

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

Part II Basic Plan Information—enter all requested information

1a Name of plan IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 06/01/1970
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) IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND
8 FAIRFIELD BOULEVARD SUITE 105 WALLINGFORD, CT 06492
8 FAIRFIELD BOULEVARD SUITE 105 WALLINGFORD, CT 06492
2b Employer Identification Number (EIN) 14-1512728
2c Plan Sponsor's telephone number 518-434-1206
2d Business code (see instructions) 238900

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

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																												
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																												
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">166</td> </tr> </table>	<b>5</b>	166																																										
<b>5</b>	166																																												
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> 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:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td></td> <td></td> <td style="text-align: right;">166</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td></td> <td></td> <td style="text-align: right;">165</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td></td> <td></td> <td style="text-align: right;">165</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td></td> <td></td> <td></td> </tr> </table>					<b>6a(1)</b>			166	<b>6a(2)</b>			165	<b>6b</b>			0	<b>6c</b>				<b>6d</b>			165	<b>6e</b>				<b>6f</b>				<b>6g(1)</b>				<b>6g(2)</b>				<b>6h</b>			
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<b>7</b> 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:10%; text-align: center;"><b>7</b></td> <td style="text-align: right;">52</td> </tr> </table>	<b>7</b>	52																																										
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4B 4D 4E 4F 4L 4U

<b>9a</b> 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	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  2  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>14-1512728</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**AMALGAMATED LIFE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5501223</b>	<b>60216</b>	<b>260C68</b>	<b>215</b>	<b>12/01/2023</b>	<b>11/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>1828</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**UPSTATE FINANCIAL SERVICES** **2105 W. GENESEE STREET, SUITE 115**  
**SYRACUSE, NY 13219**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>1828</b>			

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	18684
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>14-1512728</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HCC LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>35-1817054</b>	<b>92711</b>	<b>HCL37231</b>	<b>181</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>6040</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**ENV INSURANCE AGENCY, LLC** **7789 OSWEGO ROAD**  
**LIVERPOOL, NY 13090**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>6040</b>			

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

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

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<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	86292
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>14-1512728</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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**(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)

ZENITH AMERICAN SOLUTIONS

8 FAIRFIELD BOULEVARD  
WALLINGFORD, CT 06492

52-1590516

(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?
14 12	NONE	109288	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)

BLITMAN & KING, LLP

443 N. FRANKLIN ST. SUITE 300  
SYRACUSE, NY 13204

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	THIRD PARTY	73558	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHEM INC.

3350 PEACHTREE ROAD  
ATLANTA, GA 30326-1036

06-1475928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	66507	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)

UNITED ACTUARIAL SERVICES

11590 N. MERIDIAN ST.  
CARMEL, IN 46032

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	THIRD PARTY	61200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MANNING & NAPIER ADVISORS, INC.

290 WOODCLIFF DRIVE  
FAIRPORT, NY 14450

45-3328488

(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	THIRD PARTY	43622	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BERNICE MCCULLOUGH

17 HEMLOCK STREET  
LATHAM, NY 12110

14-1512731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34167	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)

ARCARA ZUCARELLI LENDA & ASSOCIATES

5214 MAIN STREET, SUITE 200  
WILLIAMSVILLE, NY 14221

(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	THIRD PARTY	12103	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)

DARCANGELO & CO. LLP

120 LOMOND COURT  
UTICA, NY 13502

13-2250103

(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	THIRD PARTY	12100	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)

EPLAN

22601 N 19TH AVENUE, SUITE 240  
PHOENIX, AZ 85027

20-3720767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	THIRD PARTY	6728	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MANNING & NAPIER ADVISORS, INC.	27	0

(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.	
MANNING & NAPIER ADV., INC 290 WOODCLIFF CRIVE FAIRPORT, NY 14450  16-0995736	MANAGEMENT FEES INSIDE OF MUTUAL FUNDS RANGE FROM .40% TO 1.00%	

(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>14-1512728</b>	

**Part I Asset and Liability Statement**

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1083689	1025680
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	164824	191388
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	54308	43970
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	176642	271549
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	4742686	4261356
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	322426	1018036
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	2542578	3080194
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	661705	557100
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	9748858	10449273
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	123000	289000
<b>h</b> Operating payables .....	<b>1h</b>	81358	64163
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	17421	101627
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	221779	454790
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	9527079	9994483

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	1758107	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	17641	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1775748
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	22512	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	144620	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	21030	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		188162
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	35381	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	15291	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	3949684	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	3848447	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	407431	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		10771
<b>c</b> Other income .....	<b>2c</b>		66
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2534087

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1472126	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	116806	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1588932
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	44000	
(4) IQPA audit fees.....	<b>2i(4)</b>	12100	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	48239	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	61200	
(8) Legal fees .....	<b>2i(8)</b>	73558	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	238654	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		477751
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2066683

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		467404
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL AND  
ORNAMENTAL IRON WORKERS**

**LOCAL 12 HEALTH INSURANCE FUND**

**June 30, 2024**

**SUPPLEMENTAL INFORMATION**

**D'Arcangelo & Co., LLP**  
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950  
315-735-5216 Fax: 315-735-5210

**Independent Auditor's Report on Supplemental Information**

Trustees

International Association of Bridge,  
Structural and Ornamental Iron Workers  
Local 12 Health Insurance Fund

Our audit of International Association of Bridge, Structural and Ornamental Iron Workers Local 12 Health Insurance Fund as of and for the year ended June 30, 2024, was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment and reportable transactions are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

*D'Arcangelo + Co., LLP*

April 11, 2025

Utica, New York



# D'Arcangelo & Co., LLP

Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950  
315-735-5216 Fax: 315-735-5210

## Independent Auditor's Report

To the Board of Trustees  
International Association of Bridge, Structural, Ornamental  
And Reinforcing Iron Workers Local No. 12 Health Insurance Fund

### **Opinion**

We have audited the accompanying financial statements of International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules**

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

*D'Arcangelo + Co., LLP*

April 11, 2025

Utica, New York

Ein: 14-1512728  
 Pn: 501

*Ironworkers Local 12 Health Fund  
 Schedule of Assets HUD for Investments  
 Schedule H, Lin 42*

ASSET DETAIL REVALUED COST  
 AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MEN  
 ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
<b>CASH EQUIVALENTS</b>						
OTHER MONEY MARKET FUNDS						
271,197.960	ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL CLASS - #1751 CUSIP VP4560000	100.0000	271,197.96	100.0000 6/28/24	271,197.96	0.00
TOTAL OTHER MONEY MARKET FUNDS			271,197.96		271,197.96	0.00
<b>TOTAL CASH EQUIVALENTS</b>			<b>271,197.96</b>		<b>271,197.96</b>	<b>0.00</b>
<b>BONDS &amp; NOTES</b>						
US TREASURY NOTES AND BONDS						
286,668.620	US TREASURY INFLATION INDEX BOND DTD 01/29/21 0.125 01/15/2031 CUSIP 91282CBF7	88.4258	253,488.97	88.2650 6/28/24	253,028.06	460.91-
237,000.000	UNITED STATES TREASURY NOTES DTD 05/15/2023 3.375% 05/15/2033 CUSIP 91282CHC8	93.7930	222,289.34	92.6760 6/28/24	219,642.12	2,647.22-
323,000.000	UNITED STATES TREASURY NOTES DTD 10/31/2022 4.000% 10/31/2029 CUSIP 91282CFT3	98.2656	317,397.97	98.3090 6/28/24	317,538.07	140.10
216,000.000	US TREASURY BOND DTD 02/18/20 2.000 02/15/2050 CUSIP 912810SL3	65.6471	141,797.72	60.7310 6/28/24	131,178.96	10,618.76-
365,000.000	US TREASURY BOND DTD 05/15/17 3.000 05/15/2047 CUSIP 912810RX8	80.9783	295,570.63	76.4920 6/28/24	279,195.80	16,374.83-

\* = party - in - interest

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
288,000.000	US TREASURY BOND DTD 08/15/10 3.875 08/15/2040 CUSIP 912810QK7	98.3923	283,369.77	92.7380 6/28/24	267,085.44	16,284.33-
466,000.000	US TREASURY NOTE DTD 05/16/16 1.625 05/15/2026 CUSIP 912828R36	94.1211	438,604.30	94.4140 6/28/24	439,969.24	1,364.94
233,000.000	US TREASURY NOTE DTD 05/15/19 2.375 05/15/2029 CUSIP 9128286T2	91.1720	212,430.76	91.3200 6/28/24	212,775.60	344.84
192,000.000	US TREASURY NOTE DTD 05/15/18 2.875 05/15/2028 CUSIP 9128284N7	93.5430	179,602.50	94.4730 6/28/24	181,388.16	1,785.66
	TOTAL US TREASURY NOTES AND BONDS		2,344,551.96		2,301,801.45	42,750.51-
	GOVERNMENT AGENCY					
95,000.000	PRIVATE EXPORT FUNDING DTD 01/30/2024 4.300% 12/15/2028 NON CALLABLE CUSIP 742651EA6	99.9910	94,991.45	98.9720 6/28/24	94,023.40	968.05-
	TOTAL GOVERNMENT AGENCY		94,991.45		94,023.40	968.05-
	MUNICIPAL TAXABLE BONDS					
45,000.000	HAWAII ST TXBL-SER GC DTD 10/29/20 2.632 10/01/2037 CUSIP 419792ZZZ	77.1770	34,729.65	76.6090 6/28/24	34,474.05	255.60-

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MEN  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
65,000.000	NEW YORK CITY NEW YORK TRANSITIONAL EDUCATION REVENUE DTD 07/22/2021 1.350% 07/15/2027 NON CALLABLE ST AID WITHHLDG CUSIP 64972H5G3	85.8610	55,809.65	89.9120 6/28/24	58,442.80	2,633.15
55,000.000	NEW YORK CITY NEW YORK TRANSITIONAL REVENUE BONDS DTD 11/05/2020 1.530% 11/01/2027 NON CALLABLE CUSIP 64971XUS5	85.4420	46,993.10	89.6770 6/28/24	49,322.35	2,329.25
	TOTAL MUNICIPAL TAXABLE BONDS		137,532.40		142,239.20	4,706.80
	CORPORATE BONDS					
50,000.000	AMERICAN HONDA FINANCE DTD 09/09/21 0.750 08/09/2024 CUSIP 02665WDY4	94.8960	47,448.00	99.4690 6/28/24	49,734.50	2,286.50
48,000.000	CHARLES SCHWAB CORP DTD 03/03/2022 2.450% 03/03/2027 CALLABLE CUSIP 808513BY0	92.9390	44,610.72	93.2660 6/28/24	44,767.68	156.96
35,000.000	INTERCONTINENTAL EXCHANGE INC DTD 05/13/2024 5.250% 06/15/2031 CALLABLE CUSIP 45866FB1	99.9050	34,966.75	100.8456 6/28/24	35,295.96	329.21
40,000.000	PEPSICO INC DTD 07/18/2022 3.900% 07/18/2032 CALLABLE CUSIP 713448FM5	96.1400	38,456.00	93.3400 6/28/24	37,336.00	1,120.00-

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
40,000.000	PNC FINANCIAL SERVICES DTD 06/12/2023 VAR CPN 06/12/2026 CALLABLE CUSIP 693475BQ7	100.3000	40,120.00	100.0990 6/28/24	40,039.60	80.40-
28,000.000	QUALCOMM INC DTD 05/09/2022 4.250% 05/20/2032 CALLABLE CUSIP 747525BQ5	95.5740	26,760.72	95.5600 6/28/24	26,756.80	3.92-
40,000.000	QUALCOMM INC DTD 11/09/2022 5.400% 05/20/2033 CALLABLE CUSIP 747525BS1	105.2930	42,117.20	103.6240 6/28/24	41,449.60	667.60-
75,000.000	SIMON PROPERTY GROUP LP DTD 01/11/22 2.650 02/01/2032 CUSIP 828807DT1	80.9650	60,723.75	83.4640 6/28/24	62,598.00	1,874.25
40,000.000	US BANCORP DTD 02/01/2023 VAR CPN 02/01/2029 CALLABLE CUSIP 91159HJK7	96.5050	38,602.00	97.8490 6/28/24	39,139.60	537.60
40,000.000	BANK OF AMERICA CORP DTD 04/22/21 04/22/2032 CUSIP 06051GJT7	82.8750	33,150.00	84.5120 6/28/24	33,804.80	654.80
60,000.000	JPMORGAN CHASE & CO DTD 03/24/20 03/24/2031 CUSIP 46647PBJ4	96.1270	57,676.20	96.3230 6/28/24	57,793.80	117.60
48,000.000	STATE STREET CORP DTD 02/07/22 02/07/2028 CUSIP 857477BS1	92.5920	44,444.16	93.0430 6/28/24	44,660.64	216.48
46,000.000	WALT DISNEY COMPANY/THE DTD 03/23/20 3.350 03/24/2025 CUSIP 254687FNI	98.2560	45,197.76	98.5090 6/28/24	45,314.14	116.38
TOTAL CORPORATE BONDS			554,273.26		558,691.12	4,417.86

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
US GOVERNMENT MORTGAGE POOL						
256,543.280	FED HOME LOAN MTGE CORP POOL #SD1684 30 YR GTD SINGLE FAMILY MORTGAGE DTD 09/01/2022 4.500% 09/01/2052 NON CALLABLE CUSIP 3132DN2R3	96.3735	247,239.72	94.5000 6/28/24	242,433.40	4,806.32-
246,440.630	FED HOME LOAN MTGE CORP POOL #SD3235 30 YR GTD SINGLE FAMILY MORTGAGE DTD 06/01/2023 5.500% 06/01/2053 NON CALLABLE CUSIP 3132DQSY3	99.6565	245,594.04	98.8820 6/28/24	243,685.42	1,908.62-
203,277.730	FED HOME LOAN MTGE CORP POOL #SD4113 30 YR GTD SINGLE FAMILY MORTGAGE DTD 10/01/2023 6.000% 11/01/2053 NON CALLABLE CUSIP 3132E0SA1	98.5820	200,395.31	100.8560 6/28/24	205,017.79	4,622.48
235,145.890	FED HOME LOAN MTGE CORP POOL #SD4152 29 YR GTD SINGLE FAMILY MORTGAGE DTD 10/01/2023 3.000% 03/01/2052 NON CALLABLE CUSIP 3132E0TH5	82.8672	194,858.78	86.4710 6/28/24	203,333.00	8,474.22
208,459.750	FED HOME LOAN MTGE CORP POOL #SD8276 30 YR GTD SINGLE FAMILY MORTGAGE DTD 11/01/2022 5.000% 12/01/2052 NON CALLABLE CUSIP 3132DWFR9	98.0250	204,342.67	96.7820 6/28/24	201,751.52	2,591.15-
21,200.350	FED HOME LN MTG CORP POOL #C09044 DTD 06/01/13 3.500 06/01/2043 CUSIP 31292SBM1	93.4460	19,810.87	90.9360 6/28/24	19,278.75	532.12-

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
61,333.740	FED HOME LN MTG CORP POOL #RB5048 DTD 04/01/20 2.500 05/01/2040 CUSIP 3133KYTD1	88.6290	54,359.48	87.3480 6/28/24	53,573.80	785.68-
121,945.230	FEDL NATL MTGE ASSN POOL #FS1807 29 YR GTD SINGLE FAMILY MORTGAGE DTD 05/01/2022 3.500% 07/01/2051 NON CALLABLE CUSIP 3140XH4H0	92.1500	112,372.52	89.6420 6/28/24	109,314.14	3,058.38-
138,292.810	FEDL NATL MTGE ASSN POOL #MA4644 30 YR GTD SINGLE FAMILY MORTGAGE DTD 04/01/2022 4.000% 05/01/2052 NON CALLABLE CUSIP 31418EES5	93.8980	129,854.18	91.6650 6/28/24	126,766.10	3,088.08-
133,021.430	FEDL NATL MTGE ASSN POOL #MA4807 30 YR GTD SINGLE FAMILY MORTGAGE DTD 10/01/2022 5.500% 11/01/2052 NON CALLABLE CUSIP 31418EKV1	99.6510	132,557.19	98.9290 6/28/24	131,596.77	960.42-
22,707.020	FED NATL MTG ASSN POOL #AB8464 DTD 01/01/13 2.500 02/01/2043 CUSIP 31417FMN5	85.5900	19,434.93	83.9320 6/28/24	19,058.46	376.47-
1,826.100	FED NATL MTG ASSN POOL #AD0220 DTD 09/01/09 6.000 10/01/2038 CUSIP 31418MG63	103.7495	1,894.57	102.1940 6/28/24	1,866.16	28.41-
6,483.880	FED NATL MTG ASSN POOL #AE0217 DTD 07/01/10 4.500 08/01/2040 CUSIP 31419AG35	98.7529	6,403.02	97.1380 6/28/24	6,298.31	104.71-
23,368.190	FED NATL MTG ASSN POOL #AL7579 DTD 10/01/15 5.500 02/01/2042 CUSIP 3138EQM58	102.7270	24,005.45	100.3660 6/28/24	23,453.72	551.73-

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
4,483.580	FED NATL MTG ASSN POOL #A00800 DTD 04/01/12 3.000 04/01/2027 CUSIP 3138LQ3J1	96.1522	4,311.06	97.0930 6/28/24	4,353.24	42.18
9,124.700	FED NATL MTG ASSN POOL #AT8912 DTD 06/01/13 3.000 07/01/2043 CUSIP 3138WW3W7	90.2720	8,237.05	88.1920 6/28/24	8,047.26	189.79-
23,804.520	FED NATL MTG ASSN POOL #BD3737 DTD 08/01/16 4.000 08/01/2046 CUSIP 3140FBEK2	95.4770	22,727.85	93.6260 6/28/24	22,287.22	440.63-
10,290.880	FED NATL MTG ASSN POOL #MA2514 DTD 12/01/15 4.500 12/01/2045 CUSIP 31418BYL4	98.1342	10,098.87	96.6410 6/28/24	9,945.21	153.66-
	TOTAL US GOVERNMENT MORTGAGE POOL		1,638,497.56		1,632,060.27	6,437.29-
	CORPORATE BACKED OBLIGATION					
160,000.000	FORD CREDIT FLOORPLAN MASTER O SER 2020-2 CL B *0 DAY DELAY* DTD 09/18/20 1.320 09/15/2027 CUSIP 34528QHR8	90.3980	144,636.80	94.8820 6/28/24	151,811.20	7,174.40
145,000.000	VERIZON MASTER TRUST SER 2021-2 CL B *0 DAY DELAY* DTD 11/04/21 1.280 04/20/2028 CUSIP 92348KAF0	93.7360	135,917.20	98.5990 6/28/24	142,968.55	7,051.35
170,000.000	WORLD OMNI AUTO RECEIVABLES TR SER 2021-A CL B *0 DAY DELAY* DTD 02/10/21 0.640 12/15/2026 CUSIP 98164EAE5	91.5700	155,669.00	96.8030 6/28/24	164,565.10	8,896.10
	TOTAL CORPORATE BACKED OBLIGATION		436,223.00		459,344.85	23,121.85
	MORTGAGE BACKED OBLIGATION					

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
96,000.000	FHLMC MULTIFAMILY STRUCTURED P SER K071 CL A2 *24 DAY DELAY* DFD 12/01/17 3.286 11/25/2027 CUSIP 3137FCLD4	94.5760	90,792.96	95.0330 6/28/24	91,231.68	438.72
	TOTAL MORTGAGE BACKED OBLIGATION		90,792.96		91,231.68	438.72
	<b>TOTAL BONDS &amp; NOTES</b>		<b>5,296,862.59</b>		<b>5,279,391.97</b>	<b>17,470.62-</b>
	<b>EQUITIES</b>					
	COMMON STOCKS					
876.000	ALPHABET INC CL A CUSIP 02079K305	119.7000	104,857.20	182.1500 6/28/24	159,563.40	54,706.20
923.000	AMAZON COM INC COM CUSIP 023135106	130.3600	120,322.28	193.2500 6/28/24	178,369.75	58,047.47
277.000	APPLE INC CUSIP 037833100	184.3251	51,058.05	210.6200 6/28/24	58,341.74	7,283.69
247.000	ATLIASSIAN CORPORATION CL A CUSIP 049468101	164.6294	40,663.46	176.8800 6/28/24	43,689.36	3,025.90
48.000	BLACKROCK INC CUSIP 09247X101	800.3954	38,418.98	787.3200 6/28/24	37,791.36	627.62-
1,730.000	COCA COLA CO CUSIP 191216100	60.7540	105,104.43	63.6500 6/28/24	110,114.50	5,010.07

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MEN  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
215,000	CONSTELLATION BRANDS INC CL A CUSIP 21036P108	266.2407	57,241.76	257.2800 6/28/24	55,315.20	1,926.56-
1,500,000	COPART INC COM CUSIP 217204106	45.6050	68,407.50	54.1600 6/28/24	81,240.00	12,832.50
2,131,000	CSX CORP CUSIP 126408103	34.7551	74,063.20	33.4500 6/28/24	71,281.95	2,781.25-
682,000	ELECTRONIC ARTS INC CUSIP 285512109	129.7000	88,455.40	139.3300 6/28/24	95,023.06	6,567.66
219,000	EPAM SYSTEMS INC CUSIP 29414B104	183.4792	40,181.95	188.1100 6/28/24	41,196.09	1,014.14
1,063,000	EVERGY INC CUSIP 30034W106	54.6091	58,049.49	52.9700 6/28/24	56,307.11	1,742.38-
372,000	FISERV INC CUSIP 337738108	154.0582	57,309.65	149.0400 6/28/24	55,442.88	1,866.77-
100,000	HUMANA INC CUSIP 444859102	372.0895	37,208.95	373.6500 6/28/24	37,365.00	156.05
399,000	INTERCONTINENTAL EXCHANGE, INC CUSIP 45866F104	118.7333	47,374.60	136.8900 6/28/24	54,619.11	7,244.51
126,000	INTUITIVE SURGICAL INC CUSIP 46120E602	330.2159	41,607.20	444.8500 6/28/24	56,051.10	14,443.90

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
645.000	JOHNSON & JOHNSON CUSIP 478160104	165.5200	106,760.40	146.1600 6/28/24	94,273.20	12,487.20-
522.000	L3HARRIS TECHNOLOGIES INC CUSIP 502431109	193.3612	100,934.57	224.5800 6/28/24	117,230.76	16,296.19
522.000	MASCO CORP CUSIP 574599106	57.3800	29,952.36	66.6700 6/28/24	34,801.74	4,849.38
323.000	MASTERCARD INC CL A CUSIP 57636Q104	392.5751	126,801.77	441.1600 6/28/24	142,494.68	15,692.91
40.000	MERCADOLIBRE INC CUSIP 58733R102	1,396.0825	55,843.30	1,643.4000 6/28/24	65,736.00	9,892.70
323.000	META PLATFORMS INC CL A CUSIP 30303M102	352.3187	113,798.93	504.2200 6/28/24	162,863.06	49,064.13
258.000	MICRON TECHNOLOGY INC CUSIP 595112103	63.1100	16,282.38	131.5300 6/28/24	33,934.74	17,652.36
274.000	MICROSOFT CORP CUSIP 594918104	372.6472	102,105.33	446.9500 6/28/24	122,464.30	20,358.97
488.000	MONDELEZ INTERNATIONAL INC CUSIP 609207105	72.9400	35,594.72	65.4400 6/28/24	31,934.72	3,660.00-
167.000	MOODYS CORP CUSIP 615369105	347.7200	58,069.24	420.9300 6/28/24	70,295.31	12,226.07

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
121.000	MSCI INC CUSIP 55354G100	482.6376	58,399.15	481.7500 6/28/24	58,291.75	107.40-
112.000	NORTHROP GRUMMAN CORP CUSIP 666807102	455.8000	51,049.60	435.9500 6/28/24	48,826.40	2,223.20-
1,016.000	PHILIP MORRIS INTERNATIONAL IN CUSIP 718172109	89.6160	91,049.81	101.3300 6/28/24	102,951.28	11,901.47
121.000	S&P GLOBAL INC CUSIP 78409V104	409.3604	49,532.61	446.0000 6/28/24	53,966.00	4,433.39
105.000	SERVICENOW INC CUSIP 81762P102	646.6793	67,901.33	786.6700 6/28/24	82,600.35	14,699.02
72.000	THERMO FISHER SCIENTIFIC INC CUSIP 883556102	511.4954	36,827.67	553.0000 6/28/24	39,816.00	2,988.33
236.000	UNION PACIFIC CORP CUSIP 907818108	213.3897	50,359.96	226.2600 6/28/24	53,397.36	3,037.40
73.000	UNITEDHEALTH GROUP INC CUSIP 91324P102	503.1578	36,730.52	509.2600 6/28/24	37,175.98	445.46
87.000	VERTEX PHARMACEUTICALS INC COM CUSIP 92532F100	351.9100	30,616.17	468.7200 6/28/24	40,778.64	10,162.47
368.000	VISA INC-CLASS A SHRS CUSIP 92826C839	237.4800	87,392.64	262.4700 6/28/24	96,588.96	9,196.32
TOTAL COMMON STOCKS			2,336,326.56		2,682,132.84	345,806.28

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MEN  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
	AMERICAN DEPOSITORY RECEIPTS					
435.000	ALCON, INC.	82.1100	35,717.85	89.0800 6/28/24	38,749.80	3,031.95
	CUSIP H01301128					
1,092.000	ASTRAZENECA PLC SPONSORED ADR CUSIP 046353108	64.9467	70,921.85	77.9900 6/28/24	85,165.08	14,243.23
570.000	CANADIAN NATL RR CO COM	123.8515	70,595.38	118.1300 6/28/24	67,334.10	3,261.28-
	CUSIP 136375102					
236.000	GLOBANT SA	173.4355	40,930.78	178.2600 6/28/24	42,069.36	1,138.58
	CUSIP L44385109					
1,309.000	HDFC BANK LTD. - ADR SPONSORED ADR CUSIP 40415F101	55.1489	72,189.97	64.3300 6/28/24	84,207.97	12,018.00
708.000	TAIWAN SEMICONDUCTOR MANUFACTU - ADR SPONSORED ADR CUSIP 874039100	100.2874	71,003.46	173.8100 6/28/24	123,057.48	52,054.02
400.000	WEST FRASER TIMBER CO LTD	77.1930	30,877.20	76.8700 6/28/24	30,748.00	129.20-
	CUSIP 952845105					
	TOTAL AMERICAN DEPOSITORY RECEIPTS		392,236.49		471,331.79	79,095.30
	<b>TOTAL EQUITIES</b>		<b>2,728,563.05</b>		<b>3,153,464.63</b>	<b>424,901.58</b>
	<b>MUTUAL FUNDS</b>					
	MUTUAL FUNDS - EQUITY					

ASSET DETAIL REVALUED COST  
AS OF JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MEN  
ACCOUNT NUMBER 16377800

PAR VALUE/SHARES	DESCRIPTION	REVALUED COST		MARKET VALUE		UNREALIZED GAIN/LOSS ON REVALUED COST
		UNIT COST	TOTAL COST	UNIT PRICE/ PRICING DATE	TOTAL MARKET	
* 9,936.416	MANNING & NAPIER OVERSEAS SERIES FUND CLASS W #1221 CUSIP 56382R399	30.4845	302,906.49	32.9400 6/28/24	327,305.54	24,399.05
* 17,034.453	MANNING & NAPIER REAL ESTATE SERIES CLASS W #1227 CUSIP 56382R423	13.8784	236,410.36	13.4900 6/28/24	229,794.77	6,615.59-
	TOTAL MUTUAL FUNDS - EQUITY		539,316.85		557,100.31	17,783.46
	TOTAL MUTUAL FUNDS		539,316.85		557,100.31	17,783.46
	TOTAL ASSETS AND LIABILITIES		8,835,940.45		9,261,154.87	425,214.42
	CASH		351.81		351.81	
	PENDING TRADES		73,271.03-		73,271.03-	
	ACCRUED INCOME		32,381.01		32,381.01	
	NET ADJUSTED ASSETS		8,795,402.24		9,220,616.66	425,214.42

INTERNATIONAL  
ASSOCIATION OF BRIDGE,  
STRUCTURAL,  
ORNAMENTAL AND  
REINFORCING IRON  
WORKERS

LOCAL NO. 12  
HEALTH INSURANCE  
FUND

For the Year Ended  
June 30, 2024

FINANCIAL STATEMENTS  
AND SUPPLEMENTAL  
SCHEDULES

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

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**D'Arcangelo & Co., LLP**  
Certified Public Accountants & Consultants

120 Lomond Court, Utica, N.Y. 13502-5950  
315-735-5216 Fax: 315-735-5210

**Independent Auditor's Report**

To the Board of Trustees  
International Association of Bridge, Structural, Ornamental  
And Reinforcing Iron Workers Local No. 12 Health Insurance Fund

**Opinion**

We have audited the accompanying financial statements of International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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



## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules**

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

*D'Arcangelo + Co., LLP*

April 11, 2025

Utica, New York

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**June 30, 2024 and 2023**

<b>Assets</b>	<u><b>2024</b></u>	<u><b>2023</b></u>
<b>Investments at Fair Value</b>	<u>\$ 9,188,235</u>	<u>\$ 8,446,037</u>
<b>Receivables</b>		
Employers' Contributions	191,388	164,824
Accrued Investment Income	32,382	26,088
Due from Local 12 Pension Fund	<u>9,072</u>	<u>25,880</u>
Total Receivables	<u>232,842</u>	<u>216,792</u>
<b>Other Assets</b>		
Uninvested Cash	582,195	706,238
HRA Cash	443,485	377,451
Prepaid Expenses	<u>2,516</u>	<u>2,340</u>
Total Other Assets	<u>1,028,196</u>	<u>1,086,029</u>
<b>Total Assets</b>	<u>10,449,273</u>	<u>9,748,858</u>
<b>Liabilities</b>		
Accounts Payable	64,163	81,358
Escrow	<u>101,627</u>	<u>17,421</u>
Total Liabilities	<u>165,790</u>	<u>98,779</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 10,283,483</u>	<u>\$ 9,650,079</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**For the Years Ended June 30, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>Additions</b>		
Investment Income		
Interest and Dividends	\$ 238,833	\$ 186,443
Net Appreciation in Fair Value of Investments	<u>519,439</u>	<u>187,617</u>
Total Investment Income	758,272	374,060
Investment Expenses	<u>(48,239)</u>	<u>(46,052)</u>
Net Investment Income	710,033	328,008
Employers' Contributions	1,758,107	1,716,182
Self-Pay Contributions	17,641	13,474
Other Income	<u>67</u>	<u>0</u>
<b>Total Additions</b>	<u>2,485,848</u>	<u>2,057,664</u>
<b>Deductions</b>		
Benefits Provided	1,422,932	892,049
Claims Administration	149,934	149,927
Administrative Expenses	<u>279,578</u>	<u>242,766</u>
<b>Total Deductions</b>	<u>1,852,444</u>	<u>1,284,742</u>
<b>Net Increase</b>	633,404	772,922
<b>Net Assets Available for Benefits, Beginning of Year</b>	<u>9,650,079</u>	<u>8,877,157</u>
<b>Net Assets Available for Benefits, End of Year</b>	<u>\$ 10,283,483</u>	<u>\$ 9,650,079</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Operations**

International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund (the Plan) is a multi-employer, collectively bargained, defined benefit health and welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Its purpose is to provide various benefits to members whose employers are subject to union agreements requiring contributions to the Plan. The Union office is located in Latham, New York. The Board of Trustees has appointed a third-party contract administrator as its agent to handle the administration of the Plan. Contributing employers primarily represent iron workers in the Albany and Upstate New York area.

**Basis of Accounting**

The financial statements reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred, except that benefit payments are recorded when paid.

**Investment Valuation and Income Recognition**

Investments are recorded 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. See Note 3 for discussion of fair value measurements.

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 (depreciation) in the statements of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Contributions Receivable**

Employer contributions receivable are valued at cost and are accrued based on actual receipts received following the end of the fiscal year for contributions due in the current year. Contributions receivable are considered fully collectible at year end, and no allowance for uncollectible amounts has been recorded.

**Funding Policy**

The funding policy of the Plan is to collect employer contributions and set the benefits to a level that can be reasonably expected to be provided by those contributions after taking into account future investment returns and the expenses inherent in running the Plan.

**Use of Estimates**

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

**Escrow**

The Plan was holding certain amounts in escrow that relate to various disputed liabilities involving participating employers. These amounts may be released from escrow, in whole or in part, once those disputed liabilities are resolved by the Plan or the full settlement amounts are received.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Postretirement Benefits**

Postretirement benefits are considered and presented in accordance with Accounting and Reporting by Health and Welfare Benefit Plans, FASB ASC 965.

**NOTE 2 DESCRIPTION OF PLAN**

The International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Health Insurance Fund (the Plan) is a defined benefit welfare plan. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan pays benefits on a self-insured basis for hospital, surgical, medical, diagnosis, major medical, prescription, dental, and vision care claims, and employee disability income benefits incurred under the terms of the Plan for eligible participants and their dependents. The Plan has a stop-loss insurance contract in place to limit exposure to large claims in excess of \$200,000. Eligibility is outlined in the Summary Plan Description.

The Plan has a group insurance contract to pay all life insurance and accidental death and dismemberment claims incurred under the terms of the Plan.

Financing of the Plan comes primarily from employers' contributions and investment income. The contribution rate per hour of covered work was \$6.50 effective May 1, 2017 to February 29, 2024 and \$4.50 effective March 1, 2024 to June 30, 2024. Employer contribution reports are submitted to the Plan on a weekly basis. Also, certain other members may contribute specified amounts, determined by the trustees, on a self-pay basis.

The Plan was amended effective July 1, 2017 to create a supplemental benefit fund to be used by participants as an HRA (Health Reimbursement Arrangement). Effective January 1, 2019 a rate of \$.45 per hour was allocated to the HRA accounts. The supplemental HRA benefit is funded solely through employer contributions. The HRA will allow eligible participants to be reimbursed tax free for qualified medical expenses subject to the amounts accumulated in their participant account. Amounts remaining at the end of the year can generally be carried over to the next year. The Plan is not permitted to refund any part of the balance to the participant; the account cannot be used for anything other than reimbursements for qualified medical expenses; and remaining amounts are not portable upon termination once the participant leaves covered employment. Included in the accompanying statements of net assets available for benefits are amounts available to reimburse participants for qualifying medical expenses as of June 30, 2024 and 2023 totaling \$443,485 and \$377,451, respectively.

In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

**NOTE 3 FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards Board authoritative guidance on fair value measurements 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 are described as follows:

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

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 3 FAIR VALUE MEASUREMENTS (Continued)**

**Level 2:** Inputs to the valuation methodology include the following:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. All assets have been valued using the market approach. There have been no changes in the methodologies used at June 30, 2024 and 2023:

Short-Term Investments: Valued at cost which approximates fair value.

U.S. Government, Agency, and Other Government Securities: Fair values of securities traded on a national securities exchange are based on the last reported sales price on the last business day of the year; bonds, notes, and government securities for which no sale was reported on that date are valued at the last reported bid price.

Corporate Debt Securities: Certain corporate debt securities are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds and listed securities for which no sale was reported on that date are valued at the last reported bid price.

Corporate Equity Securities: Fair values of securities traded on a national securities exchange are based on the last reported sales price on the last business day of the year.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the 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.

All assets have been valued using a market approach.

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

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 3 FAIR VALUE MEASUREMENTS (Continued)**

The following table sets forth by levels within the fair value hierarchy the Plan's assets measured at fair value on a recurring basis as of June 30, 2024 and 2023:

Investments	Total	2024		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
Money Market Accounts	\$ 271,549	\$ 271,549	\$ 0	\$ 0
U.S. Government and Agency Securities	4,261,356	2,078,719	2,182,637	0
Corporate Debt Securities	1,018,036	0	1,018,036	0
Corporate Equity Securities	3,080,194	3,080,194	0	0
Mutual Funds	557,100	557,100	0	0
Total	<u>\$ 9,188,235</u>	<u>\$ 5,987,562</u>	<u>\$ 3,200,673</u>	<u>\$ 0</u>

  

Investments	Total	2023		
		Fair Value Measurements at Reporting Date Using the Above Criteria		
		(Level 1)	(Level 2)	(Level 3)
Money Market Accounts	\$ 176,642	\$ 176,642	\$ 0	\$ 0
U.S. Government and Agency Securities	4,742,686	2,870,274	1,872,412	0
Corporate Debt Securities	322,426	0	322,426	0
Corporate Equity Securities	2,542,578	2,542,578	0	0
Mutual Funds	661,705	661,705	0	0
Total	<u>\$ 8,446,037</u>	<u>\$ 6,251,199</u>	<u>\$ 2,194,838</u>	<u>\$ 0</u>

**NOTE 4 BENEFIT OBLIGATIONS**

**Postretirement Benefits**

As of June 30, 2024 and 2023, the liability for postretirement benefit obligations is \$0.

Effective July 1, 2020, the Plan was amended to terminate retiree coverage (after the six months of subsidized coverage to qualifying retirees) for those who otherwise would have been subject to a self-payment to continue Plan coverage through age 65 when they would have become eligible for Medicare. The six months of subsidized coverage is included within the calculation of accumulated eligibility credits estimated by the actuary.

**Other Plan Benefits**

Plan obligations at June 30 for health claims incurred by active participants but not reported at that date, and accumulated eligibility of participants are estimated by the Plan's actuary in accordance with accepted actuarial principles. The estimates are based on a detailed analysis of claim patterns involving prior-year lags and trends in medical costs and eligibility levels.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 4 BENEFIT OBLIGATIONS (Continued)**

Benefit obligations at June 30, 2024 and 2023, were as follows:

	2024	2023
Health Claims Payable and Claims Incurred But Not Reported	\$ 289,000	\$ 123,000
Accumulated Eligibility Credits	1,277,000	799,000
Total Benefit Obligations at End of Year	\$ 1,566,000	\$ 922,000

The changes in benefit obligations for the years ended June 30, 2024 and 2023, were as follows:

	2024	2023
Health Claims Payable and Claims Incurred But Not Reported		
Balance at Beginning of Year	\$ 123,000	\$ 259,000
Claims Reported and Approved for Payment and Estimated Unreported	1,588,932	756,049
Claims Paid and Premiums Incurred	(1,422,932)	(892,049)
Balance at End of Year	289,000	123,000
Accumulated Eligibility Credits		
Balance at Beginning of Year	799,000	1,298,000
Changes in Benefits Earned and Other Actuarial Gains (Losses)	478,000	(499,000)
Balance at End of Year	1,277,000	799,000
Total Benefit Obligations at End of Year	\$ 1,566,000	\$ 922,000

**NOTE 5 LEASE**

The Plan entered into a lease agreement with Iron Workers Local No. 12 Education and Training Fund, a related party, effective November 1, 2018 on a month-to-month basis. The annual amount for rent to be paid by the Plan is \$4,556. Total rent expense was \$4,556 for both years ended June 30, 2024 and 2023. The Fund has elected the practical expedient allowed under ASC 842 to not include short term leases of twelve months or less on the financial statements within right of use asset and lease liabilities.

**NOTE 6 RELATED-PARTY TRANSACTIONS**

The Plan is reimbursed from the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Local No. 12 Pension Fund (Pension Fund) for shared administrative expenses based on a signed agreement. The relationship is through the sharing of common board members and management. Payroll, employee benefits, and other common expenses are shared 50% to each Plan based on management's estimated utilization. The Pension Fund reimbursed the Plan \$34,167 and \$33,015 for these shared expenses in 2024 and 2023, respectively. The Plan had a net receivable from the Pension Fund for the above items in the amount of \$9,072 and \$25,880 for the years ended June 30, 2024 and 2023, respectively.

The Pension Fund has a common checking account in which employer contributions covering all benefit funds and union related funds are deposited, and subsequently allocated to the appropriate funds.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 7 PARTY IN INTEREST**

A party-in-interest is defined under the Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan or an employer whose employees are covered by the Plan. The Plan has various transactions with service provider's including investment fees, administrative expenses, actuary fees, audit fees, and legal expenses, which are considered party in interest transactions under ERISA.

Certain Plan investments are shares of mutual funds sponsored by Manning & Napier, who is also an investment advisor and also considered a party in interest to the Plan. Investments in these mutual funds totaled \$557,100 and \$661,705 at June 30, 2024 and 2023, respectively. Fees paid by the Plan during 2024 and 2023 for their investment management services were \$43,622 and \$41,718, respectively.

**NOTE 8 CONCENTRATIONS OF CREDIT RISK**

Contributing employers primarily represent ironworkers in the Albany area of New York State. Contributions are pursuant to collective bargaining agreements, and no collateral is required.

Financial instruments which potentially subject the Plan to concentrations of credit risk are temporary cash investments and contributions. The Plan places cash in financial institutions which provide Federal Deposit Insurance Corporation (FDIC) coverage. During the year the balance may exceed FDIC coverage which management considers an acceptable business risk. At June 30, 2024 and 2023, the uninsured bank balances were \$852,761 and \$794,593, respectively.

**NOTE 9 RISKS AND UNCERTAINTIES**

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

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

**NOTE 10 TAX STATUS**

The United States Treasury Department has determined that the Plan constitutes a tax-exempt organization and is, therefore, exempt from Federal income taxes under provision of Section 501(c)(9) of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at June 30, 2024 and 2023:

	2024	2023
Net Assets Available for Benefits per the Financial Statements	\$ 10,283,483	\$ 9,650,079
Benefit Obligations Currently Payable	(289,000)	(123,000)
Net Assets Available for Benefits per Form 5500	\$ 9,994,483	\$ 9,527,079

The following is a reconciliation of claims paid per the financial statements to the Form 5500 for the years ended June 30, 2024 and 2023:

	2024	2023
Claims Paid Per the Financial Statements	\$ 1,422,932	\$ 892,049
Benefit Obligations Currently Payable, End of Year	289,000	123,000
Benefit Obligations Currently Payable, Beginning of Year	(123,000)	(259,000)
Claims Paid Per Form 5500	\$ 1,588,932	\$ 756,049

**NOTE 12 SUBSEQUENT EVENTS**

Management has evaluated subsequent events through April 11, 2025, the date on which the financial statements were available to be issued.

The contribution rate per hour of covered work was increased to \$5.00 effective July 1, 2024 to December 31, 2024 and \$5.50 effective January 1, 2025 to June 30, 2025.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**SCHEDULES OF BENEFITS PROVIDED AND CLAIMS ADMINISTRATION**

**For the Years Ended June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Benefits Provided</b>		
Medical and Surgical	\$ 1,125,254	\$ 594,091
Dental	47,691	52,072
Prescription Drugs	82,731	82,216
Disability	0	(231)
Life and AD & D Insurance Premiums	17,331	17,912
Stop Loss Insurance Premiums	86,372	92,289
Public Goods Insurance Pool	13,103	13,540
HRA Reimbursements	<u>50,450</u>	<u>40,160</u>
Total Benefits Provided	<u>\$ 1,422,932</u>	<u>\$ 892,049</u>
 <b>Claims Administration</b>		
Medical and Surgical	\$ 54,524	\$ 47,862
EPLAN Administration Fee	6,728	13,251
Dental	3,111	3,260
EAP Program	0	1,395
Anthem Network Access Fees	66,507	68,111
Zenith HRA Fees	<u>19,064</u>	<u>16,048</u>
Total Claims Administration	<u>\$ 149,934</u>	<u>\$ 149,927</u>

See Independent Auditor's Report.

**INTERNATIONAL ASSOCIATION OF BRIDGE, STRUCTURAL,  
ORNAMENTAL AND REINFORCING IRON WORKERS**

**LOCAL NO. 12 HEALTH INSURANCE FUND**

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

**For the Years Ended June 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Administrative Expenses</b>		
Salaries	\$ 29,800	\$ 29,120
Payroll Taxes and Employee Benefits	24,292	25,453
Zenith Administration Fees	44,000	44,000
Office and Printing	4,281	5,705
Actuary Fees	61,200	49,637
Auditing Fees	12,100	11,800
Legal Fees	73,558	51,141
Payroll Audits	12,103	11,874
Rent	4,556	4,556
Insurance	8,761	5,256
Affordable Care Act Fees	809	790
Utilities and Telephone	2,270	2,362
General Expenses	1,848	1,072
Total Administrative Expenses	<u>\$ 279,578</u>	<u>\$ 242,766</u>

See Independent Auditor's Report.

# 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).

OMB Nos. 1210 - 0110  
1210 - 0089

### 2023

This Form is Open to  
Public Inspection

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

### 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.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

### Part II Basic Plan Information - enter all requested information

<b>1a</b> Name of plan IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND	<b>1b</b> Three-digit plan number (PN) ►	501
	<b>1c</b> Effective date of plan	06/01/1970
<b>2a</b> 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) IRON WORKERS LOCAL 12 HEALTH INSURANCE FUND  8 FAIRFIELD BOULEVARD SUITE 105 WALLINGFORD CT 06492	<b>2b</b> Employer Identification Number (EIN)	14-1512728
	<b>2c</b> Plan Sponsor's telephone number	518-434-1206
	<b>2d</b> Business code (see instructions)	238900

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

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

SIGN HERE		3/14/25	JOHN BISSAILLON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/19/25	H. Digeser
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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:	<b>4b</b> EIN
<b>a</b> Sponsor's name	<b>4d</b> PN
<b>c</b> Plan Name	

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	166
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<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	166
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	165
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	165
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	52
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
**4A 4B 4D 4E 4F 4L 4U**

<b>9a</b> 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	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" 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)

<b>a Pension Schedules</b> (1) <input 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>b General Schedules</b> (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>2</u> (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 \_\_\_\_\_

EIN: 14-1512728  
 PN: 501

Ironworkers Local 12 Health Fund  
 Schedule of Reportable Transactions  
 Schedule H, Line 4j

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MEN  
 ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE 8,472,125.22 COMPARATIVE VALUE (5%) 423,606.26						
BROKER: MERRILL LYNCH, PIERCE, FENNER						
08/04/23 S	ISSUE: 067901108 - BARRICK GOLD CORP COM 341	16.403	9	5,585	7,757	-2,172
08/04/23 S	ISSUE: 651639106 - NEWMONT CORP 357	40.656	9	14,505	24,469	-9,964
08/04/23 B	ISSUE: 502431109 - L3HARRIS TECHNOLOGIES INC 104	186.485	3	19,397	19,397	
08/07/23 B	ISSUE: 502431109 - L3HARRIS TECHNOLOGIES INC 113	188.375	3	21,289	21,289	
09/05/23 S	ISSUE: 256677105 - DOLLAR GENERAL CORP 198	127.891	5	25,317	40,070	-14,753
09/06/23 S	ISSUE: 256677105 - DOLLAR GENERAL CORP 78	128.077	2	9,988	15,785	-5,797
09/11/23 S	ISSUE: 461202103 - INTUIT COM 43	549.552	1	23,629	18,725	4,904
09/12/23 S	ISSUE: 461202103 - INTUIT COM 32	543.283	1	17,384	13,935	3,449
09/13/23 B	ISSUE: 302491303 - FMC CORP COM NEW 232	75.641	6	17,555	17,555	
09/14/23 B	ISSUE: 302491303 - FMC CORP COM NEW 115	75.790	3	8,719	8,719	
11/13/23 B	ISSUE: 30034W106 - EVERGY INC 17	48.050	0	817	817	
11/14/23 B	ISSUE: 30034W106 - EVERGY INC 54	49.781	1	2,690	2,690	
11/15/23 B	ISSUE: 30034W106 - EVERGY INC 22	50.411	1	1,110	1,110	
12/07/23 B	ISSUE: 874039100 - TAIWAN SEMICONDUCTOR MANUFACTU - ADR 114	99.055	3	11,295	11,295	
12/07/23 S	ISSUE: 79466L302 - SALESFORCE INC 159	248.635	4	39,529	35,083	4,446
12/11/23 S	ISSUE: 81762P102 - SERVICENOW INC 23	703.462	1	16,179	9,430	6,749
01/02/24 S	ISSUE: 654106103 - NIKE INC CL B 317	106.667	8	33,805	37,644	-3,839

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE		8,472,125.22			
	COMPARATIVE VALUE (5%)		423,606.26			
ISSUE: 912828R36 - US TREASURY NOTE 1.625% 5/15/26						
12/15/23 B	466,000	0.941	0	438,604**	438,604	0
GRAND TOTAL			0	438,604	438,604	0

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	SERIES / BY BROKER			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
			EXPENSE INCURRED	EXPENSE INCURRED	EXPENSE INCURRED			
ISSUE: 40415F101 - HDFC BANK LTD. - ADR								
02/08/24 B	211	54.230	5		11,448-	11,448		
ISSUE: 302491303 - FMC CORP COM NEW								
02/09/24 S	303	51.437	8		15,578	24,653		-9,075
ISSUE: 302491303 - FMC CORP COM NEW								
02/12/24 S	221	53.471	6		11,812	17,981		-6,170
ISSUE: 91879Q109 - VAIL RESORTS INC COM								
04/10/24 B	39	230.060	1		8,973-	8,973		
ISSUE: 81762P102 - SERVICENOW INC								
05/13/24 B	41	727.017	1		29,809-	29,809		
ISSUE: 09247X101 - BLACKROCK INC								
05/14/24 B	33	799.632	1		26,389-	26,389		
ISSUE: 09247X101 - BLACKROCK INC								
05/15/24 B	2	813.579	0		1,627-	1,627		
ISSUE: 874039100 - TAIWAN SEMICONDUCTOR MANUFACTU - ADR								
06/12/24 S	195	172.841	6		33,698	16,332		17,367
ISSUE: 29414B104 - EPAM SYSTEMS INC								
06/21/24 B	34	184.676	1		6,280-	6,280		
ISSUE: 29414B104 - EPAM SYSTEMS INC								
06/24/24 B	55	184.828	1		10,167-	10,167		
ISSUE: 049468101 - ATLIASSIAN CORPORATION CL A								
06/24/24 B	140	164.108	4		22,979-	22,979		
SUB-TOTAL			94		447,553	462,408		-14,855
BROKER: MORGAN STANLEY & CO.								
ISSUE: 81762P102 - SERVICENOW INC								
12/11/23 S	70	702.543	2		49,176	28,699		20,477
ISSUE: G5960L103 - MEDTRONIC PLC								
12/15/23 S	413	82.957	11		34,251	35,190		-939
ISSUE: 45168D104 - IDEXX CORP								
01/17/24 S	81	514.589	2		41,679	35,067		6,613
ISSUE: 45168D104 - IDEXX CORP								
01/18/24 S	24	519.899	1		12,477	10,390		2,087
ISSUE: 302491303 - FMC CORP COM NEW								
02/07/24 S	354	54.650	9		19,337	28,803		-9,465
ISSUE: 302491303 - FMC CORP COM NEW								
02/08/24 S	148	52.604	4		7,782	12,042		-4,260
ISSUE: 45866F104 - INTERCONTINENTAL EXCHANGE, INC								
03/07/24 B	84	139.908	2		11,754-	11,754		
ISSUE: 037833100 - APPLE INC								
05/07/24 B	412	184.300	10		75,942-	75,942		

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MEN  
ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SERIES / BY BROKER						
ISSUE: 337738108 - FISERV INC						
05/09/24 B	372	154.033	9	57,310-	57,310	
ISSUE: 55354G100 - MSCI INC						
05/09/24 B	84	481.564	2	40,453-	40,453	
ISSUE: 55354G100 - MSCI INC						
05/10/24 B	37	484.994	1	17,946-	17,946	
ISSUE: 9128284N7 - US TREASURY NOTE 2.875% 5/15/28						
05/29/24 B	192,000	0.935	0	179,603-	179,603	
ISSUE: 9128286T2 - US TREASURY NOTE 2.375% 5/15/29						
06/28/24 S	202,000	0.914	0	184,570	186,395	-1,825
SUB-TOTAL			53	732,280	719,594	12,686
BROKER: INTL FCSTONE						
ISSUE: 91282CCB5 - US TREASURY NOTE 1.625% 5/15/31						
12/15/23 S	238,000	0.855	0	203,518	239,402	-35,884
ISSUE: 912828ZQ6 - US TREASURY NOTE 0.625% 5/15/30						
05/14/24 S	505,000	0.800	0	403,941	412,838	-8,897
ISSUE: 91282CBF7 - TREAS INFL IND BD 0.125% 1/15/31						
06/28/24 B	286,669	0.884	0	253,489-	253,489	
SUB-TOTAL			0	860,948	905,729	-44,781
BROKER: NOMURA SECURITIES INTL., FIXED						
ISSUE: 9128283F5 - US TREASURY NOTE 2.25% 11/15/27						
02/22/24 S	441,000	0.926	0	408,459	416,467	-8,008
ISSUE: 91282CFT3 - U.S. TREASURY NOTES 4% 10/31/29						
02/26/24 B	323,000	0.983	0	317,398-	317,398	
SUB-TOTAL			0	725,857	733,865	-8,008
BROKER: CITADEL SECURITIES LLC						
ISSUE: 9128284V9 - US TREASURY NOTE 2.875% 8/15/28						
09/27/23 B	108,000	0.921	0	99,482-	99,482	
ISSUE: 9128284V9 - US TREASURY NOTE 2.875% 8/15/28						
10/31/23 S	363,000	0.917	0	332,684	344,770	-12,087
ISSUE: 91282CDY4 - US TREASURY NOTE 1.875% 2/15/32						
12/15/23 S	235,000	0.858	0	201,531	205,827	-4,296

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MEN  
 ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
ISSUE: 912828R36 - US TREASURY NOTE 1.625% 5/15/26						
12/15/23 B	466,000	0.941	0	438,604--*	438,604	
ISSUE: 91282CEP2 - U.S. TREASURY NOTES 2.875% 5/15/32						
12/15/23 S	205,000	0.925	0	189,553	197,657	-8,104
SUB-TOTAL			0	1,261,854	1,286,340	-24,487
GRAND TOTAL			147	4,028,492	4,107,936	-79,444

FOOTNOTES

- \* = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE		PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED			
07/03/23 B	1,273	1.000	0	1,273-	1,273	
07/06/23 B	89	1.000	0	89-	89	
07/11/23 B	1,588	1.000	0	1,588-	1,588	
07/13/23 B	240	1.000	0	240-	240	
07/14/23 B	399	1.000	0	399-	399	
07/17/23 B	989	1.000	0	989-	989	
07/18/23 B	843	1.000	0	843-	843	
07/19/23 B	126	1.000	0	126-	126	
07/20/23 B	36,239	1.000	0	36,239-	36,239	
07/25/23 B	14,118	1.000	0	14,118-	14,118	
08/01/23 B	1,717	1.000	0	1,717-	1,717	
08/08/23 B	12,162	1.000	0	12,162-	12,162	
08/15/23 B	11,762	1.000	0	11,762-	11,762	
08/21/23 B	155	1.000	0	155-	155	
08/25/23 B	13,011	1.000	0	13,011-	13,011	
08/28/23 B	392	1.000	0	392-	392	
08/31/23 B	8	1.000	0	8-	8	
09/01/23 B	936	1.000	0	936-	936	
09/07/23 B	26,085	1.000	0	26,085-	26,085	
09/08/23 B	17,602	1.000	0	17,602-	17,602	
09/12/23 B	77	1.000	0	77-	77	
09/12/23 B	134	1.000	0	134-	134	
09/13/23 B	27,138	1.000	0	27,138-	27,138	
09/14/23 B	17,582	1.000	0	17,582-	17,582	
09/19/23 B	532	1.000	0	532-	532	
09/20/23 B	672	1.000	0	672-	672	
09/21/23 B	40,224	1.000	0	40,224-	40,224	
09/25/23 B	15,141	1.000	0	15,141-	15,141	
09/29/23 B	355	1.000	0	355-	355	
10/02/23 B	2,801	1.000	0	2,801-	2,801	
10/11/23 B	1,812	1.000	0	1,812-	1,812	
10/12/23 B	236	1.000	0	236-	236	
10/13/23 B	971	1.000	0	971-	971	
10/16/23 B	1,142	1.000	0	1,142-	1,142	
10/19/23 B	661	1.000	0	661-	661	
BEGINNING MARKET VALUE		8,472,125.22				
COMPARATIVE VALUE (5%)		423,606.26				

ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
 ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE				PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED					
10/19/23 B	159,087	1.000	0		159,087-	159,087		
10/19/23 B	159,087	1.000	0		159,087-	159,087		
10/20/23 B	155	1.000	0		155-	155		
10/23/23 B	537	1.000	0		537-	537		
10/24/23 B	24	1.000	0		24-	24		
11/01/23 B	336,270	1.000	0		336,270-	336,270		
11/09/23 B	165	1.000	0		165-	165		
11/10/23 B	1,679	1.000	0		1,679-	1,679		
11/13/23 B	11,404	1.000	0		11,404-	11,404		
11/13/23 B	2,885	1.000	0		2,885-	2,885		
11/14/23 B	14,951	1.000	0		14,951-	14,951		
11/15/23 B	24,913	1.000	0		24,913-	24,913		
11/16/23 B	4,605	1.000	0		4,605-	4,605		
11/16/23 B	1,365	1.000	0		1,365-	1,365		
11/20/23 B	155	1.000	0		155-	155		
11/20/23 B	1,080	1.000	0		1,080-	1,080		
11/27/23 B	12,329	1.000	0		12,329-	12,329		
11/28/23 B	205,016	1.000	0		205,016-	205,016		
12/01/23 B	1,201	1.000	0		1,201-	1,201		
12/05/23 B	768	1.000	0		768-	768		
12/08/23 B	784	1.000	0		784-	784		
12/11/23 B	23,970	1.000	0		23,970-	23,970		
12/12/23 B	77	1.000	0		77-	77		
12/13/23 B	75,395	1.000	0		75,395-	75,395		
12/14/23 B	115	1.000	0		115-	115		
12/15/23 B	864	1.000	0		864-	864		
12/15/23 B	796	1.000	0		796-	796		
12/18/23 B	146,299	1.000	0		146,299-	146,299		
12/19/23 B	2,009	1.000	0		2,009-	2,009		
12/19/23 B	6,755	1.000	0		6,755-	6,755		
12/20/23 B	3,299	1.000	0		3,299-	3,299		
12/21/23 B	10,969	1.000	0		10,969-	10,969		
12/22/23 B	6,425	1.000	0		6,425-	6,425		
12/26/23 B	17,073	1.000	0		17,073-	17,073		
12/28/23 B	222	1.000	0		222-	222		
12/29/23 B	324	1.000	0		324-	324		
01/02/24 B	90,240	1.000	0		90,240-	90,240		
01/04/24 B	34,985	1.000	0		34,985-	34,985		
01/11/24 B	345	1.000	0		345-	345		
01/12/24 B	207	1.000	0		207-	207		
01/16/24 B	1,154	1.000	0		1,154-	1,154		
01/16/24 B	25	1.000	0		25-	25		
01/18/24 B	1,630	1.000	0		1,630-	1,630		
01/19/24 B	41,679	1.000	0		41,679-	41,679		

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
 ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED				
01/22/24 B	19,383	1.000	0	19,383-	19,383		
01/25/24 B	16,909	1.000	0	16,909-	16,909		
02/01/24 B	0	1.000	0	0-	0		
02/09/24 B	213	1.000	0	213-	213		
02/13/24 B	16,251	1.000	0	16,251-	16,251		
02/14/24 B	19,235	1.000	0	19,235-	19,235		
02/15/24 B	17,407	1.000	0	17,407-	17,407		
02/16/24 B	5,801	1.000	0	5,801-	5,801		
02/20/24 B	155	1.000	0	155-	155		
02/23/24 B	411,185	1.000	0	411,185-	411,185		
03/01/24 B	921	1.000	0	921-	921		
03/12/24 B	44,648	1.000	0	44,648-	44,648		
03/13/24 B	31,998	1.000	0	31,998-	31,998		
03/14/24 B	9,774	1.000	0	9,774-	9,774		
03/15/24 B	47,668	1.000	0	47,668-	47,668		
03/20/24 B	284	1.000	0	284-	284		
03/22/24 B	2,080	1.000	0	2,080-	2,080		
03/25/24 B	19,551	1.000	0	19,551-	19,551		
03/26/24 B	102	1.000	0	102-	102		
04/01/24 B	3,065	1.000	0	3,065-	3,065		
04/09/24 B	1,321	1.000	0	1,321-	1,321		
04/15/24 B	1,554	1.000	0	1,554-	1,554		
04/16/24 B	132	1.000	0	132-	132		
04/19/24 B	19,090	1.000	0	19,090-	19,090		
04/22/24 B	1,937	1.000	0	1,937-	1,937		
04/26/24 B	89	1.000	0	89-	89		
04/29/24 B	23,826	1.000	0	23,826-	23,826		
04/29/24 B	194,970	1.000	0	194,970-	194,970		
05/01/24 B	1,016	1.000	0	1,016-	1,016		
05/09/24 B	213	1.000	0	213-	213		
05/10/24 B	25,808	1.000	0	25,808-	25,808		
05/15/24 B	21,682	1.000	0	21,682-	21,682		
05/15/24 B	403,941	1.000	0	403,941-	403,941		
05/16/24 B	75	1.000	0	75-	75		
05/17/24 B	22,483	1.000	0	22,483-	22,483		
05/17/24 B	13,570	1.000	0	13,570-	13,570		
05/20/24 B	19,250	1.000	0	19,250-	19,250		
05/24/24 B	21,758	1.000	0	21,758-	21,758		
05/28/24 B	21,557	1.000	0	21,557-	21,557		
05/28/24 B	20,003	1.000	0	20,003-	20,003		
05/28/24 B	308	1.000	0	308-	308		
05/29/24 B	11,446	1.000	0	11,446-	11,446		
05/31/24 B	9,957	1.000	0	9,957-	9,957		
05/31/24 B	25,270	1.000	0	25,270-	25,270		

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - MGN  
ACCOUNT NUMBER 16377800

DATE		SERIES / BY ISSUE		SHARES /		UNIT		PRINCIPAL		TRANSACTION		REALIZED	
BOUGHT/SOLD		PAR VALUE		PRICE		EXPENSE		CASH		COST		GAIN/LOSS	
						INCURRED							
06/03/24	B	1,337		1.000	0	1,337-		1,337		1,337			
06/04/24	B	800		1.000	0	800-		800		800			
06/07/24	B	185		1.000	0	185-		185		185			
06/10/24	B	151		1.000	0	151-		151		151			
06/12/24	B	1,503		1.000	0	1,503-		1,503		1,503			
06/13/24	B	33,904		1.000	0	33,904-		33,904		33,904			
06/14/24	B	256		1.000	0	256-		256		256			
06/17/24	B	588		1.000	0	588-		588		588			
06/17/24	B	1,532		1.000	0	1,532-		1,532		1,532			
06/18/24	B	606		1.000	0	606-		606		606			
06/20/24	B	967		1.000	0	967-		967		967			
06/24/24	B	81,872		1.000	0	81,872-		81,872		81,872			
06/25/24	B	33,885		1.000	0	33,885-		33,885		33,885			
SUB-TOTAL OF BUYS # 136					0	3,338,001		3,338,001		3,338,001			
07/05/23	S	10,512		1.000	0	10,512		10,512		10,512			0
07/13/23	S	17		1.000	0	17		17		17			0
07/21/23	S	51,870		1.000	0	51,870		51,870		51,870			0
08/09/23	S	20,936		1.000	0	20,936		20,936		20,936			0
08/31/23	S	17,803		1.000	0	17,803		17,803		17,803			0
09/15/23	S	26,862		1.000	0	26,862		26,862		26,862			0
09/18/23	S	10,235		1.000	0	10,235		10,235		10,235			0
09/28/23	S	99,854		1.000	0	99,854		99,854		99,854			0
10/20/23	S	159,087		1.000	0	159,087		159,087		159,087			0
10/24/23	S	104,663		1.000	0	104,663		104,663		104,663			0
10/25/23	S	33,751		1.000	0	33,751		33,751		33,751			0
10/25/23	S	28,421		1.000	0	28,421		28,421		28,421			0
10/31/23	S	56,068		1.000	0	56,068		56,068		56,068			0
11/03/23	S	207,092		1.000	0	207,092		207,092		207,092			0
11/03/23	S	206,381		1.000	0	206,381		206,381		206,381			0
11/17/23	S	1,311		1.000	0	1,311		1,311		1,311			0
11/28/23	S	205,016		1.000	0	205,016		205,016		205,016			0
12/18/23	S	265,133		1.000	0	265,133		265,133		265,133			0
01/17/24	S	57,112		1.000	0	57,112		57,112		57,112			0
01/30/24	S	94,991		1.000	0	94,991		94,991		94,991			0
02/01/24	S	71,759		1.000	0	71,759		71,759		71,759			0
02/06/24	S	18,375		1.000	0	18,375		18,375		18,375			0
02/07/24	S	4,816		1.000	0	4,816		4,816		4,816			0
02/08/24	S	32,573		1.000	0	32,573		32,573		32,573			0
02/09/24	S	4,755		1.000	0	4,755		4,755		4,755			0
02/12/24	S	31,895		1.000	0	31,895		31,895		31,895			0
02/26/24	S	12,230		1.000	0	12,230		12,230		12,230			0
02/28/24	S	321,657		1.000	0	321,657		321,657		321,657			0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE			PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED				
03/04/24 S	7,914	1.000	0	7,914	7,914	0	
03/05/24 S	51,963	1.000	0	51,963	51,963	0	
03/06/24 S	2,290	1.000	0	2,290	2,290	0	
03/11/24 S	15,306	1.000	0	15,306	15,306	0	
03/11/24 S	11,754	1.000	0	11,754	11,754	0	
03/19/24 S	57,105	1.000	0	57,105	57,105	0	
04/04/24 S	18,751	1.000	0	18,751	18,751	0	
04/05/24 S	11,845	1.000	0	11,845	11,845	0	
04/08/24 S	13,400	1.000	0	13,400	13,400	0	
04/10/24 S	12,193	1.000	0	12,193	12,193	0	
04/11/24 S	11,683	1.000	0	11,683	11,683	0	
04/12/24 S	8,973	1.000	0	8,973	8,973	0	
04/25/24 S	91,226	1.000	0	91,226	91,226	0	
04/30/24 S	32,602	1.000	0	32,602	32,602	0	
05/09/24 S	52,019	1.000	0	52,019	52,019	0	
05/13/24 S	156,439	1.000	0	156,439	156,439	0	
05/14/24 S	17,946	1.000	0	17,946	17,946	0	
05/16/24 S	211,672	1.000	0	211,672	211,672	0	
05/30/24 S	179,828	1.000	0	179,828	179,828	0	
05/31/24 S	31,368	1.000	0	31,368	31,368	0	
06/24/24 S	21,765	1.000	0	21,765	21,765	0	
06/26/24 S	48,584	1.000	0	48,584	48,584	0	
06/26/24 S	4,552	1.000	0	4,552	4,552	0	
06/27/24 S	13,646	1.000	0	13,646	13,646	0	
06/28/24 S	1,668	1.000	0	1,668	1,668	0	
06/28/24 S	1,775	1.000	0	1,775	1,775	0	
SUB-TOTAL OF SALES # 54			0	3,243,442	3,243,442	0	
SUB-TOTAL			0	6,581,443	6,581,443	0	
ISSUE: 912828R36 - US TREASURY NOTE 1.625% 5/15/26							
12/15/23 B	466,000	0.941	0	438,604	438,604	0	
SUB-TOTAL OF BUYS # 1			0	438,604	438,604	0	
SUB-TOTAL			0	438,604	438,604	0	
ISSUE: 912828X88 - US TREASURY NOTE 2.375% 5/15/27							
03/01/24 S	283,000	0.943	0	266,871	296,699	-29,828	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE / THROUGH JUNE 30, 2024  
 IW LOCAL 12 HEALTH INS - M&N  
 ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	SERIES / BY ISSUE				PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		UNIT PRICE	EXPENSE INCURRED					
04/26/24 S	207,000	0.931	0		192,728	217,020	-24,292	
	SUB-TOTAL OF SALES # 2		0		459,599	513,719	-54,119	
	SUB-TOTAL		0		459,599	513,719	-54,119	
ISSUE: 9128284V9 - US TREASURY NOTE 2.875% 8/15/28								
09/27/23 B	108,000	0.921	0		99,482	99,482		
	SUB-TOTAL OF BUYS # 1		0		99,482	99,482		
10/31/23 S	363,000	0.917	0		332,684	344,770	-12,087	
	SUB-TOTAL OF SALES # 1		0		332,684	344,770	-12,087	
	SUB-TOTAL		0		432,166	444,252	-12,087	
	GRAND TOTAL		0		7,911,812	7,978,018	-66,206	

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
 FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024

IW LOCAL 12 HEALTH INS - M&N  
 ACCOUNT NUMBER 16377800

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
SINGLE / BY BROKER						
BEGINNING MARKET VALUE			8,472,125.22			
COMPARATIVE VALUE (5%)			423,606.26			
BROKER: CITADEL SECURITIES LLC						
ISSUE: 9128284V9 - US TREASURY NOTE 2.875% 8/15/28				99,482	99,482	
09/27/23 B	108,000	0.921	0			
ISSUE: 9128284V9 - US TREASURY NOTE 2.875% 8/15/28				332,684	344,770	-12,087
10/31/23 S	363,000	0.917	0			
ISSUE: 91282CDY4 - US TREASURY NOTE 1.875% 2/15/32				201,531	205,827	-4,296
12/15/23 S	235,000	0.858	0			
ISSUE: 912828R36 - US TREASURY NOTE 1.625% 5/15/26				438,604	438,604	
12/15/23 B	466,000	0.941	0			
ISSUE: 91282CEP2 - U.S. TREASURY NOTES 2.875% 5/15/32				189,553	197,657	-8,104
12/15/23 S	205,000	0.925	0			
SUB-TOTAL			0	1,261,854	1,286,340	-24,487
GRAND TOTAL			0	1,261,854	1,286,340	-24,487

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION