

Note 1 - Description of Plan and Significant Accounting Policies

The following description of The AGMA Health Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective September 1, 1968 and is a medical benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the American Guild of Musical Artists, Inc. (the "Union") and various employers and employer associations in the theatrical industry in the United States and Canada. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide health and other benefits to eligible participants.

Benefits

For ease of administration, benefits are grouped under "Standard Plan" and "Reimbursement Plan". Benefits are paid by means of a trust and group insurance contracts (Standard Plan and Healthy Savings Plan) and participants' account balances (Reimbursement Plan). The benefits for "Reimbursement Plan" participants are funded by the balance available in their individual accounts. For both of these sub-plans, benefits include but are not limited to: hospital, medical, vision, drug and dental. Actual benefits, including conditions and limitations thereto, are governed by the provisions of the Plan.

Participants consist of the following classes

<u>Active participants and dependents</u>

An active participant is eligible for benefits under the Standard Plan and Healthy Savings Plan if the participant has completed a two (2) month lag period from the month in which the participant has worked a full week of employment with a participating employer. Coverage starts on the first day of the month following the completion of the two month lag period, provided the participant enrolls in the Plan. An active participant is eligible for benefits under the Reimbursement Plan if the participant has funds in an Individual Account, as defined in the Plan.

Employees of the Union and some participating employers are also participants of the Plan.

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Participants consist of the following classes (cont'd)

Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months.

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, trust assets will be used to pay all expenses under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

Employers' and participants' contributions receivable

Employers' and participants' contributions receivable are estimated based on receipts in the subsequent plan year that pertain to prior plan years.

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan’s policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Administrative expense allocation

Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended August 31, 2025 and 2024 were $229,730 and $309,906, respectively.

Other Plan benefits

Standard Plan benefits are self-insured, therefore estimated claims payable and claims incurred but not reported are based on payments made in the subsequent plan year which pertain to prior plan years.

Plan obligations for accumulated eligibility of active participants are estimated annually at August 31st, based on historical claims cost data and projected claims for active participants' future claims. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value. Although the Plan has calculated and reported an obligation for accumulated eligibility, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to active participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue benefits. The amount reported as the accumulated eligibility obligation represents the estimated present value of those estimated future benefits that are attributed by the terms of the Plan to active participants' service rendered through August 31st.

Reclassification

Certain prior year amounts have been reclassified to conform to the current year presentation.

Note 2 - Fair value measurements

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

Note 2 - Fair value measurements (cont'd)

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

The asset'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.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

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

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of August 31, 2025, with fair value measurements on a recurring basis:

	2025	Level 1	Level 2	Level 3
Investments at fair value				
U.S. government securities	$ 5,598,866	$ 5,598,866	$ -	$ -
Corporate debt instruments	3,518,742	-	3,518,742	-
Registered investment companies	2,826,314	2,826,314	-	-
Total assets in the fair value hierarchy	$ 11,943,922	$ 8,425,180	$ 3,518,742	$ -

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of August 31, 2024, with fair value measurements on a recurring basis:

	2024	Level 1	Level 2	Level 3
Investments at fair value				
U.S. government securities	$ 4,623,577	$ 4,527,474	$ 96,103	$ -
Corporate debt instruments	3,241,098	-	3,241,098	-
Registered investment companies	3,761,046	3,761,046	-	-
Total assets in the fair value hierarchy	$ 11,625,721	$ 8,288,520	$ 3,337,201	$ -

Note 3 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 4 - Risks and uncertainties

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

Note 5 - Employers' and participants' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Employer contributions are generally based on a monthly rate, as required by current collective bargaining agreements. Four employers contributed approximately 76% and 73% of the total employers' contributions for the years ended August 31, 2025 and 2024, respectively.

For the years ended August 31, 2025 and 2024, monthly participant contribution rates ranged from $45 to $3,545 and $40 to $3,385, respectively.

Note 6 - Stop loss insurance

The Plan has a stop-loss arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount).

Premiums for stop loss insurance are included in premium payments in the accompanying Statement of Changes in Net Assets Available for Benefits.

For the year ended August 31, 2025 and 2024, stop loss refunds totaling $937,453 and $380,580, respectively, have been netted with benefits paid in the accompanying statement of changes in net assets.

Note 7 - Lease

The AGMA Retirement Plan and the Welfare Fund (the "Plans") entered into a lease agreement with a related organization, the Union, for office space. The term of the lease began April 30, 2021, with a monthly base rent of $7,613, increasing 2% annually. The lease was terminated on March 31, 2025 as part of the Plans' administration being transfered to a third party. The Plan's allocated portion of the monthly rent was 61%.

Rent and escalation charges were allocated between the Plan and all other related organizations based on estimated benefit received. The Plan's share of total occupancy expense for the years ended August 31, 2025 and 2024 was $34,664 and $65,347 respectively.

Note 8 - Reconciliation of participants' accounts to net assets available for benefits

	2025	2024
Participants' account balances	$ 3,981,946	$ 4,017,352
Employers' contributions receivables	11,000	33,000
Unallocated activity	(49,751)	(20,771)
Net assets available for benefits - Reimbursement Plan	3,943,195	4,029,581
Net assets available for benefits - Standard Plan	10,032,439	9,634,134
Total net assets available for benefits	$ 13,975,634	$ 13,663,715

The Reimbursement Plan is an individual account balance plan. Individual account balances include contributions from employers, plus/minus investment gains/losses, less administrative expenses, transfers to reimburse the participants for qualified medical expenses or premiums for other health insurance that covers the participants, and funds forfeited. The employers' contributions receivables noted above were not received by the Plan as of August 31, 2025 and 2024, respectively, and therefore, were not credited to the participants' accounts by those dates. Forfeitures amounted to approximately $92,453 and $110,320 for the years ended August 31, 2025 and 2024, respectively.

Note 9 - Benefit obligations compared to net assets available for benefits

	2025	2024
Net assets available for benefits	$ 13,975,634	$ 13,663,715
Plan's total benefit obligations	7,937,946	7,103,352
Net assets available for benefits over Plan's total benefit obligations	$ 6,037,688	$ 6,560,363

Note 10 - Reconciliation of financial statements to Form 5500

For financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

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

	2025	2024
Net assets available for benefits per the financial statements	$ 13,975,634	$ 13,663,715
Less: claims payable and claims incurred but not reported	1,663,000	1,174,000
Net assets available for benefits as reported on Form 5500	$ 12,312,634	$ 12,489,715

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	Per Financial Statements	Reclassification	Per Form 5500
Investment income	$ 764,911	$ 55,217	$ 820,128
Contributions	12,691,020	-	12,691,020
Total additions	13,455,931	55,217	13,511,148
Benefits paid to or for participants	12,192,097	489,000	12,681,097
Administrative expenses	951,915	55,217	1,007,132
Total deductions	13,144,012	544,217	13,688,229
Net increase (decrease)	$ 311,919	$ (489,000)	$ (177,081)

Note 11 - Tax status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service dated January 13, 1972, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt. Additionally, the Plan believes it has no uncertain tax positions as of August 31, 2025 and 2024 in accordance with FASB ASC Topic 740 "Income Taxes".

THE AGMA HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	1.63%	02/15/2026	$ 5,000	$ 4,695	$ 4,946
U.S. TREASURY NOTES	1.63%	05/15/2026	25,000	23,475	24,603
U.S. TREASURY NOTES	1.63%	05/15/2026	30,000	29,246	29,523
U.S. TREASURY NOTES	1.50%	08/15/2026	45,000	42,405	44,009
U.S. TREASURY NOTES	1.50%	08/15/2026	85,000	80,052	83,128
U.S. TREASURY NOTES	2.00%	11/15/2026	50,000	48,492	48,948
U.S. TREASURY NOTES	2.00%	11/15/2026	95,000	92,241	93,000
U.S. TREASURY NOTES	4.25%	12/31/2026	40,000	39,995	40,239
U.S. TREASURY NOTES	4.25%	12/31/2026	85,000	85,017	85,508
U.S. TREASURY NOTES	2.25%	02/15/2027	45,000	45,211	44,067
U.S. TREASURY NOTES	2.25%	02/15/2027	90,000	89,278	88,133
U.S. TREASURY NOTES	2.75%	04/30/2027	50,000	49,627	49,254
U.S. TREASURY NOTES	2.75%	04/30/2027	100,000	99,100	98,508
U.S. TREASURY NOTES	2.38%	05/15/2027	40,000	40,953	39,150
U.S. TREASURY NOTES	2.38%	05/15/2027	80,000	80,641	78,300
U.S. TREASURY NOTES	3.75%	08/15/2027	40,000	39,930	40,080
U.S. TREASURY NOTES	3.75%	08/15/2027	85,000	84,822	85,169
U.S. TREASURY NOTES	2.25%	11/15/2027	55,000	50,387	53,425
U.S. TREASURY NOTES	2.25%	11/15/2027	100,000	92,053	97,137
U.S. TREASURY NOTES	3.88%	12/31/2027	40,000	39,905	40,241
U.S. TREASURY NOTES	3.88%	12/31/2027	80,000	79,785	80,482
U.S. TREASURY NOTES	2.75%	02/15/2028	45,000	44,789	44,116
U.S. TREASURY NOTES	2.75%	02/15/2028	80,000	80,356	78,428
U.S. TREASURY NOTES	4.00%	02/29/2028	40,000	39,599	40,384
U.S. TREASURY NOTES	4.00%	02/29/2028	85,000	84,147	85,817
U.S. TREASURY NOTES	1.25%	03/31/2028	50,000	44,224	47,141
U.S. TREASURY NOTES	1.25%	03/31/2028	85,000	75,198	80,139
U.S. TREASURY NOTES	2.88%	05/15/2028	50,000	49,928	49,080
U.S. TREASURY NOTES	2.88%	05/15/2028	85,000	85,245	83,436
U.S. TREASURY NOTES	1.13%	08/31/2028	45,000	45,079	41,871
U.S. TREASURY NOTES	1.13%	08/31/2028	85,000	84,271	79,090
U.S. TREASURY NOTES	4.63%	09/30/2028	40,000	40,755	41,195
U.S. TREASURY NOTES	4.63%	09/30/2028	85,000	86,606	87,540
U.S. TREASURY NOTES	3.13%	11/15/2028	45,000	47,679	44,358
U.S. TREASURY NOTES	3.13%	11/15/2028	90,000	94,552	88,717
U.S. TREASURY NOTES	1.50%	11/30/2028	55,000	53,006	51,496
U.S. TREASURY NOTES	1.50%	11/30/2028	90,000	86,501	84,266
U.S. TREASURY NOTES	4.00%	01/31/2029	45,000	44,872	45,564
U.S. TREASURY NOTES	4.00%	01/31/2029	100,000	99,715	101,254
U.S. TREASURY NOTES	1.88%	02/28/2029	45,000	44,962	42,458
U.S. TREASURY NOTES	1.88%	02/28/2029	80,000	79,842	75,482
U.S. TREASURY NOTES	2.88%	04/30/2029	50,000	49,815	48,735
U.S. TREASURY NOTES	2.88%	04/30/2029	90,000	88,902	87,722
U.S. TREASURY NOTES	2.75%	05/31/2029	40,000	39,526	38,788
U.S. TREASURY NOTES	2.75%	05/31/2029	80,000	78,938	77,575
U.S. TREASURY NOTES	4.00%	07/31/2029	40,000	40,574	40,528
U.S. TREASURY NOTES	4.00%	07/31/2029	80,000	80,984	81,056
U.S. TREASURY NOTES	1.63%	08/15/2029	50,000	50,392	46,416
U.S. TREASURY NOTES	1.63%	08/15/2029	100,000	99,744	92,832
U.S. TREASURY NOTES	4.13%	10/31/2029	45,000	45,059	45,814
U.S. TREASURY NOTES	4.13%	10/31/2029	85,000	85,102	86,538
U.S. TREASURY NOTES	3.88%	04/30/2030	45,000	44,830	45,382
U.S. TREASURY NOTES	3.88%	04/30/2030	85,000	84,651	85,721
U.S. TREASURY NOTES	0.63%	05/15/2030	50,000	47,125	43,451
U.S. TREASURY NOTES	0.63%	05/15/2030	120,000	109,193	104,282

THE AGMA HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	0.63%	08/15/2030	50,000	44,156	43,088
U.S. TREASURY NOTES	0.63%	08/15/2030	100,000	90,555	86,176
U.S. TREASURY NOTES	0.88%	11/15/2030	45,000	42,654	39,006
U.S. TREASURY NOTES	0.88%	11/15/2030	75,000	71,201	65,010
U.S. TREASURY NOTES	1.13%	02/15/2031	50,000	44,953	43,668
U.S. TREASURY NOTES	1.13%	02/15/2031	85,000	76,389	74,236
U.S. TREASURY NOTES	4.25%	02/28/2031	75,000	75,333	76,808
U.S. TREASURY NOTES	1.63%	05/15/2031	50,000	43,272	44,506
U.S. TREASURY NOTES	1.63%	05/15/2031	90,000	78,173	80,111
U.S. TREASURY NOTES	4.63%	05/31/2031	45,000	46,556	46,907
U.S. TREASURY NOTES	4.63%	05/31/2031	70,000	72,300	72,967
U.S. TREASURY NOTES	1.38%	11/15/2031	50,000	44,366	43,205
U.S. TREASURY NOTES	1.38%	11/15/2031	100,000	88,071	86,410
U.S. TREASURY NOTES	2.88%	05/15/2032	50,000	48,149	46,965
U.S. TREASURY NOTES	2.88%	05/15/2032	100,000	94,839	93,930
U.S. TREASURY NOTES	2.75%	08/15/2032	50,000	45,139	46,424
U.S. TREASURY NOTES	2.75%	08/15/2032	100,000	90,304	92,848
U.S. TREASURY NOTES	4.13%	11/15/2032	45,000	44,314	45,500
U.S. TREASURY NOTES	4.13%	11/15/2032	100,000	101,358	101,117
U.S. TREASURY NOTES	3.50%	02/15/2033	45,000	44,454	43,619
U.S. TREASURY NOTES	3.50%	02/15/2033	85,000	83,478	82,391
U.S. TREASURY NOTES	3.38%	05/15/2033	50,000	46,486	47,924
U.S. TREASURY NOTES	3.38%	05/15/2033	85,000	80,357	81,471
U.S. TREASURY NOTES	3.88%	08/15/2033	45,000	42,399	44,529
U.S. TREASURY NOTES	3.88%	08/15/2033	85,000	81,858	84,110
U.S. TREASURY NOTES	4.50%	11/15/2033	45,000	45,562	46,403
U.S. TREASURY NOTES	4.50%	11/15/2033	85,000	86,306	87,649
U.S. TREASURY NOTES	4.00%	02/15/2034	40,000	39,120	39,766
U.S. TREASURY NOTES	4.00%	02/15/2034	80,000	78,980	79,531
U.S. TREASURY NOTES	4.38%	05/15/2034	40,000	40,872	40,781
U.S. TREASURY NOTES	4.38%	05/15/2034	80,000	81,501	81,562
U.S. TREASURY BONDS	4.25%	11/15/2034	25,000	24,782	25,164
U.S. TREASURY BONDS	4.25%	11/15/2034	55,000	54,690	55,361
U.S. TREASURY NOTES	4.25%	05/15/2035	20,000	19,858	20,060
U.S. TREASURY NOTES	4.25%	05/15/2035	45,000	44,680	45,141
			$ 5,790,000	$ 5,630,936	$ 5,598,866

THE AGMA HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
SIMON PROPERTY GROUP	3.30%	01/15/2026	$ 15,000	$ 16,465	$ 14,932
SIMON PROPERTY GROUP	3.30%	01/15/2026	50,000	54,885	49,787
PACCAR FINANCIAL COR	5.00%	05/13/2027	25,000	24,980	25,441
PACCAR FINANCIAL COR	5.00%	05/13/2027	50,000	49,962	50,882
HOME DEPOT INC	4.88%	06/25/2027	60,000	59,957	60,962
ROYAL BK CA MTN CONV	5.20%	08/01/2028	35,000	34,984	36,152
ROYAL BK CA MTN CONV	5.20%	08/01/2028	60,000	60,083	61,975
NORTHERN TRUST CORP	1.95%	05/01/2030	30,000	28,584	27,285
NORTHERN TRUST CORP	1.95%	05/01/2030	65,000	61,686	59,117
JPMORGAN CHASE V-Q	2.74%	10/15/2030	40,000	40,497	37,675
JPMORGAN CHASE V-Q	2.74%	10/15/2030	80,000	80,993	75,350
BRISTOL-MYERS	5.20%	02/22/2034	25,000	25,153	25,668
BRISTOL-MYERS	5.20%	02/22/2034	45,000	45,184	46,202
JOHN DEERE CAP MTN	5.10%	04/11/2034	25,000	24,985	25,630
JOHN DEERE CAP MTN	5.10%	04/11/2034	50,000	50,042	51,260
UNION ELEC CO	5.25%	04/15/2035	30,000	30,085	30,641
UNION ELEC CO	5.25%	04/15/2035	50,000	49,995	51,068
			$ 735,000	$ 738,520	$ 730,027

THE AGMA HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
MCCORMICK & CO INC	0.90%	02/15/2026	$ 45,000	$ 44,898	$ 44,273
MCCORMICK & CO INC	0.90%	02/15/2026	65,000	64,864	63,950
AMERICAN EXPRESS	6.34%	10/30/2026	30,000	30,033	30,087
AMERICAN EXPRESS	6.34%	10/30/2026	70,000	70,066	70,203
ENTERPRISE PRODU	4.60%	01/11/2027	30,000	29,969	30,183
ENTERPRISE PRODU	4.60%	01/11/2027	70,000	69,974	70,426
MORGAN STANLEY MTN	3.63%	01/20/2027	25,000	25,744	24,867
MORGAN STANLEY MTN	3.63%	01/20/2027	55,000	56,276	54,707
CITIGROUP INC V-D	1.12%	01/28/2027	30,000	29,881	29,597
CITIGROUP INC V-D	1.12%	01/28/2027	50,000	49,992	49,329
TRUIST FINL MTN V-Q	1.27%	03/02/2027	25,000	24,941	24,622
TRUIST FINL MTN V-Q	1.27%	03/02/2027	60,000	59,627	59,093
VIRGINIA EL&PWR	3.50%	03/15/2027	30,000	29,265	29,766
VIRGINIA EL&PWR	3.50%	03/15/2027	70,000	68,455	69,455
CVS HEALTH CORP	1.30%	08/21/2027	35,000	34,962	33,048
CVS HEALTH CORP	1.30%	08/21/2027	70,000	69,862	66,097
BK MONTREAL CONV V-D	4.57%	09/10/2027	35,000	34,997	35,085
BK MONTREAL CONV V-D	4.57%	09/10/2027	65,000	64,994	65,159
NEXTERA ENERGY CAP	4.85%	02/04/2028	25,000	24,999	25,412
NEXTERA ENERGY CAP	4.85%	02/04/2028	55,000	55,078	55,905
SOUTHERN CO	1.75%	03/15/2028	35,000	34,709	33,039
SOUTHERN CO	1.75%	03/15/2028	75,000	73,727	70,798
WELLS FARGO MTN V-D	3.53%	03/24/2028	30,000	29,720	29,680
WELLS FARGO MTN V-D	3.53%	03/24/2028	55,000	55,000	54,414
KEURIG DR PEPPER INC	4.60%	05/25/2028	35,000	33,715	35,159
KEURIG DR PEPPER INC	4.60%	05/25/2028	70,000	67,392	70,317
BANK NOVA SCOT CONV	5.25%	06/12/2028	35,000	34,787	36,119
BANK NOVA SCOT CONV	5.25%	06/12/2028	75,000	74,544	77,399
ZOETIS INC	4.15%	08/17/2028	25,000	24,980	25,064
ZOETIS INC	4.15%	08/17/2028	55,000	54,955	55,141
VENTAS REALTY LP	4.40%	01/15/2029	35,000	34,536	35,106
VENTAS REALTY LP	4.40%	01/15/2029	65,000	64,141	65,196
BANK OF AMER MTN V-Q	3.97%	03/05/2029	40,000	42,169	39,760
BANK OF AMER MTN V-Q	3.97%	03/05/2029	75,000	78,316	74,551
LOWE'S COS INC	3.65%	04/05/2029	40,000	43,644	39,264
LOWE'S COS INC	3.65%	04/05/2029	55,000	60,218	53,988
GENERAL MILLS IN	4.22%	05/01/2029	80,000	67,881	61,157
GOLDMAN SACHS V-Q	4.22%	05/01/2029	40,000	39,593	40,028
GOLDMAN SACHS V-Q	4.22%	05/01/2029	80,000	79,264	80,057
US BANCORP MTN	3.00%	07/30/2029	30,000	31,037	28,661
US BANCORP MTN	3.00%	07/30/2029	65,000	65,701	62,098
ORACLE CORP	4.20%	09/27/2029	35,000	34,949	34,909
ORACLE CORP	4.20%	09/27/2029	65,000	64,889	64,830
AMGEN INC	2.45%	02/21/2030	60,000	64,408	55,507
AMGEN INC	2.45%	02/21/2030	35,000	36,764	32,379
DTE ENERGY CO	5.20%	04/01/2030	60,000	60,510	61,846
DTE ENERGY CO	5.20%	04/01/2030	30,000	30,190	30,923
GENERAL MILLS IN	2.88%	04/15/2030	35,000	37,121	32,930
NORTHROP GRUMMAN COR	4.65%	07/15/2030	70,000	70,180	71,198
NORTHROP GRUMMAN COR	4.65%	07/15/2030	35,000	35,090	35,599
CIGNA CORP	2.38%	03/15/2031	60,000	59,451	53,806
CIGNA CORP	2.38%	03/15/2031	35,000	35,067	31,387
VERIZON COMM INC	2.55%	03/21/2031	72,000	67,848	65,298
VERIZON COMM INC	2.55%	03/21/2031	36,000	33,547	32,649
TOR DOM BK MTN CONV	2.00%	09/10/2031	65,000	64,737	57,403

THE AGMA HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
TOR DOM BK MTN CONV	2.00%	09/10/2031	35,000	34,858	30,909
CAN IMPERIAL BK CONV	3.60%	04/07/2032	70,000	65,279	65,921
CAN IMPERIAL BK CONV	3.60%	04/07/2032	35,000	32,640	32,961
			$ 2,868,000	$ 2,856,434	$ 2,788,715

THE AGMA HEALTH FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
BLACKROCK LIQUIDITY FEDFUND INST	36,313	$ 36,313	$ 36,313
BLACKROCK LIQUIDITY FEDFUND INST	55,873	55,873	55,873
BLACKROCK LIQUIDITY FEDFUND INST	10,397	10,397	10,397
BLACKROCK LIQUIDITY FEDFUND INST	54,941	54,941	54,941
CAUSEWAY INT'L VALUE FUND CL I	3,454	72,116	80,554
CAUSEWAY INT'L VALUE FUND CL I	1,726	36,033	40,249
FT BHVRL SM CAP GRW-R6	1,359	69,517	68,280
FT BHVRL SM CAP GRW-R6	657	33,603	33,005
ISHARES CORE MSCI EAFE ETF	1,798	110,325	153,747
ISHARES CORE MSCI EAFE ETF	899	55,730	76,873
ISHARES CORE MSCI EMERGING	862	45,550	53,522
ISHARES CORE MSCI EMERGING	431	23,313	26,761
ISHARES RUSSELL 1000 GROWTH ETF	984	195,379	438,461
ISHARES RUSSELL 1000 GROWTH ETF	477	90,311	212,547
ISHARES RUSSELL 1000 VALUE ETF	2,102	308,250	423,825
ISHARES RUSSELL 1000 VALUE ETF	1,019	147,477	205,461
ISHARES RUSSELL 2000 VALUE ETF	394	47,230	68,584
ISHARES RUSSELL 2000 VALUE ETF	191	24,659	33,247
VANGUARD S&P 500 ETF	728	183,181	431,762
VANGUARD S&P 500 ETF	353	84,614	209,357
WCM FOCUSED INT'L GR FR CL INSTL	2,831	72,026	74,864
WCM FOCUSED INT'L GR FR CL INSTL	1,426	35,926	37,691
		$ 1,792,764	$ 2,826,314

THE AGMA HEALTH FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	BLACKROCK LIQUIDITY FEDFUND INST	$ -	$ 3,284,526	$ -	$ -	$ 3,284,526	$ 3,284,526	$ -
N/A	BLACKROCK LIQUIDITY FEDFUND INST	2,415,808	-	-	-	-	2,415,808	-

THE AGMA HEALTH FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED AUGUST 31, 2025 AND 2024

	2025	2024
Payroll	$ 224,082	$ 373,695
Payroll taxes	15,898	27,319
Employee benefits	38,059	102,026
Third party administration	176,437	15,596
Occupancy	34,665	65,347
Office	81,961	142,999
Legal	106,891	178,774
Accounting	47,000	45,000
Payroll audits	6,812	7,674
Consulting	143,597	161,880
Insurance	22,470	30,394
Conferences and meetings	2,784	4,347
Depreciation	51,259	79,581
Total administrative expenses	$ 951,915	$ 1,234,632

THE AGMA HEALTH FUND

DETAILED SCHEDULE OF NET ASSETS AVAILABLE FOR BENEFITS

AUGUST 31, 2025

	Standard Plan	Reimb. Plan	Elimination	Total
Assets				
Investments at fair value				
U.S. government securities	$ 3,705,610	$ 1,893,256	$ -	$ 5,598,866
Corporate debt instruments	2,351,849	1,166,893	-	3,518,742
Registered investment companies	1,885,785	940,529	-	2,826,314
Total investments	7,943,244	4,000,678	-	11,943,922
Receivables				
Participant contributions	30,000	-	-	30,000
Employers' contributions	523,000	11,000	-	534,000
Accrued interest/dividends	54,039	26,611	-	80,650
Related organizations	109,973	-	(109,087)	886
Prescription rebate receivable	355,400	-	-	355,400
Stop loss receivable	528,000	-	-	528,000
Cash	515,467	71,330	-	586,797
Other assets	32,308	6,801	-	39,109
Total assets	10,091,431	4,116,420	(109,087)	14,098,764
Liabilities				
Accounts payable	58,992	64,138	-	123,130
Related organizations	-	109,087	(109,087)	-
Total liabilities	58,992	173,225	(109,087)	123,130
Net assets available for benefits	$ 10,032,439	$ 3,943,195	$ -	$ 13,975,634

THE AGMA HEALTH FUND

DETAILED SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED AUGUST 31, 2025

	Standard Plan	Reimb. Plan	Total
Additions to net assets attributed to:			
Investment income			
Net appreciation in fair value of investments	$ 323,607	$ 161,182	$ 484,789
Interest/dividends	230,956	104,383	335,339
Total investment income	554,563	265,565	820,128
Less investment expenses	(42,210)	(13,007)	(55,217)
Net investment income	512,353	252,558	764,911
Contributions			
Participants'	672,878	-	672,878
Employers'	11,740,302	277,840	12,018,142
Total additions	12,925,533	530,398	13,455,931
Deductions from net assets attributed to:			
Benefits paid to or for participants			
Health care	10,993,069	-	10,993,069
Group health insurance premiums	152,517	-	152,517
Stop loss insurance premiums	705,710	-	705,710
Personal account benefits	-	340,801	340,801
Total benefits paid	11,851,296	340,801	12,192,097
Administrative expenses	739,688	212,227	951,915
Total deductions	12,590,984	553,028	13,144,012
Net increase (decrease)	334,549	(22,630)	311,919
Net assets available for benefits			
Beginning of year	9,634,134	4,029,581	13,663,715
Transfer of forfeited accounts	63,756	(63,756)	-
End of year	$ 10,032,439	$ 3,943,195	$ 13,975,634

THE AGMA HEALTH FUND

DETAILED SCHEDULE OF ADMINISTRATIVE EXPENSES

YEAR ENDED AUGUST 31, 2025

	Standard Plan	Reimb. Plan	Total
Payroll	$ 146,939	$ 77,143	$ 224,082
Payroll taxes	10,196	5,702	15,898
Employee benefits	24,827	13,232	38,059
Third party administration	165,849	10,588	176,437
Occupancy	22,732	11,933	34,665
Office	66,445	15,516	81,961
Legal	70,789	36,102	106,891
Accounting	31,000	16,000	47,000
Payroll audits	4,467	2,345	6,812
Consulting	143,597	-	143,597
Insurance	17,298	5,172	22,470
Conferences and meetings	1,939	845	2,784
Depreciation	33,610	17,649	51,259
Total administrative expenses	$ 739,688	$ 212,227	$ 951,915

THE AGMA HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	1.63%	02/15/2026	$ 5,000	$ 4,695	$ 4,946
U.S. TREASURY NOTES	1.63%	05/15/2026	25,000	23,475	24,603
U.S. TREASURY NOTES	1.63%	05/15/2026	30,000	29,246	29,523
U.S. TREASURY NOTES	1.50%	08/15/2026	45,000	42,405	44,009
U.S. TREASURY NOTES	1.50%	08/15/2026	85,000	80,052	83,128
U.S. TREASURY NOTES	2.00%	11/15/2026	50,000	48,492	48,948
U.S. TREASURY NOTES	2.00%	11/15/2026	95,000	92,241	93,000
U.S. TREASURY NOTES	4.25%	12/31/2026	40,000	39,995	40,239
U.S. TREASURY NOTES	4.25%	12/31/2026	85,000	85,017	85,508
U.S. TREASURY NOTES	2.25%	02/15/2027	45,000	45,211	44,067
U.S. TREASURY NOTES	2.25%	02/15/2027	90,000	89,278	88,133
U.S. TREASURY NOTES	2.75%	04/30/2027	50,000	49,627	49,254
U.S. TREASURY NOTES	2.75%	04/30/2027	100,000	99,100	98,508
U.S. TREASURY NOTES	2.38%	05/15/2027	40,000	40,953	39,150
U.S. TREASURY NOTES	2.38%	05/15/2027	80,000	80,641	78,300
U.S. TREASURY NOTES	3.75%	08/15/2027	40,000	39,930	40,080
U.S. TREASURY NOTES	3.75%	08/15/2027	85,000	84,822	85,169
U.S. TREASURY NOTES	2.25%	11/15/2027	55,000	50,387	53,425
U.S. TREASURY NOTES	2.25%	11/15/2027	100,000	92,053	97,137
U.S. TREASURY NOTES	3.88%	12/31/2027	40,000	39,905	40,241
U.S. TREASURY NOTES	3.88%	12/31/2027	80,000	79,785	80,482
U.S. TREASURY NOTES	2.75%	02/15/2028	45,000	44,789	44,116
U.S. TREASURY NOTES	2.75%	02/15/2028	80,000	80,356	78,428
U.S. TREASURY NOTES	4.00%	02/29/2028	40,000	39,599	40,384
U.S. TREASURY NOTES	4.00%	02/29/2028	85,000	84,147	85,817
U.S. TREASURY NOTES	1.25%	03/31/2028	50,000	44,224	47,141
U.S. TREASURY NOTES	1.25%	03/31/2028	85,000	75,198	80,139
U.S. TREASURY NOTES	2.88%	05/15/2028	50,000	49,928	49,080
U.S. TREASURY NOTES	2.88%	05/15/2028	85,000	85,245	83,436
U.S. TREASURY NOTES	1.13%	08/31/2028	45,000	45,079	41,871
U.S. TREASURY NOTES	1.13%	08/31/2028	85,000	84,271	79,090
U.S. TREASURY NOTES	4.63%	09/30/2028	40,000	40,755	41,195
U.S. TREASURY NOTES	4.63%	09/30/2028	85,000	86,606	87,540
U.S. TREASURY NOTES	3.13%	11/15/2028	45,000	47,679	44,358
U.S. TREASURY NOTES	3.13%	11/15/2028	90,000	94,552	88,717
U.S. TREASURY NOTES	1.50%	11/30/2028	55,000	53,006	51,496
U.S. TREASURY NOTES	1.50%	11/30/2028	90,000	86,501	84,266
U.S. TREASURY NOTES	4.00%	01/31/2029	45,000	44,872	45,564
U.S. TREASURY NOTES	4.00%	01/31/2029	100,000	99,715	101,254
U.S. TREASURY NOTES	1.88%	02/28/2029	45,000	44,962	42,458
U.S. TREASURY NOTES	1.88%	02/28/2029	80,000	79,842	75,482
U.S. TREASURY NOTES	2.88%	04/30/2029	50,000	49,815	48,735
U.S. TREASURY NOTES	2.88%	04/30/2029	90,000	88,902	87,722
U.S. TREASURY NOTES	2.75%	05/31/2029	40,000	39,526	38,788
U.S. TREASURY NOTES	2.75%	05/31/2029	80,000	78,938	77,575
U.S. TREASURY NOTES	4.00%	07/31/2029	40,000	40,574	40,528
U.S. TREASURY NOTES	4.00%	07/31/2029	80,000	80,984	81,056
U.S. TREASURY NOTES	1.63%	08/15/2029	50,000	50,392	46,416
U.S. TREASURY NOTES	1.63%	08/15/2029	100,000	99,744	92,832
U.S. TREASURY NOTES	4.13%	10/31/2029	45,000	45,059	45,814
U.S. TREASURY NOTES	4.13%	10/31/2029	85,000	85,102	86,538
U.S. TREASURY NOTES	3.88%	04/30/2030	45,000	44,830	45,382
U.S. TREASURY NOTES	3.88%	04/30/2030	85,000	84,651	85,721
U.S. TREASURY NOTES	0.63%	05/15/2030	50,000	47,125	43,451
U.S. TREASURY NOTES	0.63%	05/15/2030	120,000	109,193	104,282

THE AGMA HEALTH FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
U.S. TREASURY NOTES	0.63%	08/15/2030	50,000	44,156	43,088
U.S. TREASURY NOTES	0.63%	08/15/2030	100,000	90,555	86,176
U.S. TREASURY NOTES	0.88%	11/15/2030	45,000	42,654	39,006
U.S. TREASURY NOTES	0.88%	11/15/2030	75,000	71,201	65,010
U.S. TREASURY NOTES	1.13%	02/15/2031	50,000	44,953	43,668
U.S. TREASURY NOTES	1.13%	02/15/2031	85,000	76,389	74,236
U.S. TREASURY NOTES	4.25%	02/28/2031	75,000	75,333	76,808
U.S. TREASURY NOTES	1.63%	05/15/2031	50,000	43,272	44,506
U.S. TREASURY NOTES	1.63%	05/15/2031	90,000	78,173	80,111
U.S. TREASURY NOTES	4.63%	05/31/2031	45,000	46,556	46,907
U.S. TREASURY NOTES	4.63%	05/31/2031	70,000	72,300	72,967
U.S. TREASURY NOTES	1.38%	11/15/2031	50,000	44,366	43,205
U.S. TREASURY NOTES	1.38%	11/15/2031	100,000	88,071	86,410
U.S. TREASURY NOTES	2.88%	05/15/2032	50,000	48,149	46,965
U.S. TREASURY NOTES	2.88%	05/15/2032	100,000	94,839	93,930
U.S. TREASURY NOTES	2.75%	08/15/2032	50,000	45,139	46,424
U.S. TREASURY NOTES	2.75%	08/15/2032	100,000	90,304	92,848
U.S. TREASURY NOTES	4.13%	11/15/2032	45,000	44,314	45,500
U.S. TREASURY NOTES	4.13%	11/15/2032	100,000	101,358	101,117
U.S. TREASURY NOTES	3.50%	02/15/2033	45,000	44,454	43,619
U.S. TREASURY NOTES	3.50%	02/15/2033	85,000	83,478	82,391
U.S. TREASURY NOTES	3.38%	05/15/2033	50,000	46,486	47,924
U.S. TREASURY NOTES	3.38%	05/15/2033	85,000	80,357	81,471
U.S. TREASURY NOTES	3.88%	08/15/2033	45,000	42,399	44,529
U.S. TREASURY NOTES	3.88%	08/15/2033	85,000	81,858	84,110
U.S. TREASURY NOTES	4.50%	11/15/2033	45,000	45,562	46,403
U.S. TREASURY NOTES	4.50%	11/15/2033	85,000	86,306	87,649
U.S. TREASURY NOTES	4.00%	02/15/2034	40,000	39,120	39,766
U.S. TREASURY NOTES	4.00%	02/15/2034	80,000	78,980	79,531
U.S. TREASURY NOTES	4.38%	05/15/2034	40,000	40,872	40,781
U.S. TREASURY NOTES	4.38%	05/15/2034	80,000	81,501	81,562
U.S. TREASURY BONDS	4.25%	11/15/2034	25,000	24,782	25,164
U.S. TREASURY BONDS	4.25%	11/15/2034	55,000	54,690	55,361
U.S. TREASURY NOTES	4.25%	05/15/2035	20,000	19,858	20,060
U.S. TREASURY NOTES	4.25%	05/15/2035	45,000	44,680	45,141
			$ 5,790,000	$ 5,630,936	$ 5,598,866

THE AGMA HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
SIMON PROPERTY GROUP	3.30%	01/15/2026	$ 15,000	$ 16,465	$ 14,932
SIMON PROPERTY GROUP	3.30%	01/15/2026	50,000	54,885	49,787
PACCAR FINANCIAL COR	5.00%	05/13/2027	25,000	24,980	25,441
PACCAR FINANCIAL COR	5.00%	05/13/2027	50,000	49,962	50,882
HOME DEPOT INC	4.88%	06/25/2027	60,000	59,957	60,962
ROYAL BK CA MTN CONV	5.20%	08/01/2028	35,000	34,984	36,152
ROYAL BK CA MTN CONV	5.20%	08/01/2028	60,000	60,083	61,975
NORTHERN TRUST CORP	1.95%	05/01/2030	30,000	28,584	27,285
NORTHERN TRUST CORP	1.95%	05/01/2030	65,000	61,686	59,117
JPMORGAN CHASE V-Q	2.74%	10/15/2030	40,000	40,497	37,675
JPMORGAN CHASE V-Q	2.74%	10/15/2030	80,000	80,993	75,350
BRISTOL-MYERS	5.20%	02/22/2034	25,000	25,153	25,668
BRISTOL-MYERS	5.20%	02/22/2034	45,000	45,184	46,202
JOHN DEERE CAP MTN	5.10%	04/11/2034	25,000	24,985	25,630
JOHN DEERE CAP MTN	5.10%	04/11/2034	50,000	50,042	51,260
UNION ELEC CO	5.25%	04/15/2035	30,000	30,085	30,641
UNION ELEC CO	5.25%	04/15/2035	50,000	49,995	51,068
			$ 735,000	$ 738,520	$ 730,027

THE AGMA HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
MCCORMICK & CO INC	0.90%	02/15/2026	$ 45,000	$ 44,898	$ 44,273
MCCORMICK & CO INC	0.90%	02/15/2026	65,000	64,864	63,950
AMERICAN EXPRESS	6.34%	10/30/2026	30,000	30,033	30,087
AMERICAN EXPRESS	6.34%	10/30/2026	70,000	70,066	70,203
ENTERPRISE PRODU	4.60%	01/11/2027	30,000	29,969	30,183
ENTERPRISE PRODU	4.60%	01/11/2027	70,000	69,974	70,426
MORGAN STANLEY MTN	3.63%	01/20/2027	25,000	25,744	24,867
MORGAN STANLEY MTN	3.63%	01/20/2027	55,000	56,276	54,707
CITIGROUP INC V-D	1.12%	01/28/2027	30,000	29,881	29,597
CITIGROUP INC V-D	1.12%	01/28/2027	50,000	49,992	49,329
TRUIST FINL MTN V-Q	1.27%	03/02/2027	25,000	24,941	24,622
TRUIST FINL MTN V-Q	1.27%	03/02/2027	60,000	59,627	59,093
VIRGINIA EL&PWR	3.50%	03/15/2027	30,000	29,265	29,766
VIRGINIA EL&PWR	3.50%	03/15/2027	70,000	68,455	69,455
CVS HEALTH CORP	1.30%	08/21/2027	35,000	34,962	33,048
CVS HEALTH CORP	1.30%	08/21/2027	70,000	69,862	66,097
BK MONTREAL CONV V-D	4.57%	09/10/2027	35,000	34,997	35,085
BK MONTREAL CONV V-D	4.57%	09/10/2027	65,000	64,994	65,159
NEXTERA ENERGY CAP	4.85%	02/04/2028	25,000	24,999	25,412
NEXTERA ENERGY CAP	4.85%	02/04/2028	55,000	55,078	55,905
SOUTHERN CO	1.75%	03/15/2028	35,000	34,709	33,039
SOUTHERN CO	1.75%	03/15/2028	75,000	73,727	70,798
WELLS FARGO MTN V-D	3.53%	03/24/2028	30,000	29,720	29,680
WELLS FARGO MTN V-D	3.53%	03/24/2028	55,000	55,000	54,414
KEURIG DR PEPPER INC	4.60%	05/25/2028	35,000	33,715	35,159
KEURIG DR PEPPER INC	4.60%	05/25/2028	70,000	67,392	70,317
BANK NOVA SCOT CONV	5.25%	06/12/2028	35,000	34,787	36,119
BANK NOVA SCOT CONV	5.25%	06/12/2028	75,000	74,544	77,399
ZOETIS INC	4.15%	08/17/2028	25,000	24,980	25,064
ZOETIS INC	4.15%	08/17/2028	55,000	54,955	55,141
VENTAS REALTY LP	4.40%	01/15/2029	35,000	34,536	35,106
VENTAS REALTY LP	4.40%	01/15/2029	65,000	64,141	65,196
BANK OF AMER MTN V-Q	3.97%	03/05/2029	40,000	42,169	39,760
BANK OF AMER MTN V-Q	3.97%	03/05/2029	75,000	78,316	74,551
LOWE'S COS INC	3.65%	04/05/2029	40,000	43,644	39,264
LOWE'S COS INC	3.65%	04/05/2029	55,000	60,218	53,988
GENERAL MILLS IN	4.22%	05/01/2029	80,000	67,881	61,157
GOLDMAN SACHS V-Q	4.22%	05/01/2029	40,000	39,593	40,028
GOLDMAN SACHS V-Q	4.22%	05/01/2029	80,000	79,264	80,057
US BANCORP MTN	3.00%	07/30/2029	30,000	31,037	28,661
US BANCORP MTN	3.00%	07/30/2029	65,000	65,701	62,098
ORACLE CORP	4.20%	09/27/2029	35,000	34,949	34,909
ORACLE CORP	4.20%	09/27/2029	65,000	64,889	64,830
AMGEN INC	2.45%	02/21/2030	60,000	64,408	55,507
AMGEN INC	2.45%	02/21/2030	35,000	36,764	32,379
DTE ENERGY CO	5.20%	04/01/2030	60,000	60,510	61,846
DTE ENERGY CO	5.20%	04/01/2030	30,000	30,190	30,923
GENERAL MILLS IN	2.88%	04/15/2030	35,000	37,121	32,930
NORTHROP GRUMMAN COR	4.65%	07/15/2030	70,000	70,180	71,198
NORTHROP GRUMMAN COR	4.65%	07/15/2030	35,000	35,090	35,599
CIGNA CORP	2.38%	03/15/2031	60,000	59,451	53,806
CIGNA CORP	2.38%	03/15/2031	35,000	35,067	31,387
VERIZON COMM INC	2.55%	03/21/2031	72,000	67,848	65,298
VERIZON COMM INC	2.55%	03/21/2031	36,000	33,547	32,649
TOR DOM BK MTN CONV	2.00%	09/10/2031	65,000	64,737	57,403

THE AGMA HEALTH FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
TOR DOM BK MTN CONV	2.00%	09/10/2031	35,000	34,858	30,909
CAN IMPERIAL BK CONV	3.60%	04/07/2032	70,000	65,279	65,921
CAN IMPERIAL BK CONV	3.60%	04/07/2032	35,000	32,640	32,961
			$ 2,868,000	$ 2,856,434	$ 2,788,715

THE AGMA HEALTH FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
BLACKROCK LIQUIDITY FEDFUND INST	36,313	$ 36,313	$ 36,313
BLACKROCK LIQUIDITY FEDFUND INST	55,873	55,873	55,873
BLACKROCK LIQUIDITY FEDFUND INST	10,397	10,397	10,397
BLACKROCK LIQUIDITY FEDFUND INST	54,941	54,941	54,941
CAUSEWAY INT'L VALUE FUND CL I	3,454	72,116	80,554
CAUSEWAY INT'L VALUE FUND CL I	1,726	36,033	40,249
FT BHVRL SM CAP GRW-R6	1,359	69,517	68,280
FT BHVRL SM CAP GRW-R6	657	33,603	33,005
ISHARES CORE MSCI EAFE ETF	1,798	110,325	153,747
ISHARES CORE MSCI EAFE ETF	899	55,730	76,873
ISHARES CORE MSCI EMERGING	862	45,550	53,522
ISHARES CORE MSCI EMERGING	431	23,313	26,761
ISHARES RUSSELL 1000 GROWTH ETF	984	195,379	438,461
ISHARES RUSSELL 1000 GROWTH ETF	477	90,311	212,547
ISHARES RUSSELL 1000 VALUE ETF	2,102	308,250	423,825
ISHARES RUSSELL 1000 VALUE ETF	1,019	147,477	205,461
ISHARES RUSSELL 2000 VALUE ETF	394	47,230	68,584
ISHARES RUSSELL 2000 VALUE ETF	191	24,659	33,247
VANGUARD S&P 500 ETF	728	183,181	431,762
VANGUARD S&P 500 ETF	353	84,614	209,357
WCM FOCUSED INT'L GR FR CL INSTL	2,831	72,026	74,864
WCM FOCUSED INT'L GR FR CL INSTL	1,426	35,926	37,691
		$ 1,792,764	$ 2,826,314

THE AGMA HEALTH FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED AUGUST 31, 2025

EIN 13-2643045, PLAN NO. 501

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	BLACKROCK LIQUIDITY FEDFUND INST	$ -	$ 3,284,526	$ -	$ -	$ 3,284,526	$ 3,284,526	$ -
N/A	BLACKROCK LIQUIDITY FEDFUND INST	2,415,808	-	-	-	-	2,415,808	-

[redacted]

Certified Article Number

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SENDER'S RECORD