

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3</u> <u>3333 SOUTH 24TH STREET</u> <u>OMAHA, NE 68108-1852</u>	1c Effective date of plan <u>04/01/1996</u> 2b Employer Identification Number (EIN) <u>47-0795205</u> 2c Plan Sponsor's telephone number <u>402-330-3383</u> 2d Business code (see instructions) <u>238220</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/29/2025	JASON GRIESEMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/29/2025	JASON GRIESEMER
	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 (2023)
v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	883
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	733
	6a(2)	688
	6b	57
	6c	235
	6d	980
	6e	0
	6f	980
	6g(1)	973
6g(2)	955	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	24

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3	D Employer Identification Number (EIN) 47-0795205	

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

IRON CO FID COMPREHENSIVE **630 DUNDEE ROAD SUITE 200**
NORTHBROOK, IL 60062

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

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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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	VENDOR	80259	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	20214	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BENEFIT PLANS INC

16924 FRANCES STREET SUITE 100
OMAHA, NE 68130

(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	TPA	59095	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5390	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COMMONWEALTH FINANCIAL NETWORK

29 SAWYER ROAD
WALTHAM, MA 02453

(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	ADVISOR	56669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

O'DONNELL FICENEC WILLS & FERDIG

4815 SOUTH 107TH AVENUE
OMAHA, NE 68127

(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	CPA	50000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEINBERG AND WEINBERG

9290 WEST DODGE ROAD SUITE 205
OMAHA, NE 68124

(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	ATTORNEY	2350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SECURITIES AMERICA

12325 PORT GRACE BLVD
LAVISTA, NE 68128

(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	ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18095	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3	D Employer Identification Number (EIN) 47-0795205

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	11231	19457
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	163429	161898
(2) Participant contributions	1b(2)	43348	65572
(3) Other	1b(3)	17365	17861
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4139166	4230142
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	38987400	45769513
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	43361939	50264443
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	10281	40815
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10281	40815
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	43351658	50223628

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)	2052550	
(B) Participants	2a(1)(B)	861465	
(C) Others (including rollovers)	2a(1)(C)	1518	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		2915533
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	87222	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		87222
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		6105564
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9108319

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2142915	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2142915
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	40584	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	50000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	500	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2350	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		93434
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2236349

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6871970
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: O'DONNEL, FICENEC

(2) EIN: 47-0387937

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 2023 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3</u>	D Employer Identification Number (EIN) <u>47-0795205</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-4156830

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 10/02/2017 (MM/DD/YYYY) and the Opinion Letter serial number Q702337A.

**SHEET METAL WORKERS'
INTERNATIONAL ASSOCIATION LOCAL 3 401(k) PLAN
OMAHA, NEBRASKA**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
WITH
INDEPENDENT AUDITOR'S REPORT
FOR THE YEARS ENDED
JUNE 30, 2024 AND 2023**

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

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INDEPENDENT AUDITOR'S REPORT

Sheet Metal Workers' International Association
Local 3 401(k) Plan
Omaha, Nebraska

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

We have performed audits of the accompanying financial statements of Sheet Metal Workers' International Association Local 3 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C)]. The financial statements comprise the statement of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Sheet Metal Workers' International Association Local 3 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of June 30, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Sheet Metal Workers' International Association Local 3 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sheet Metal Workers' International Association Local 3 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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 judgement made by a reasonable user based on the financial statements.

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

- Exercise professional judgement 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 Sheet Metal Workers' International Association Local 3 401(k) 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 judgement, there are conditions, or events, considered in the aggregate, that raise substantial doubt about Sheet Metal Workers' International Association Local 3 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such

Supplemental Schedule Required by ERISA (Continued)

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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion -

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

O'Donnell, Ficenec, Wills & Fendig, LLP

Omaha, Nebraska
January 25, 2025

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023**

	2024	2023
ASSETS:		
Participant directed investments -		
Mutual funds, at fair value	\$ 45,769,514	\$ 38,987,399
Investment contract, at contract value	<u>4,230,142</u>	<u>4,139,166</u>
Total investments	49,999,656	43,126,565
Receivables -		
Employer contributions	161,898	163,429
Participant contributions	65,572	43,348
Other receivables	<u>17,861</u>	<u>17,365</u>
Total contributions receivable	245,331	224,142
Cash -		
Plan checking account	<u>19,457</u>	<u>11,231</u>
Total assets	50,264,444	43,361,938
LIABILITIES:		
Accounts payable	40,815	10,281
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 50,223,629</u></u>	<u><u>\$ 43,351,657</u></u>

See accompanying notes to financial statements.

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

	2024	2023
ADDITIONS:		
Investment income (loss) -		
Realized income and net appreciation (depreciation) in fair value or contract value of investments -		
Mutual funds	\$ 6,016,580	\$ 4,327,582
Investment contract	<u>97,263</u>	<u>61,426</u>
Total investment income	6,113,843	4,389,008
 Contributions -		
Employers	2,052,550	2,309,107
Participants	861,465	884,369
Rollovers	<u>1,518</u>	<u>50,046</u>
Total contributions	2,915,533	3,243,522
 Deduct and forward fee income	<u>78,945</u>	<u>66,733</u>
Total additions	9,108,321	7,699,263
 DEDUCTIONS:		
Benefits paid directly to participants	2,142,915	2,546,032
Administrative expenses -		
Third party administrator fee	33,079	30,789
Audit fee	50,000	58,895
Bond insurance	7,505	8,005
Legal fee	2,350	7,106
Other (including Nationwide fee)	<u>500</u>	<u>500</u>
Total deductions	<u>2,236,349</u>	<u>2,651,327</u>
Net increase (decrease)	6,871,972	5,047,936
 NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	43,351,657	38,303,721
 End of year	<u>\$ 50,223,629</u>	<u>\$ 43,351,657</u>

See accompanying notes to financial statements.

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Sheet Metal Workers' International Association Local 3 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of its provisions.

General -

The Plan is a profit-sharing defined contribution plan with a 401(k) feature established April 1, 1996, and amended and restated July 1, 1997. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Summary Plan Description is available from the offices of the Plan's sponsor, Sheet Metal Workers Local 3 (Local 3), or the Plan's third-party administrator, Benefit Plans, Inc. (BPI). The Board of Trustees is responsible for oversight and determines the appropriateness and performance of investments offered participants by the Plan.

Eligibility -

Sheet Metal Workers Local 3 (the Local) is a chartered local affiliate of the International Association of Sheet Metal, Air, Rail and Transportation Workers. The Local represents its members with area contractors under terms of collective bargaining agreements covering a jurisdictional area of Eastern Nebraska and Western Iowa, including Omaha and Lincoln, Nebraska, and Sioux City, Iowa. All employee members of the Local and other employees in covered employment under the jurisdiction of the collective bargaining agreement are eligible.

All employees participate in the Plan immediately regardless of any other terms of the plan document. However, employees in pre-apprenticeship programs and first or second year apprentices are limited to participation only in the elective 401(k) portion of the Plan.

Employer Contributions -

Employers subject to the collective bargaining agreement contribute to the Plan for each hour worked by the employee in covered employment as determined annually by the collective bargaining agreement. For the years ended June 30, 2024 and 2023, the contribution amount for each hour was \$2.20 for Omaha members, \$1.30 for Lincoln members, and \$0.60, for Sioux City members.

Employee Contributions -

Each employee may elect to contribute a portion of their gross compensation on a pretax basis. The maximum yearly contribution is \$23,000 plus \$7,500 for catch-up contributions for employees who have attained the age of 50 before the end of the plan year. Employees may also deposit rollover distributions received from other qualified plans into their participant account.

Participants' Accounts -

Each participant's account is credited with the employers' contributions specified by the collective bargaining agreement, the participant's voluntary contributions, and plan earnings. Each participant's account is charged with distributions, payments of benefits, account fees and an administrative expense charge (referred to as deduct and forward fees). These fees were \$6.25 per month for 2024 and 2023. The benefit to which a participant is entitled is limited to the benefit that can be provided from each participant's vested account balance.

Vesting -

Participants are fully vested immediately in both voluntary elective and employer contributions.

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

Forfeitures -

Participant's account balances are non-forfeitable.

Investment Options -

All available investment options are participant directed. Participants may change their investment options daily. Participants, at their option and for an additional fee, may choose to have their investments managed by an independent investment advisor under contract with the Plan.

Participant Loans -

Loans to participants are not permitted under the Plan.

Retirement Age -

Normal retirement age is 65 and early retirement age is 55.

Payment of Benefits -

Upon termination of service due to death, disability, or retirement, an employee may elect to receive benefits under one of the following methods:

- a) lump sum payment equal to the value of the participant's vested interest,
- b) installments over a period not to exceed the life expectancy of the employee or the employee's spouse,
- c) purchase a non-transferable annuity contract, or
- d) any combination of the available options.

Hardship Withdrawals -

Hardship distributions are authorized from a participant's elective contributions if the distributions are made solely for immediate and heavy financial need for:

- a) medical expenses of the participant or participant's spouse or dependents described in Section 213(d) of the IRC,
- b) the purchase (excluding mortgage payments) of a principal residence for the participant,
- c) payment of tuition and related educational fees for the next twelve (12) months of post secondary education for the participant or the participant's spouse, children or dependents,
- d) the need to prevent the participant's eviction from or foreclosure on the mortgage of the participant's principal residence, or
- e) casualty losses as described in Section 165 of the IRC.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. *Basis of Accounting -*

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

B. *Use of Estimates -*

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) require the trustees to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. *Contributions Receivable* -

Receivables consist of uncollected amounts for employers' required contributions and for participants' elective contributions. Management evaluates uncollected receivables annually for collectability. Amounts judged as delinquent are referred for legal action. No allowance for possible uncollectable receivables has been recorded for the current or prior year.

D. *Investment Valuation and Income Recognition* -

The Plan's investments, except for fully benefit responsive investment contracts reported at contract value, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 3 for discussion of fair value measurements.

Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under terms of the Plan.

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.

E. *Payment of Benefits* -

Benefits are recorded when paid.

F. *Investment Expenses* -

Investment related expenses, including a \$75.00 per participant administrative fee and a 0.97% fee for managed accounts, are netted against investment income and reported in net appreciation (depreciation) of fair value of investments.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means;

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Guaranteed Investment Contract (GIC) - The plan invests in a Guaranteed Investment Contract with Nationwide that is valued at contract value. See Note 4 for additional information

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2024 and 2023:

<u>Investments</u>	Fair Value as of June 30, 2024			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Mutual funds -				
Governmental obligations	\$ 7,336	\$ -	\$ -	\$ 7,336
Bonds	2,667,332	-	-	2,667,332
International	3,833,309	-	-	3,833,309
Large cap	15,584,602	-	-	15,584,602
Mid cap	1,759,911	-	-	1,759,911
Small cap	1,755,373	-	-	1,755,373
Specialty	1,178,297	-	-	1,178,297
Targeted date retirement	18,983,354	-	-	18,983,354
Total assets at fair value	<u>\$45,769,514</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$45,769,514</u>

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

<u>Investments</u>	<u>Fair Value as of June 30, 2023</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Mutual funds -				
Governmental obligations	\$ 63,350	\$ -	\$ -	\$ 63,350
Bonds	2,366,143	-	-	2,366,143
International	3,368,266	-	-	3,368,266
Large cap	13,282,879	-	-	13,282,879
Mid cap	1,641,002	-	-	1,641,002
Small cap	1,659,759	-	-	1,659,759
Specialty	937,709	-	-	937,709
Targeted date retirement	15,668,291	-	-	15,668,291
Total assets at fair value	<u>\$ 38,987,399</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,987,399</u>

NOTE 4 - GUARANTEED INVESTMENT CONTRACT (GIC)

In 2008, the Plan entered into a traditional fully benefit responsive guaranteed investment contract with Nationwide Life Insurance Company (Nationwide). The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is reviewed on a quarterly basis for resetting. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of investment contracts at June 30, 2024 and 2023, was \$4,230,142 and \$4,139,166, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. The contract does not have a maturity date and continues in-force until all assets have been distributed, or no further payments are due.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Participants are restricted from making exchanges from the Nationwide Fixed Select Contract to any other competing fixed investment option (either directly or after a subsequent exchange). There will be no restrictions on participant-directed exchanges into or out of the Nationwide Fixed Select Contract into non-competing fixed investment options. Transfers as defined in the contract are subject to the Book Value Transfer Limit set forth on the Contract specifications page. If the Plan would choose to remove the Contract from the Plan, the Contract value may be subject to a market value adjustment. Management does not believe that any events that would limit the Plan's ability to transact at contract value with plan participants or the issuer are probable of occurring.

NOTE 5 - RELATED PARTIES AND PARTIES-IN-INTEREST

Nationwide Financial Investments, Inc. serves as plan recordkeeper. Nationwide Trust Company serves as Plan trustee and is a division of Nationwide Bank, a wholly owned subsidiary of Nationwide Financial Investments, Inc. Nationwide Mutual Funds is an investment company issuing certain Plan investments and using Nationwide Fund Advisors as an investment advisor. The guaranteed investment contract is issued by Nationwide Life Insurance Company. All companies are directly or indirectly wholly owned subsidiaries of Nationwide Corporation.

Certain expenses related to administration, custodial and investment services paid to the Nationwide entities are netted against investment income (loss). These expenses totaled \$219,508 and \$240,187 for the years ended June 30, 2024 and 2023, respectively.

These transactions qualify as party-in-interest transactions, are permitted under the laws and regulations applicable to the Plan, and are exempt from the prohibited transaction rules of ERISA.

NOTE 6 - PLAN TERMINATION

Although management has not expressed any intent to do so, the Plan may only be terminated with the express written agreement of Local 3, and only in accordance with the Plan’s trust agreement, subject to the provisions of ERISA.

NOTE 7 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Local by a letter dated December 22, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan trustees and the Plan’s legal counsel believe that the Plan is designed and being operated in compliance with the applicable requirements of IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administration believe the plan is no longer subject to income tax examination for years prior to 2020.

NOTE 8 - INFORMATION CERTIFIED BY AGENT OF THE DIRECTED TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc., agent for Nationwide Trust Company, FSB, a division of Nationwide Bank, directed trustee, and Nationwide Life Insurance Company, investment contract issuer, have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate as of June 30:

	2024	2023
	(Unaudited)	(Unaudited)
Investments at fair value -		
Mutual funds	\$ 45,769,514	\$ 38,987,399
Investment contract	4,230,142	4,139,166
Net appreciation (depreciation) in fair value of investments -		
Mutual funds	6,016,580	4,327,582
Investment contract	97,263	61,426

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan selects various securities as pre-approved for participant directed investments. 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 values of investment securities will occur in the near term, and that such changes could materially affect participants’ account balances and the amounts reported in the statement of net assets available for benefits.

The employers subject to the collective bargaining agreement are located and generally operate in 64 counties in eastern Nebraska and 14 counties in western Iowa. Continued contributions to the Plan are directly dependent on the collective bargaining agreement with the contractors. If there is a significant decline in sheet metal work in this area or a new agreement is negotiated which negatively affects Plan contributions, the operations of the Plan could be adversely affected.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits shown in the financial statements at June 30 to the Form 5500:

	2024	2023
Net assets available for benefits from financial statements	\$ 50,223,629	\$ 43,351,657
Rounding	(1)	1
Net assets available for benefits in Form 5500	<u>\$ 50,223,628</u>	<u>\$ 43,351,658</u>
 Change in net assets available for benefits from financial statements	 \$ 6,871,972	 \$ 5,047,936
Rounding	(2)	1
Change in net assets available in Form 5500	<u>\$ 6,871,970</u>	<u>\$ 5,047,937</u>

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events from June 30, 2024, through the date of the independent auditor’s report which is the date the financial statements were available to be issued, and believes that no events have occurred that require adjustment of, or disclosure in, the financial statements.

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

SUPPLEMENTAL INFORMATION

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

EIN: 47-0795205 PLAN 01

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AB LgCap Gr I	Mutual Fund	**	\$ 22,442
	AB Gbl Bd I	Mutual Fund	**	179,454
	Aberdeen Global Equity A	Mutual Fund	**	16,440
	AllianzGI Technology Fund Institutional	Mutual Fund	**	492
	AmBcn Intl Eq R5	Mutual Fund	**	63,122
	AmCent Inc Gr R5	Mutual Fund	**	1,139
	AmCent ShtDrInflPrtBd R5	Mutual Fund	**	21,626
	AmFds AMCAP R6	Mutual Fund	**	37,143
	AmFds Cap Wld Bd R6	Mutual Fund	**	1,763
	AmFds Cap Wld Gr INC R6	Mutual Fund	**	901
	AmFds New Wld R6	Mutual Fund	**	67,134
	Artisan Intl Val Inst	Mutual Fund	**	1,478,737
	Avnts US SmCap Val Inst	Mutual Fund	**	134,216
	Avnts US LgCap Val Inst	Mutual Fund	**	450,601
	Baird Cor Pls Bd Inst	Mutual Fund	**	106,102
	BlackRock EuroFund Institutional	Mutual Fund	**	1,151
	BlackRock International Dividend Fund In	Mutual Fund	**	1,133
	BlkRk Advtg LgCap Gr Inst	Mutual Fund	**	1,159
	BlkRk Advtg LgCapVal Inst	Mutual Fund	**	1,219
	BlkRk Advtg SmCap Gr Inst	Mutual Fund	**	915
	BlkRk Enrgy Oppr Inst	Mutual Fund	**	763
	BlkRk Hi Yld Bd Port K	Mutual Fund	**	355,354
	BlkRk Natrl Rsrc Tr Inst	Mutual Fund	**	454
	BlkRk Strat Inc Oppr I	Mutual Fund	**	219,486
	BlkRk Ttl Rtn K	Mutual Fund	**	161,957
	BrwnAdv Sustnble Gr Inst	Mutual Fund	**	89,318
	CohenStrs RealEst Sec Inst	Mutual Fund	**	480,640
	Col Sel LgCap Gr Inst2	Mutual Fund	**	85,407
	DFA Emrg Mkt Cor Eq Inst	Mutual Fund	**	444,058
	DFA Intl Lgcap	Mutual Fund	**	88,723
	DFA US Lg Co	Mutual Fund	**	22,644
	DFA US LgCap Val Inst	Mutual Fund	**	75,528
	DFA US SmCap Inst	Mutual Fund	**	48
	DFA US Trgt Val Inst	Mutual Fund	**	10,315
	Diamond Hill MdCap I	Mutual Fund	**	229,295
	DodgeCox Intl Stk	Mutual Fund	**	494,734
	DWS GblRealEst Sec S	Mutual Fund	**	7,537
	EV Flotng Rt Inst	Mutual Fund	**	3,714
	Fed Hrms Inst HiYldBd Inst	Mutual Fund	**	347,647
	Fed Hrms Gov Oblgtns Prmr	Mutual Fund	**	7,336
	Fed Hrms ShIntdTIRtBd Inst	Mutual Fund	**	1,571
	Fid 500 Indx	Mutual Fund	**	4,904,895
	Fid Intl Indx	Mutual Fund	**	480,880
	Subtotal carried to next page			\$ 11,099,193

(Continued)

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

EIN: 47-0795205 PLAN 01

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Subtotal carried from previous page		\$	11,099,193
	Fid US Bd Indx	Mutual Fund	**	675,316
	Fnklntmp Gbl Bd R6	Mutual Fund	**	13,920
	GdmnScs GQGPtr Intl Oppr	Mutual Fund	**	526,780
	Harbor Intl Gr Inst	Mutual Fund	**	19,627
	Harbor Intl Inst	Mutual Fund	**	15,557
	Invsco Euro Gr Y	Mutual Fund	**	763
	Invsco Gr Inc R5	Mutual Fund	**	1,234
	Invsco Opp Intl Bd Y	Mutual Fund	**	2,697
	Invsco Opp Intl Gr Y	Mutual Fund	**	55,843
	Invsco Disc MdCapGr Y	Mutual Fund	**	6,056
	Ivy Asst Strat N	Mutual Fund	**	731
	JPM Eq Inc R5	Mutual Fund	**	414,663
	JPM SmCap Val R6	Mutual Fund	**	19,558
	JPM LgCap Gr R6	Mutual Fund	**	450,910
	LeggM Clrbrdg Lgcap GR	Mutual Fund	**	54,157
	LeggM WstrAs CorPlsBd I	Mutual Fund	**	1,845
	LeggM WstrAs InflndPlsBd I	Mutual Fund	**	2,314
	MFS Val R6	Mutual Fund	**	17,653
	MFS MdCap Gr R6	Mutual Fund	**	234,404
	MnSty McKay Ttl Rtn Bd I	Mutual Fund	**	552
	NeuBer Hi Inc Bd Inst	Mutual Fund	**	1,609
	Nuvm Symph Cr Oppr I	Mutual Fund	**	27,895
*	NW FXD SEL OPTN	Guaranteed Investment	**	4,230,142
*	NW Geneva SmCapGr Inst Svc	Mutual Fund	**	1,421,327
*	NW Loomis AllCap Gr R6	Mutual Fund	**	510,577
	Legal & Genrl Comm Strtg Fund	Mutual Fund	**	185,605
	PGIM Jnism Gr Z	Mutual Fund	**	24,555
	PGIM Ttl Rtn Bd R6	Mutual Fund	**	356,439
	PIMCO Real Rtn Inst	Mutual Fund	**	239,619
	PIMCO Ttl Rtn Inst	Mutual Fund	**	3,197
	PIMCOComdyRealRtn Strat Inst	Mutual Fund	**	3,987
	PIMCO Intl BdUSDlrHdgInst	Mutual Fund	**	25,146
	Pionr Eq Inc Y	Mutual Fund	**	11,893
	Prncpl LgCap Gr I Inst	Mutual Fund	**	20,265
	Prncpl Mdcap R6	Mutual Fund	**	2,567
	Prncpl RealEst Sec Inst	Mutual Fund	**	6,224
	Prncpl Gbl RealEst	Mutual Fund	**	244,415
	Prudntl Gbl RealEst Z	Mutual Fund	**	28,695
	Ptnm Gr Oppr Y	Mutual Fund	**	3,716,499
	Tchstn Sm Co R6	Mutual Fund	**	7,326
	TIAACRF 2015 Inst	Mutual Fund	**	44,132
	TIAACRF LfCyclnd 2010 Inst	Mutual Fund	**	223,314
	TIAACRF LfCyclnd 2015 Inst	Mutual Fund	**	167,475
	Subtotal carried to next page		\$	25,116,676

(Continued)

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

EIN: 47-0795205 PLAN 01

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Subtotal carried from previous page		\$	25,116,676
	TIAACRF LfCyclnd 2020 Inst	Mutual Fund	**	402,790
	TIAACRF LfCyclnd 2025 Inst	Mutual Fund	**	1,028,016
	TIAACRF LfCyclnd 2030 Inst	Mutual Fund	**	1,446,999
	TIAACRF LfCyclnd 2035 Inst	Mutual Fund	**	1,521,534
	TIAACRF LfCyclnd 2040 Inst	Mutual Fund	**	6,475,597
	TIAACRF LfCyclnd 2045 Inst	Mutual Fund	**	1,186,510
	TIAACRF LfCyclnd 2050 Inst	Mutual Fund	**	1,627,952
	TIAACRF LfCyclnd 2055 Inst	Mutual Fund	**	572,700
	TIAACRF LfCyclnd 2060 Inst	Mutual Fund	**	594,061
	Vic Syc Estblshd Val I	Mutual Fund	**	1,285,194
	Virtus KAR SmCap Gr R6	Mutual Fund	**	784
	Vngrd Intl Val Inv	Mutual Fund	**	9,523
	Vngrd Mid-Cap Indx Fd AS	Mutual Fund	**	2,395
	Vngrd Bal Indx Adml	Mutual Fund	**	3,580,664
	Vngrd Explr Adml	Mutual Fund	**	160,885
	Vngrd GNMA Adml	Mutual Fund	**	168,188
	Vngrd Ttl Bnd Mkt Idx Adm	Mutual Fund	**	65,506
	Vngrd Ttl StMkt Indx Fd AS	Mutual Fund	**	118,824
	Vngrd Wisly Inc Adml	Mutual Fund	**	82,984
	Vngrd Wndsr Adml	Mutual Fund	**	4,551,874
				\$ 49,999,656

* Party-in-interest to the Plan

** Cost information has been omitted with respect to participant or beneficiary directed transactions

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

Department of the Treasury
Internal Revenue Service

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).

2023

Department of Labor
Employee Benefits Security Administration

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

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

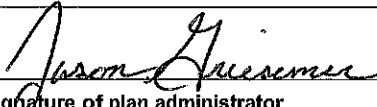

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final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

Part II Basic Plan Information—enter all requested information

1a Name of plan SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3 401(K) PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	04/01/1996
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) SHEET METAL WORKERS INTERNATIONAL ASSOC., LOCAL 3 3333 SOUTH 24TH STREET OMAHA NE 68108-1852		2b Employer Identification Number (EIN)	47-0795205
		2c Plan Sponsor's telephone number	(402) 330-3383
		2d Business code (see instructions)	238220

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		<u>1/29/25</u>	Jason Griesemer
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>1/29/25</u>	Jason Griesemer
	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 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																														
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																														
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">5</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">883</td> </tr> </table>	5		883																											
5		883																													
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c. e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e. g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">6a(1)</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">733</td> </tr> <tr> <td>6a(2)</td> <td></td> <td style="text-align: right;">688</td> </tr> <tr> <td>6b</td> <td></td> <td style="text-align: right;">57</td> </tr> <tr> <td>6c</td> <td></td> <td style="text-align: right;">235</td> </tr> <tr> <td>6d</td> <td></td> <td style="text-align: right;">980</td> </tr> <tr> <td>6e</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td></td> <td style="text-align: right;">980</td> </tr> <tr> <td>6g(1)</td> <td></td> <td style="text-align: right;">973</td> </tr> <tr> <td>6g(2)</td> <td></td> <td style="text-align: right;">955</td> </tr> <tr> <td>6h</td> <td></td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)		733	6a(2)		688	6b		57	6c		235	6d		980	6e		0	6f		980	6g(1)		973	6g(2)		955	6h		0
6a(1)		733																													
6a(2)		688																													
6b		57																													
6c		235																													
6d		980																													
6e		0																													
6f		980																													
6g(1)		973																													
6g(2)		955																													
6h		0																													
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">7</td> <td style="width:85%;"></td> <td style="width:10%; text-align: right;">24</td> </tr> </table>	7		24																											
7		24																													

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

EIN: 47-0795205 PLAN 01

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	AB LgCap Gr I	Mutual Fund	**	\$ 22,442
	AB Gbl Bd I	Mutual Fund	**	179,454
	Aberdeen Global Equity A	Mutual Fund	**	16,440
	AllianzGI Technology Fund Institutional	Mutual Fund	**	492
	AmBcn Intl Eq R5	Mutual Fund	**	63,122
	AmCent Inc Gr R5	Mutual Fund	**	1,139
	AmCent ShtDrInflPrtBd R5	Mutual Fund	**	21,626
	AmFds AMCAP R6	Mutual Fund	**	37,143
	AmFds Cap Wld Bd R6	Mutual Fund	**	1,763
	AmFds Cap Wld Gr INC R6	Mutual Fund	**	901
	AmFds New Wld R6	Mutual Fund	**	67,134
	Artisan Intl Val Inst	Mutual Fund	**	1,478,737
	Avnts US SmCap Val Inst	Mutual Fund	**	134,216
	Avnts US LgCap Val Inst	Mutual Fund	**	450,601
	Baird Cor Pls Bd Inst	Mutual Fund	**	106,102
	BlackRock EuroFund Institutional	Mutual Fund	**	1,151
	BlackRock International Dividend Fund In	Mutual Fund	**	1,133
	BlkRk Advtg LgCap Gr Inst	Mutual Fund	**	1,159
	BlkRk Advtg LgCapVal Inst	Mutual Fund	**	1,219
	BlkRk Advtg SmCap Gr Inst	Mutual Fund	**	915
	BlkRk Enrgy Oppr Inst	Mutual Fund	**	763
	BlkRk Hi Yld Bd Port K	Mutual Fund	**	355,354
	BlkRk Natrl Rsrc Tr Inst	Mutual Fund	**	454
	BlkRk Strat Inc Oppr I	Mutual Fund	**	219,486
	BlkRk Ttl Rtn K	Mutual Fund	**	161,957
	BrwnAdv Sustnble Gr Inst	Mutual Fund	**	89,318
	CohenStrs RealEst Sec Inst	Mutual Fund	**	480,640
	Col Sel LgCap Gr Inst2	Mutual Fund	**	85,407
	DFA Emrg Mkt Cor Eq Inst	Mutual Fund	**	444,058
	DFA Intl Lgcap	Mutual Fund	**	88,723
	DFA US Lg Co	Mutual Fund	**	22,644
	DFA US LgCap Val Inst	Mutual Fund	**	75,528
	DFA US SmCap Inst	Mutual Fund	**	48
	DFA US Trgt Val Inst	Mutual Fund	**	10,315
	Diamond Hill MdCap I	Mutual Fund	**	229,295
	DodgeCox Intl Stk	Mutual Fund	**	494,734
	DWS GblRealEst Sec S	Mutual Fund	**	7,537
	EV Flotng Rt Inst	Mutual Fund	**	3,714
	Fed Hrms Inst HiYldBd Inst	Mutual Fund	**	347,647
	Fed Hrms Gov Oblgtns Prmr	Mutual Fund	**	7,336
	Fed Hrms ShIntdTIRtBd Inst	Mutual Fund	**	1,571
	Fid 500 Indx	Mutual Fund	**	4,904,895
	Fid Intl Indx	Mutual Fund	**	480,880
	Subtotal carried to next page			\$ 11,099,193

(Continued)

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

EIN: 47-0795205 PLAN 01

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Subtotal carried from previous page			\$ 11,099,193
	Fid US Bd Indx	Mutual Fund	**	675,316
	FnklnTmp Gbl Bd R6	Mutual Fund	**	13,920
	GdmnScs GQGPtr Intl Oppr	Mutual Fund	**	526,780
	Harbor Intl Gr Inst	Mutual Fund	**	19,627
	Harbor Intl Inst	Mutual Fund	**	15,557
	Invsco Euro Gr Y	Mutual Fund	**	763
	Invsco Gr Inc R5	Mutual Fund	**	1,234
	Invsco Opp Intl Bd Y	Mutual Fund	**	2,697
	Invsco Opp Intl Gr Y	Mutual Fund	**	55,843
	Invsco Disc MdCapGr Y	Mutual Fund	**	6,056
	Ivy Asst Strat N	Mutual Fund	**	731
	JPM Eq Inc R5	Mutual Fund	**	414,663
	JPM SmCap Val R6	Mutual Fund	**	19,558
	JPM LgCap Gr R6	Mutual Fund	**	450,910
	LeggM Clrbrdg Lgcap GR	Mutual Fund	**	54,157
	LeggM WstrAs CorPlsBd I	Mutual Fund	**	1,845
	LeggM WstrAs InflndPlsBd I	Mutual Fund	**	2,314
	MFS Val R6	Mutual Fund	**	17,653
	MFS MdCap Gr R6	Mutual Fund	**	234,404
	MnSty McKay Ttl Rtn Bd I	Mutual Fund	**	552
	NeuBer Hi Inc Bd Inst	Mutual Fund	**	1,609
	Nuvm Symph Cr Oppr I	Mutual Fund	**	27,895
*	NW FXD SEL OPTN	Guaranteed Investment	**	4,230,142
*	NW Geneva SmCapGr Inst Svc	Mutual Fund	**	1,421,327
*	NW Loomis AllCap Gr R6	Mutual Fund	**	510,577
	Legal & Genrl Comm Strtg Fund	Mutual Fund	**	185,605
	PGIM Jnism Gr Z	Mutual Fund	**	24,555
	PGIM Ttl Rtn Bd R6	Mutual Fund	**	356,439
	PIMCO Real Rtn Inst	Mutual Fund	**	239,619
	PIMCO Ttl Rtn Inst	Mutual Fund	**	3,197
	PIMCOComdyRealRtn Strat Inst	Mutual Fund	**	3,987
	PIMCO Intl BdUSDlrHdgInst	Mutual Fund	**	25,146
	Pionr Eq Inc Y	Mutual Fund	**	11,893
	Pncpl LgCap Gr I Inst	Mutual Fund	**	20,265
	Pncpl Mdcap R6	Mutual Fund	**	2,567
	Pncpl RealEst Sec Inst	Mutual Fund	**	6,224
	Pncpl Gbl RealEst	Mutual Fund	**	244,415
	Prudntl Gbl RealEst Z	Mutual Fund	**	28,695
	Ptnm Gr Oppr Y	Mutual Fund	**	3,716,499
	Tchstn Sm Co R6	Mutual Fund	**	7,326
	TIAACRF 2015 Inst	Mutual Fund	**	44,132
	TIAACRF LfCyclnd 2010 Inst	Mutual Fund	**	223,314
	TIAACRF LfCyclnd 2015 Inst	Mutual Fund	**	167,475
	Subtotal carried to next page			\$ 25,116,676

(Continued)

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL 3 401(k) PLAN**

EIN: 47-0795205 PLAN 01

SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Subtotal carried from previous page		\$	25,116,676
	TIAACRF LfCyclnd 2020 Inst	Mutual Fund	**	402,790
	TIAACRF LfCyclnd 2025 Inst	Mutual Fund	**	1,028,016
	TIAACRF LfCyclnd 2030 Inst	Mutual Fund	**	1,446,999
	TIAACRF LfCyclnd 2035 Inst	Mutual Fund	**	1,521,534
	TIAACRF LfCyclnd 2040 Inst	Mutual Fund	**	6,475,597
	TIAACRF LfCyclnd 2045 Inst	Mutual Fund	**	1,186,510
	TIAACRF LfCyclnd 2050 Inst	Mutual Fund	**	1,627,952
	TIAACRF LfCyclnd 2055 Inst	Mutual Fund	**	572,700
	TIAACRF LfCyclnd 2060 Inst	Mutual Fund	**	594,061
	Vic Syc Estblshd Val I	Mutual Fund	**	1,285,194
	Virtus KAR SmCap Gr R6	Mutual Fund	**	784
	Vngrd Intl Val Inv	Mutual Fund	**	9,523
	Vngrd Mid-Cap Indx Fd AS	Mutual Fund	**	2,395
	Vngrd Bal Indx Adml	Mutual Fund	**	3,580,664
	Vngrd Explr Adml	Mutual Fund	**	160,885
	Vngrd GNMA Adml	Mutual Fund	**	168,188
	Vngrd Ttl Bnd Mkt Idx Adm	Mutual Fund	**	65,506
	Vngrd Ttl StMkt Indx Fd AS	Mutual Fund	**	118,824
	Vngrd Wisly Inc Adml	Mutual Fund	**	82,984
	Vngrd Wndsr Adml	Mutual Fund	**	4,551,874
				\$ 49,999,656

* Party-in-interest to the Plan

** Cost information has been omitted with respect to participant or beneficiary directed transactions