

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IRON WORKERS' LOCALS NO. 15 & 424 EXTENDED BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES IRON WORKERS' LOC NO. 15 & 424 EXTENDED BENEFIT PLAN</u></p> <p><u>162 WEST STREET, BUILDING 2, SUITE J CROMWELL, CT 06416-4404</u></p>	<p>1c Effective date of plan <u>07/01/1965</u></p> <p>2b Employer Identification Number (EIN) <u>06-6078910</u></p> <p>2c Plan Sponsor's telephone number <u>203-238-1204</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2025	JOSEPH SORENSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2025	MICHAEL O'SULLIVAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">583</td> </tr> </table>	5	583																															
5	583																																	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;">402</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;">410</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;"></td> <td style="text-align: right;">179</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;"></td> <td style="text-align: right;">589</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;"></td> <td style="text-align: right;"></td> </tr> </table>				6a(1)		402	6a(2)		410	6b		179	6c			6d		589	6e			6f			6g(1)			6g(2)			6h		
6a(1)		402																																
6a(2)		410																																
6b		179																																
6c																																		
6d		589																																
6e																																		
6f																																		
6g(1)																																		
6g(2)																																		
6h																																		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">78</td> </tr> </table>	7	78																															
7	78																																	

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 4Q 4U

9a Plan funding 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	9b 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
--	--

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE 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**

A Name of plan IRON WORKERS' LOCALS NO. 15 & 424 EXTENDED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRON WORKERS' LOC NO. 15 & 424	D Employer Identification Number (EIN) 06-6078910

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
UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G8059/C8059	535	05/01/2023	04/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|---|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input checked="" type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ▶ ACCIDENTAL DEATH & DISMEMBERMENT | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier	10a	150412
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE 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**

A Name of plan IRON WORKERS' LOCALS NO. 15 & 424 EXTENDED BENEFIT PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRON WORKERS' LOC NO. 15 & 424		D Employer Identification Number (EIN) 06-6078910	

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

SIERRA HEALTH AND LIFE INSURANCE CO. INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	233	07/01/2023	06/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	569920
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

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

<p>A Name of plan IRON WORKERS' LOCALS NO. 15 & 424 EXTENDED BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRON WORKERS' LOC NO. 15 & 424</p>	<p>D Employer Identification Number (EIN) 06-6078910</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	SL1154	436	01/01/2023	12/31/2023

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	337136
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

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

A Name of plan IRON WORKERS' LOCALS NO. 15 & 424 EXTENDED BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRON WORKERS' LOC NO. 15 & 424	D Employer Identification Number (EIN) 06-6078910	

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

INVESCO ADVISERS INC

58-1707262

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

LOOMIS SALES & COMPANY LP

04-3200030

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

FIDELITY MANAGEMENT & RESEARCH COMP

04-2033129

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

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

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

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

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

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

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

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

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

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

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

ANTHEM

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 13 50 49 62	NONE	226399	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)

SEGAL COMPANY

13-1928058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	77626	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)

LABOR FIRST LLC

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50		70622	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)

REID & REIGE PC

06-0868204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	60719	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)

EMPLOYEE X

06-6077019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52542	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)

EMPLOYEE Z

06-6077019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	47516	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	45099	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	36062	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)

EMPLOYEE W

06-6077019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	31517	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)

BOSTON TRUST & INVESTMENT

04-2273811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 24 25 50 51	NONE	19399	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DELTA DENTAL

22-1896118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	15872	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)

R.M. CHEVERIE & ASSOC

06-1335139

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	13224	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)

TRI-STATE EAP

16 MT. EBO RD. S. STE. 14A-13
BREWSTER, NY 10509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 13	NONE	10634	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)

SEGAL MARCO ADVISORS, INC.

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	10100	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)

WELLS FARGO

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	5647	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan IRON WORKERS' LOCALS NO. 15 & 424 EXTENDED BENEFIT PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRON WORKERS' LOC NO. 15 & 424	D Employer Identification Number (EIN) 06-6078910

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	548083	1791351
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	933982	1103998
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	693219	140548
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	124908	117233
(2) U.S. Government securities	1c(2)	2654110	2862596
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1249250	1284214
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	932640	979576
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8374396	9423012
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15510588	17702528
Liabilities			
g Benefit claims payable	1g	1037500	1025700
h Operating payables	1h	62800	87258
i Acquisition indebtedness	1i		
j Other liabilities	1j	8029	6154
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1108329	1119112
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14402259	16583416

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8505922	
(B) Participants	2a(1)(B)	1117306	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9623228
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16021	
(B) U.S. Government securities	2b(1)(B)	56894	
(C) Corporate debt instruments	2b(1)(C)	37356	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1314	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		111585
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15726	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	263905	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		279631
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1447879	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1445327	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2552
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	955770	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		693135
d Total income. Add all income amounts in column (b) and enter total.....	2d		11665901

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7607585	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1137422	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8745007
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	255677	
(3) Recordkeeping fees.....	2i(3)	20399	
(4) IQPA audit fees.....	2i(4)	24700	
(5) Investment advisory and investment management fees.....	2i(5)	29499	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	5647	
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	73943	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	329872	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		739737
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9484744

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2181157
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND

FINANCIAL STATEMENTS

JUNE 30, 2024

IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

JUNE 30, 2024 AND 2023

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefits Obligations	7
Notes to Financial Statements	8
Supplemental Information	
Schedules of Administrative Expense Allocation	21
Schedules of Benefits, Insurance Premiums and Benefit Administrative Service Fees	22
Schedules of Administrative Expenses	23
Schedule of Assets Held at End of Year	24
Schedule of Reportable Transactions	27

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Iron Workers' Locals No. 15 and 424
Extended Benefit Fund

Opinion

We have audited the financial statements of the Iron Workers' Locals No. 15 and 424 Extended Benefit Fund (the 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 and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 Fund amendments, administering the Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expense Allocation; Schedules of Benefits, Insurance Premiums and Benefit Administrative Service Fees; Schedules of Administrative Expenses; Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental information is the responsibility of the Fund’s 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 GAAS.

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

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

Novak Francella LLC

Killingworth, Connecticut
April 10, 2025

IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
Corporate notes and bonds	\$ 1,284,214	\$ 1,249,250
Common stock	979,576	932,640
United States Government and Agency securities	2,862,596	2,654,110
Registered investment companies	9,423,012	8,374,396
Money market fund	117,233	124,908
Total investments	14,666,631	13,335,304
RECEIVABLES		
Employer contributions, net of allowance for credit losses of \$0 (2024 and 2023)	1,103,998	933,982
Stop loss	-	524,895
Due from related parties	45,807	74,424
Accrued income	28,339	19,147
Total receivables	1,178,144	1,552,448
OTHER ASSETS		
Cash	1,791,351	548,083
Prepaid insurance	66,402	74,753
Total other assets	1,857,753	622,836
Total assets	17,702,528	15,510,588
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to Pension Fund	6,154	3,788
Accounts payable	87,258	62,800
Deferred revenue	-	4,241
Total liabilities	93,412	70,829
NET ASSETS AVAILABLE FOR BENEFITS	\$ 17,609,116	\$ 15,439,759

See accompanying notes to financial statements.

IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Interest	\$ 248,589	\$ 211,495
Dividends	142,627	83,277
Net appreciation in fair value of investments	958,322	378,170
	1,349,538	672,942
Less investment expenses	35,146	32,554
Net investment income	1,314,392	640,388
 Contributions		
Employer	8,505,922	8,289,091
Retiree contribution payment	995,075	1,063,735
Self-pay members	122,231	143,649
Total contributions	9,623,228	9,496,475
 Other income		
Administrative income	1,916	2,872
Claim recoveries	-	29,860
Benefits recovered	-	80
Total other income	1,916	32,812
 Total additions	 10,939,536	 10,169,675
 DEDUCTIONS		
Benefits paid	7,619,385	8,375,929
Reimbursements:		
Stop loss recoveries	(318,280)	(524,895)
Prescription rebate	(372,939)	(284,083)
Benefits, net	6,928,166	7,566,951
Insurance premiums and benefit administrative service fees	1,396,540	1,489,612
Administrative expenses	445,473	424,682
 Total deductions	 8,770,179	 9,481,245
 NET INCREASE	 2,169,357	 688,430
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	15,439,759	14,751,329
 End of year	 \$ 17,609,116	 \$ 15,439,759

See accompanying notes to financial statements.

**IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

JUNE 30, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims payable	\$ 263,795	\$ 605,477
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	761,905	432,023
Accumulated eligibility credits	4,770,000	4,719,800
Total obligations other than postretirement benefit obligations	5,795,700	5,757,300
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees, beneficiaries and dependents	3,481,789	1,089,276
Other participants fully eligible for benefits	3,808,088	4,234,376
Other participants not fully eligible for benefits	6,577,582	5,523,267
Total postretirement benefit obligations	13,867,459	10,846,919
TOTAL BENEFIT OBLIGATIONS	\$ 19,663,159	\$ 16,604,219

See accompanying notes to financial statements.

**IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR		
PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 605,477	\$ 523,304
Benefits reported and approved for payment	8,415,125	9,651,957
Benefits paid	(8,756,807)	(9,569,784)
Balance at end of year	263,795	605,477
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE		
AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	5,151,823	4,503,896
Net changes during year:		
Claims incurred but not reported	329,882	343,827
Accumulated eligibility credits	50,200	304,100
Balance at end of year	5,531,905	5,151,823
Total obligations other than postretirement benefit obligations	5,795,700	5,757,300
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	10,846,919	10,938,631
Increase (decrease) during the year attributable to:		
Interest and benefits costs	931,177	913,675
Expected benefits paid net of retiree contributions	(518,028)	(429,086)
Changes in actuarial assumptions	2,665,375	(2,145,350)
Actuarial experience (gain) loss	(57,984)	1,569,049
Balance at end of year	13,867,459	10,846,919
TOTAL BENEFIT OBLIGATIONS	\$ 19,663,159	\$ 16,604,219

See accompanying notes to financial statements.

**IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Iron Workers' Locals No. 15 and 424 Extended Benefit Fund (the Fund) provides only general information. Participants should refer to the Fund's Summary Plan Description document for a more complete description of the Fund's provisions.

General - The Fund was established in 1965 under the terms of an Agreement and Declaration of Trust. Under the terms of the Agreement, as amended and restated effective July 1, 1995, a plan was established to provide health care benefits to the plan's members and their dependents who meet certain eligibility requirements. The Trust Agreement (the Trust) also provides for the payment from the Fund of all health benefits, reasonable and necessary expenses in administering the affairs of the Fund and the collection of contributions. The Fund is administered by a Board of Trustees (the Trustees) consisting of representatives of both labor and management. This Board sets the benefits payable under the Fund.

Contributions - Contributions to the Fund are made by contributing employers at rates established by collective bargaining agreement. The collective bargaining agreement, which is effective June 1, 2022 through May 31, 2027, provides for employers to contribute an hourly contribution rate of thirteen dollars and seventeen cents (\$13.17) effective June 6, 2022; thirteen dollars and forty-two cents (\$13.42) effective June 5, 2023; and thirteen dollars and sixty-seven cents (\$13.67) effective June 3, 2024.

Contributing employers primarily conduct business in the State of Connecticut.

Employer contributions are accounted for as exchange transactions.

Plan Benefits - Contributions to the Fund are used to pay health, prescription drug, dental, vision, hearing aid, disability, death, accidental death and dismemberment, and mental health and substance abuse benefits to eligible members and their dependents. The Fund also pays certain benefits for retired members.

Members no longer eligible under normal provisions of the Fund may obtain continuing coverage through self-payment contributions at a fixed cost, based on coverage selected by the member. The length of self-payment varies.

The Union Labor Life Insurance Company (ULLICO) has issued the Fund group insurance policies for the years ended June 30, 2024 and 2023 to provide coverage for the life insurance and accidental death and dismemberment benefits. During the years ended June 30, 2024 and 2023, the Fund paid \$150,339 and \$156,648 respectively, in premiums for this coverage.

NOTE 1. DESCRIPTION OF PLAN (continued)

Plan Amendments - On March 8, 2023, the Trustees adopted the fifty-ninth (59th) amendment to the Fund which amends the Required Contribution Payment for the Retirees Benefits - Ages 58 - 65 Plan.

On June 27, 2023, the Trustees adopted the sixtieth (60th) amendment to the Fund to add pregnancy as an eligible form for weekly disability benefits effective March 1, 2023.

On October 24, 2023, the Trustees adopted the sixty-first (61st) amendment to the Fund to treat out-of-network ground ambulance claims the same as if they were in-network claims, effective March 1, 2023.

On December 11, 2023, the Trustees adopted the sixty-second (62nd) amendment to the Fund which includes changes to weekly disability benefits, changes to dental benefits, and addresses “Required Contribution Payment” amounts owed during 2024 for those in the Retiree Ages 58 - 65 and Medicare-eligible programs. Also on December 11, 2023, the Trustees adopted the sixty-third (63rd) amendment to the Fund, which excludes preventive and diagnosis dental services from the calendar year maximum, adds oral health enhancement, and adds integrated oral health for active members.

Subsequent to year end, on October 27, 2024, the Trustees adopted the sixty-fourth (64th) amendment to the Fund to reduce the disability measurement period for eligibility from 24 consecutive months to 18 consecutive months on a “rolling” basis effective July 1, 2024.

Subsequent to year end, on December 9, 2024, the Trustees adopted the sixty-fifth (65th) amendment to the Fund which implements the 2025 rates for the retiree population.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Valuation of Investments and Income Recognition - The Trustees have appointed an investment manager and custodian. Subject to an investment policy adopted by the Trustees, the investment manager has discretionary authority concerning purchases and sales of investments which consist of United States Government and Agency securities, corporate notes and bonds, common stock, registered investment companies, and cash equivalents. Investments are stated at fair value. Refer to Note 14, 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) includes the Fund’s gains and losses on investments bought and sold as well as held during the year.

Employer Contributions - Employer contributions are based on reports of hours worked as submitted by employers, at rates contractually agreed upon.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The allowance for credit losses represents the estimated losses that may be incurred in the collection of employer contributions receivable. There was no allowance established for the years ended June 30, 2024 and 2023.

The collective bargaining agreement requires all contributing employers to post and maintain a “Fringe Benefit Bond” and the Fund’s Employer Bonding Policy specifies the amount of the required bond. If a contributing employer cannot post and/or maintain the required Fringe Benefit Bond, it must make a cash deposit into a Bond Account. These deposits are held in an account which is separate and distinct from Fund assets and are made available to the Fund in accordance with the terms of the collective bargaining agreement and the Employer Bonding Policy if an employer is delinquent on payment of contributions.

Retiree Contribution Payment - Eligible Medicare retirees may elect to participate in the Medicare Advantage Program through United Healthcare. The monthly retiree premium rates under the Medicare Advantage Program are as follows.

	<u>Effective January 1, 2022</u>	<u>Effective January 1, 2024</u>
Medicare eligible Widow/er only	\$ 295	\$ 275
Medicare eligible retiree single	325	300
Retired member & spouse both Medicare eligible	650	600
Retiree and spouse, one is Medicare eligible, one is not	975	1,000
Retiree and spouse, both non-Medicare eligible	1,300	1,400

Administrative Expense Allocation - The Fund is affiliated with other employee benefit funds of the Iron Workers' Locals No. 15 and 424. Certain costs for office expenses and payroll are paid by the Iron Workers' Locals No. 15 and 424 Administrative Account, a clearing account for the affiliated funds, and are reimbursed by the Fund at a rate of 41% of total expenses. Total expenses allocated to the Fund from the Administrative Account were \$172,472 and \$155,626 for the years ended June 30, 2024 and 2023, respectively.

In addition, the Iron Workers’ Locals No. 15 and 424 Pension Fund (Pension Fund) incurs certain costs on behalf of the Fund and other affiliated employee benefit funds.

These costs are allocated to the Fund and other affiliated employee benefit funds on a percentage basis. Total expenses allocated from the Pension Fund were \$2,366 and \$3,788 for the years ended June 30, 2024 and 2023, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Property and Equipment - The Pension Fund purchases and maintains property and equipment on behalf of the Fund and other affiliated employee benefit funds of the Iron Workers' Locals No. 15 and 424. Depreciation expense allocated to the Fund totaled \$1,782 and \$1,739 for the years ended June 30, 2024 and 2023, respectively.

Stop Loss Coverage - The Fund has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Premiums for stop loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop loss refunds of \$318,280 and \$524,895 for 2024 and 2023, respectively, are shown in the accompanying statement of changes in net assets.

Refunds - The Fund utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Fund based on the Fund's actual utilization pattern of specific drugs. Refunds due from the Fund's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$372,939 and \$284,083 have been netted with claims paid in the accompanying statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023, respectively.

Credit Risk - The Fund maintains its cash with a financial institution deemed to be credit worthy. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 in a single bank. As of June 30, 2024, cash on deposit with Wells Fargo Bank exceeded the FDIC coverage in a single bank by \$1,557,111.

NOTE 3. BENEFIT OBLIGATIONS

(In Part): Summary of Significant Accounting Policies

Postretirement Benefit Obligations - The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Fund participants. Postretirement benefits include future benefits to be paid to or for eligible 1) currently retired or terminated employees and their beneficiaries and dependents and 2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

NOTE 3. BENEFIT OBLIGATIONS (continued)

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for deaths, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

For measurement purposes, the following health trend rates were assumed:

	Years Ended June 30	
	2024	2023
Medical (non-Medicare)	7.00% graded by 0.25% to 4.50% over 10 years.	6.75% graded by 0.25% to 4.50% over 9 years.
Prescription drug (non-Medicare)	10.00% graded by 0.50% to 4.50% over 11 years.	7.75% graded by 0.25% to 4.50% over 13 years.
Medical and Prescription drug (Medicare)	22.40% in year one, then 7.75% graded by 0.25% to 4.50% over 13 years.	5.75% graded to 4.50% over 5 years.
Vision	3.00%	3.00%
Administrative expense increase rate (non-Medicare)	3.00%	3.00%
Administrative expense increase rate (Medicare)	3.00%	3.00%
Retire contribution increase rate	Adjusted to known rates effective January 1, 2025 , then assumed to increase with estimated combined per capita costs.	Adjusted to known rates effective January 1, 2024 , then assumed to increase with estimated combined per capita costs.

The following were other significant assumptions used in the valuation as of June 30, 2024 and 2023:

Discount rate of 5.25% and 5.00% for the plan years ended June 30, 2024 and 2023, respectively.

Mortality rates:

	2024	2023
Non-retired participant	Pri-2012 Blue Collar Employee Amount-Weighted Morality Table set forward one year, projected generationally with the MP-2021 projection scale	Pri-2012 Blue Collar Employee Amount-Weighted Morality Table set forward one year, projected generationally with the MP-2021 projection scale
Healthy	Pri-2012 Blue Collar Healthy Retiree Amount-Weighted Mortality Table set forward one year, projected generationally with the MP-2021 projection scale	Pri-2012 Blue Collar Healthy Retiree Amount-Weighted Mortality Table set forward one year, projected generationally with the MP-2021 projection scale
Disabled	Pri-2012 Blue Collar Disable Retiree Amount-Weighted Mortality Table set forward one year, projected generationally with the MP-2021 projection scale	Pri-2012 Blue Collar Disable Retiree Amount-Weighted Mortality Table set forward one year, projected generationally with the MP-2021 projection scale

NOTE 3. BENEFIT OBLIGATIONS (continued)

Valuation assumption changes increased obligations by \$2,665,375. This was the net result of (1) an increase in obligations due to updating the per capita health costs and the future trend on such costs and contributions partially offset by (2) a decrease in obligations due to raising the discount rate.

The Fund's deficiency of net assets over benefit obligations at June 30, 2024 and 2023 relates primarily to the postretirement benefit obligation, the funding of which will be done on a pay as you go basis by the contribution rate provided by the current bargaining agreements. The Trustees reserve the right to terminate or amend the terms of the Fund at any time.

The weighted-average health care cost-trend assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of June 30, 2024 and 2023, by \$1,621,148 and \$1,116,354, respectively.

The foregoing assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate or be amended, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligations.

Other Benefit Obligations - Benefit claims currently payable include the Fund's liability for claims incurred as of June 30, 2024 and 2023 but not reported, and the Fund's liability for claims reported as of June 30, 2024 and 2023 but not yet processed. The Fund's liability for claims incurred but not yet reported is estimated by the Fund's actuary utilizing actuarial methods which take into consideration prior claims experience and the expected time period from the date such claims are incurred to the date that the related claims are submitted and paid. Health claims incurred by retired participants but not reported at year end are included in claims incurred but not reported.

Fund obligations at June 30, 2024 and 2023 also include accumulated eligibility of participants as estimated by the Fund's actuary in accordance with accepted actuarial principles. This estimate is based on average claim costs incurred during the respective plan year and the number of months of continued eligibility beyond the plan year end.

NOTE 4. BENEFITS ADMINISTRATION

The Fund has an agreement with Anthem to provide the PPO network for the Fund and administer the hospital/medical and prescription benefits for the active and early retiree members.

The Fund has an agreement with Amalgamated Life Insurance Company to provide individual stop-loss protection. This agreement provides for reimbursement to the Fund of medical benefit claims exceeding \$250,000 per covered individual, per contract year.

The Fund has an agreement with Delta Dental, to administer dental benefits for active participants.

The Fund provides accidental death and dismemberment and life insurance coverage through policies issued by ULLICO (See Note 1 - Plan Benefits).

NOTE 4. BENEFITS ADMINISTRATION (continued)

In addition to the Indemnity Vision Care Plan benefits available to members, the Fund has an agreement with EyeMed Vision Care, LLC (EyeMed) to provide vision care services. Under this agreement, the Trustees determine the types and limits of vision care benefits and the Fund is responsible for the funding of all vision care claims. EyeMed provides a network of vision care providers, laboratory services and administers actual payment of vision care claims.

The Fund has an agreement with the University of Connecticut Speech and Hearing Clinic (the Clinic). Under the terms of the agreement, the Clinic is the sole provider of the Fund's hearing aid benefit programs.

The Fund has an employee assistance program administered under an agreement with Tri-State EAP Services (Tri-State). The employee assistance program provides benefits for members and their dependents in the form of counseling services.

NOTE 5. EMPLOYER CONTRIBUTIONS RECEIVABLE

Employer contributions receivable represent uncollected contributions for covered employment prior to the Fund's fiscal year end and are as follows:

	June 30,	
	2024	2023
Collections subsequent year end, payment plans, field audits, pay stubs, over/short	\$ 1,103,998	\$ 933,982
Less allowance for doubtful accounts	-	-
	<u>\$ 1,103,998</u>	<u>\$ 933,982</u>

The allowance account is established based on an assessment of the collectability of contributions receivable. There were no uncollectible accounts written off during the years ended June 30, 2024 and 2023.

NOTE 6. DUE FROM RELATED PARTIES

	June 30,	
	2024	2023
Pension Fund	\$ -	\$ 35,401
Administrative account	45,807	39,023
	<u>\$ 45,807</u>	<u>\$ 74,424</u>

NOTE 7. DUE TO RELATED PARTY

	June 30,	
	<u>2024</u>	<u>2023</u>
Pension Fund	<u>\$ 6,154</u>	<u>\$ 3,788</u>

NOTE 8. PLAN TERMINATION

The Trustees expect and intend to continue the Fund indefinitely but reserve the right to amend or terminate it. In the event the Fund terminates, the Trustees shall first apply the net assets to any obligations outstanding and any remaining balance in such manner as will best effectuate the purpose of the Fund.

Under no circumstances shall any portion of the Fund, directly or indirectly revert or accrue to the benefit of any contributing employer or the union.

NOTE 9. TAX STATUS

The Fund received its latest determination letter with respect to its trust agreement (Trust), on January 20, 1966, in which the Internal Revenue Service (IRS) stated that the Trust, as then designed, was exempt from federal income tax under Section 501(c)(9) of the Internal Revenue Code. The Trust has been amended since receiving this determination letter. However, the Fund's legal counsel believes that the Trust is currently designed, and the Fund administrator believes that the Trust is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the trust is tax-exempt under Section 501(c)(9) of the Internal Revenue Code as of the financial statement date.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Fund.

NOTE 10. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Fund paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

NOTE 10. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS (continued)

The Fund also received contributions from certain related parties. In 2024 and 2023, the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers' Local Union No. 15 contributed \$67,664 and \$89,888, respectively, to the Fund, the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers' Local Union No. 424 contributed \$68,281 and \$84,639, respectively, to the Fund, and the Iron Workers' Locals No. 15 and 424 Apprenticeship Training Fund contributed \$49,938 and \$42,972, respectively for staff benefits to the Fund.

NOTE 11. RISKS AND UNCERTAINTIES

The Fund invests in various investments. Investments are exposed to various risks such as economic, interest rate, market, and sector risks. Due to the level of risks associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to investment returns and participant 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 could be material to the financial statements.

NOTE 12. 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:

	June 30,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 17,609,116	\$ 15,439,759
Benefit obligations currently payable	<u>(1,025,700)</u>	<u>(1,037,500)</u>
Net assets available for benefits per Form 5500	<u>\$ 16,583,416</u>	<u>\$ 14,402,259</u>

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	<u>Year Ended June 30, 2024</u>
Benefits paid to participants per the financial statements	\$ 8,756,807
Add: Amounts currently payable at June 30, 2024	1,025,700
Less: Amounts currently payable at June 30, 2023	<u>(1,037,500)</u>
Benefits paid to participants per Form 5500	<u>\$ 8,745,007</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to June 30, but not yet paid as of that date.

NOTE 13. ADMINISTRATIVE INCOME

The Iron Workers' Locals 15 and 424 Pension Fund has an agreement to provide administrative services to the Associated General Contractors (AGC) and Connecticut Iron Workers' Employers Association, Inc. (CIEA) at a monthly rate of \$137 effective November 1, 2020 and \$141 effective November 1, 2021. The agreement provides for a 3% increase effective each subsequent November 1st. The Pension Fund allocates these fees to the other employee benefit funds of the Iron Workers' Locals No. 15 and 424 on the same percentage basis as administrative expenses described in Note 2.

The Fund entered into an agreement with the Iron Workers' Management Progressive Action Cooperative Trust (IMPACT) to provide administrative services effective January 1, 2015. The terms are the same as the AGC and CIEA.

The Fund entered into an agreement with Local No. 15 of the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers and Local No. 424 of the International Association of Bridge, Structural, Ornamental and Reinforcing to provide administrative services at a monthly rate of \$113. The agreement terminated on May 31, 2023.

NOTE 13. ADMINISTRATIVE INCOME (continued)

The following is a schedule of the total administrative income received and each Fund's proportionate share.

	Years Ended June 30,			
	Percent	2024	Percent	2023
Extended Benefit Fund	41%	\$ 1,916	41%	\$ 2,872
Pension Fund	35%	1,636	35%	2,452
Annuity Fund	24%	1,122	24%	1,682
	<u>100%</u>	<u>\$ 4,674</u>	<u>100%</u>	<u>\$ 7,006</u>

NOTE 14. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.

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

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

For the years ended June 30, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

Wells Fargo processes the value of their assets holding with readily available market values at the close of business day utilizing independent pricing services to obtain the day's prices for the various investments.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Money market fund: Valued at the daily closing price as reported by the fund. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

Registered investment companies: Valued at the daily closing price as reported by the fund. Mutual funds held by the Fund are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

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

U.S. Government and Agency securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

The following table presents investments measured at fair value on a recurring basis at June 30, 2024:

	Fair Value Measurements at June 30, 2024			
	Total	Level 1	Level 2	Level 3
Corporate notes and bonds	\$ 1,284,214	\$ -	\$ 1,284,214	\$ -
Common stock	979,576	979,576	-	-
U.S. Government and Agency securities	2,862,596	2,166,591	696,005	-
Registered investment companies	9,423,012	9,423,012	-	-
Money market fund	117,233	117,233	-	-
Total investments	<u>\$ 14,666,631</u>	<u>\$ 12,686,412</u>	<u>\$ 1,980,219</u>	<u>\$ -</u>

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The following table presents investments measured at fair value on a recurring basis at June 30, 2023:

	Fair Value Measurements at June 30, 2023			
	Total	Level 1	Level 2	Level 3
Corporate notes and bonds	\$ 1,249,250	\$ -	\$ 1,249,250	\$ -
Common stock	932,640	850,371	82,269	-
U.S. Government and Agency securities	2,654,110	1,971,576	682,534	-
Registered investment companies	8,374,396	8,374,396	-	-
Money market fund	124,908	124,908	-	-
Total investments	\$13,335,304	\$11,321,251	\$ 2,014,053	\$ -

NOTE 15. MULTIEMPLOYER PLAN PROVIDING POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

Through the administrative account, reference Note 2 - Administrative Expense Allocation, the Fund contributed to one multiemployer defined benefit health and welfare plan that provides postretirement benefits during the years ended June 30, 2024 and 2023 for its full-time employees. The Fund's contributions to the welfare plan on behalf of its full-time employees, contribution rates, and number of employees covered were as follows:

Legal Name of Plan providing postretirement benefits other than pension	Contributions to Plan		Employer contribution rates		Number of employees covered by Plan	
	6/30/2024	6/30/2023	6/30/2024	6/30/2023	6/30/2024	6/30/2023
Iron Workers' Locals No. 15 and 424 Extended Benefit Fund	\$ 26,981	\$ 27,517	\$13.42 per hour effective June 5, 2023; \$13.67 per hour effective June 3, 2024.	\$13.17 per hour effective June 1, 2022; \$13.42 per hour effective June 5, 2023.	3	3

NOTE 16. SUBSEQUENT EVENTS

Subsequent events have been evaluated through April 10, 2025 which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSE ALLOCATION

YEARS ENDED JUNE 30, 2024 AND 2023

As described in Note 2, the Administrative Account pays certain common costs, payroll and rent for the affiliated Iron Workers' Locals No. 15 and 424 Apprentice Training Fund, Extended Benefit Fund, Pension Fund and Annuity Fund. The Apprentice Training Fund is paid a flat fee of \$51,084 and \$49,596 for 2024 and 2023, respectively, with annual increases of three percent (3.00%).

The following is a schedule of total expenses incurred on behalf of all of the benefit funds and their proportionate share allocated on a percentage basis, as determined by the Trustees.

Expenses	Years Ended June 30,	
	2024	2023
Salaries	\$ 289,122	\$ 263,144
Fund office benefits contributions	76,197	75,445
Rent	21,638	24,373
Office expense	51,287	32,968
Payroll taxes	23,927	21,525
Telephone	3,886	4,635
Postage	4,149	4,778
Printing	1,048	1,666
Property tax	493	638
Total	\$ 471,747	\$ 429,172

Reimbursement by Funds

	Years Ended June 30,			
	Percent	2024	Percent	2023
Apprentice Training Fund	-	\$ 51,084	-	\$ 49,596
Extended Benefit Fund	41%	172,472	41%	155,626
Pension Fund	35%	147,232	35%	132,852
Annuity Fund	24%	100,959	24%	91,098
	100%	\$ 471,747	100%	\$ 429,172

See accompanying notes to financial statements.

**IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND**

**SCHEDULES OF BENEFITS, INSURANCE PREMIUMS AND BENEFIT ADMINISTRATIVE
SERVICE FEES**

YEARS ENDED JUNE 30, 2024 AND 2023

	2024	2023
BENEFITS		
Health claims	\$ 5,367,846	\$ 6,425,224
Prescription drug program	1,788,767	1,441,801
Dental claims	322,152	317,644
Disability and taxes	77,879	136,418
Vision	60,400	54,585
Hearing aid	2,341	257
Total benefits	\$ 7,619,385	\$ 8,375,929
INSURANCE PREMIUMS AND BENEFIT ADMINISTRATIVE SERVICE FEES		
Medicare premiums	\$ 640,542	\$ 713,320
Stop loss insurance premiums	346,541	323,887
Life insurance premiums	150,339	156,648
Claims processing and administration:		
Anthem	226,399	263,945
Delta Dental	15,872	15,466
Tri-State EAP	10,634	10,823
PCORI fee	3,441	3,161
Vision program	2,772	2,362
Total insurance premiums and benefit administrative service fees	\$ 1,396,540	\$ 1,489,612

See accompanying notes to financial statements.

IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Fund office expense	\$ 172,472	\$ 155,626
Benefits consultant	77,626	77,643
Legal	60,719	54,782
Computer software and programming	36,062	40,100
Insurance	30,838	29,409
Audit	24,700	23,700
Legal - delinquencies	13,224	14,709
Accounting - employer audits	10,399	10,151
Accounting services	10,000	11,432
Conference and meetings	4,160	1,750
Printing and miscellaneous expense	3,456	3,135
Depreciation expense	1,782	1,739
Bank service charges	<u>35</u>	<u>506</u>
Total administrative expenses	<u>\$ 445,473</u>	<u>\$ 424,682</u>

See accompanying notes to financial statements.

**IRON WORKERS' LOCAL NO. 15 AND 424
EXTENDED BENEFIT FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

JUNE 30, 2024

Form 5500, Schedule H, Item 4i

EIN: 06-6078910

Plan No. 501

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type	Principal	Interest Rate	Maturity Date		
<u>United States Government and Agency securities:</u>						
Federal National Mtg Assn	Bond	725,000	2.125 %	04/24/26	\$ 723,546	\$ 691,860
FNMA Pool #517793	Bond	56	7.500	11/01/29	67	55
GNMA Pool #490807	Bond	183	7.000	11/15/28	188	184
GNMA Pool #532706	Bond	95	8.500	07/15/30	104	98
GNMA Pool #567092	Bond	3,737	6.500	08/15/31	3,746	3,807
U.S. Treas. Inflation Index Note	Note	151,837	0.125	07/15/24	111,866	151,741
U.S. Treas. Inflation Index Note	Note	210,758	0.125	01/15/31	195,655	186,026
U.S. Treas. Inflation Index Note	Note	424,114	0.125	01/15/32	365,062	367,155
U.S. Treasury Note	Note	50,000	1.125	02/15/31	47,958	40,889
U.S. Treasury Note	Note	595,000	3.875	08/15/33	573,156	572,408
U.S. Treasury Note	Note	85,000	2.875	05/15/32	80,817	76,583
U.S. Treasury Note	Note	200,000	2.375	05/15/29	206,297	182,640
U.S. Treasury Note	Note	610,000	2.625	01/31/26	618,329	589,150
Total United States Government and Agency securities					2,926,791	2,862,596
<u>Corporate notes and bonds:</u>						
Air Products & Chem.	Bond	50,000	1.850	05/15/27	51,106	45,948
Chase Funding Mortg.	Bond	1,354	4.537	09/25/32	1,390	1,136
ChaseFlex Trust	Bond	1,214	5.500	02/25/35	1,242	1,118
Comcast Corp.	Bond	150,000	3.300	04/01/27	166,090	143,431
Costco Wholesale Cor	Bond	175,000	1.750	04/20/32	143,964	140,549
Equity One ABS V-M	Bond	580	3.150	07/25/34	580	549
Hubbell Inc. 3	Bond	100,000	3.350	03/01/26	101,219	96,781
MasterCard Inc.	Bond	50,000	3.300	03/26/27	54,647	47,967
Nike Inc.	Bond	50,000	2.750	03/27/27	52,549	47,345
Nstar Electric Co.	Bond	100,000	3.250	05/15/29	115,096	92,853
Oracle Corp.	Bond	100,000	2.800	04/01/27	111,831	93,885
PNC Financial Service	Bond	150,000	2.200	11/01/24	159,123	148,345
Sequoia Mrg CMO	Bond	191	6.192	02/20/34	184	168
Starbucks Corp.	Bond	165,000	4.000	11/15/28	195,545	158,923
Stryker Corp.	Bond	150,000	1.150	06/15/25	153,312	143,885
Union Pacific Corp.	Bond	50,000	3.750	07/15/25	53,835	49,235
United Health Group	Bond	75,000	3.850	06/15/28	88,151	72,096
Total corporate notes and bonds					1,449,864	1,284,214
<u>Common stock:</u>						
Accenture PLC		100			16,508	30,341
Adobe Inc.		35			14,083	19,444

(a)	(b)	(c)			(d)	(e)		
		Description of Investment Including Maturity Date					Cost	Current Value
		Rate of Interest, Collateral, Par or Maturity Value						
Issuer, Borrower	Share/ Type	Interest Principal	Maturity Rate Date					
<u>Common stock (continued):</u>								
Agilent Technologies inc.	95			\$ 12,062	\$ 12,315			
Air Prods & Chems Inc. Com.	40			8,364	10,322			
Alphabet Inc. Cl C	415			50,734	75,592			
Analog Devices Inc.	65			9,173	14,837			
Apple Inc.	255			15,519	53,708			
Applied Materials Inc.	150			21,593	35,399			
AptarGroup Inc. Com.	75			6,041	10,561			
Automatic Data Processing Inc.	75			11,042	17,902			
AutoZone Inc.	5			3,789	14,820			
Becton Dickinson & Co.	55			9,239	12,854			
Booking Holdings Inc.	5			14,162	19,807			
Chubb Ltd	100			16,554	25,508			
Cisco Systems Inc.	390			16,992	18,529			
Comcast Corp. Class A	405			15,537	15,860			
Cooper Cos. Inc. Com.	100			8,933	8,730			
Deere & Co.	45			13,513	16,813			
Donaldson Co., Inc.	145			7,509	10,376			
Eversource Energy Com.	150			11,186	8,507			
Exxon Mobil Corp.	320			23,486	36,838			
Factset Resh Sys Inc.	25			8,182	10,207			
Hubbell Incorporated	25			3,141	9,137			
Johnson & Johnson	155			24,081	22,655			
JP Morgan Chase & Co.	150			16,407	30,339			
KLA Corp.	20			13,446	16,490			
Lockhead Martin Corp.	20			9,242	9,342			
Lowe's Cos. Inc.	95			19,260	20,944			
Marsh & McLennan Cos. Inc.	60			5,765	12,643			
Merck & Co Inc. New	115			7,351	14,237			
Meta Platforms Inc. CL A	30			14,676	15,127			
Microsoft Corp.	210			28,738	93,859			
Nike Inc. CL B	135			11,690	10,175			
Nvidia Corp	145			19,502	17,913			
PepsiCo Inc.	160			21,277	26,389			
Qualcomm Inc.	50			10,167	9,959			
Schlumberger Ltd.	75			6,097	10,899			
Starbucks Corp. Com.	190			14,149	14,792			
Stryker Corp.	55			7,914	18,714			
TE Connectivity LTD.	75			10,192	11,282			
T. Rowe Price Group Inc.	85			12,991	9,801			
The Hershey Company	60			11,901	11,030			
Union Pacific Corp	95			16,000	21,495			
United Parcel Service-CL B	100			12,731	13,685			
UnitedHealth Group Inc.	55			15,249	28,009			
Visa Inc. Class A Shrs	135			21,491	35,433			
Waters Corp	55			11,885	15,957			
Zoetic Inc.	50							
Total common stock				659,544	979,576			
<u>Registered investment companies:</u>								
Fidelity 500 Index FD-AI # 2328	19,860			3,082,039	3,777,311			
Natixis Loomis Say High #1990	321,472			1,364,456	1,118,720			

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Share/ Type	Interest Principal	Maturity Rate Date			
	<u>Registered investment companies (continued):</u>					
Inv Balanced-Rsk Alloc #8607		178,293		\$ 2,089,673	\$ 1,642,082	
Fidelity US Bond Index- FAI # 2326		282,833		3,182,972	2,884,899	
		Total registered investment companies		<u>9,719,140</u>	<u>9,423,012</u>	
	<u>Money Market Fund:</u>					
* Allspring Govt MM Fund-Instle#1751	MM	117,233		117,233	117,233	
		Total investments		<u>\$ 14,872,572</u>	<u>\$ 14,666,631</u>	

* A party-in-interest as defined by ERISA.

**IRON WORKERS' LOCALS NO. 15 AND 424
EXTENDED BENEFIT FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

Form 5500, Schedule H, Item 4j

EIN: 06-6078910
Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase price	Selling price	Cost of asset	Current value of assets on transaction date	Net gain or (loss)
	<u>Series of Transactions</u>					
	* Allspring Govt MM Fund	\$ 547,845	N/A	\$ 547,845	\$ 547,845	N/A
	* Allspring Govt MM Fund	N/A	\$ 555,520	555,520	555,520	\$ -

*A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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 No. 1545-0047
 1210 - 0110
 1210 - 0089
2023
 This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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


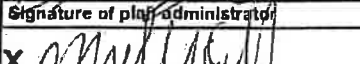
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan IRON WORKERS' LOCALS NO. 15 & 424 EXTENDED BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES IRON WORKERS' LOC NO. 15 & 424 EXTENDED BENEFIT PLAN 162 WEST STREET, BUILDING 2, SUITE J CROMWELL CT 06416-4404	1c Effective date of plan 07/01/1965 2b Employer Identification Number (EIN) 06-6078910 2c Plan Sponsor's telephone number 203-238-1204 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 identification 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 <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 4/11/25	JOSEPH SORENSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 4/11/25	MICHAEL O'SULLIVAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN <hr/> 3c Administrator's telephone number <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN <hr/> 4d PN
--	-------------------------------------

5 Total number of participants at the beginning of the plan year	5	583
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	402
a (2) Total number of active participants at the end of the plan year	6a(2)	410
b Retired or separated participants receiving benefits	6b	179
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	589
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	78

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 4Q 4U

9a Plan funding 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	9b 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
--	--

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>3</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)
---	---

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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS