

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan IRON WORKERS LOCAL UNION NO. 60 NO. 60 SUPPLEMENTAL BENEFIT PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 04/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan) BOARD OF TTEES OF THE LOCAL UNION NO. 60 SUPPLEMENTAL BENEFIT PLAN
2b Employer Identification Number (EIN) 16-1500669
2c Plan Sponsor's telephone number 315-422-8209
2d Business code (see instructions) 525100

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	570
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	255
	6a(2)	283
	6b	320
	6c	0
	6d	603
	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).....	7	69

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 4U

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

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

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 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 LOCAL UNION NO. 60 NO. 60 SUPPLEMENTAL BENEFIT PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TTEES OF THE LOCAL UNION NO. 60 SUPPLEMENTAL BENEFIT PLAN		D Employer Identification Number (EIN) 16-1500669	

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

GUARDIAN

(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
13-5123390	64246	00571927	141	02/01/2023	01/31/2024

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

(a) Total amount of commissions paid 574	(b) Total amount of fees paid 87
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

AP BENEFIT ADVISORS, LLC

**7789 OSWEGO ROAD
LIVERPOOL, NY 13090**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
574	87	FEES	3

(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	
			3

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(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	5741
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 style="text-align: center;">This Form is Open to Public Inspection</p>
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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 LOCAL UNION NO. 60 NO. 60 SUPPLEMENTAL 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 TTEES OF THE LOCAL UNION NO. 60 SUPPLEMENTAL BENEFIT PLAN</p>	<p>D Employer Identification Number (EIN) 16-1500669</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
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	803715G	182	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.

<p>(a) Total amount of commissions paid 3780</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MICHELLE M. ALLETZHAUSER 316 S. MAIN STREET
SYRACUSE, NY 13212

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3780			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

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	75592
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 LOCAL UNION NO. 60 NO. 60 SUPPLEMENTAL 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 TTEES OF THE LOCAL UNION NO. 60 SUPPLEMENTAL BENEFIT PLAN</p>	<p>D Employer Identification Number (EIN) 16-1500669</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
THE 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	SL10290	116	10/01/2022	09/30/2023

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 29614</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

AP BENEFIT ADVISORS LLC **DBA ENV INSURANCE AGENCY, LLC**
7789 OSWEGO ROAD
LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29614			3

(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

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	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(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	147784
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.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan IRON WORKERS LOCAL UNION NO. 60 NO. 60 SUPPLEMENTAL BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TTEES OF THE LOCAL UNION NO. 60 SUPPLEMENTAL BENEFIT PLAN	D Employer Identification Number (EIN) 16-1500669	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

M&T TRUST COMPANY

16-6265706

(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?
28 51	NONE	81881	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 type="checkbox"/>

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

UMR, INC.

39-1995276

(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	67908	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5047	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BLITMAN & KING, LLP

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	36116	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)

IRON WORKERS UNION LOCAL NO. 60

15-0347910

(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	ADMINISTRATIVE	36000	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)

BENEFIT RESOURCES, LLC

16-1428488

(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	25048	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)

DERMODY, BURKE & BROWN, CPAS, LLC

01-0723685

(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	22000	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)

PROFLEX ADMINISTRATORS, LLC

45-3261121

(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	9744	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)

TELADOC HEALTH INC.

04-3705970

(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?
49 50	NONE	7950	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)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>IRON WORKERS LOCAL UNION NO. 60 NO. 60 SUPPLEMENTAL BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>501</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TTEES OF THE LOCAL UNION NO. 60 SUPPLEMENTAL BENEFIT PLAN</u>	D Employer Identification Number (EIN) <u>16-1500669</u>

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	2034004	2679359
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	223718	360888
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	675677	522992
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	901594	1053941
(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)	11001338	12591960
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	17181	17181

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	14853512	17226321
Liabilities			
g Benefit claims payable	1g	103176	66358
h Operating payables	1h	86770	56383
i Acquisition indebtedness	1i		
j Other liabilities	1j	185446	241287
k Total liabilities (add all amounts in lines 1g through 1j)	1k	375392	364028
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14478120	16862293

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)	2770913	
(B) Participants	2a(1)(B)	76450	
(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)		2847363
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	23890	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	367736	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		391626
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	153467	
(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)		1127072
c Other income	2c		1644
d Total income. Add all income amounts in column (b) and enter total	2d		4521172

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1590387	
(2) To insurance carriers for the provision of benefits.....	2e(2)	242275	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1832662
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)	102700	
(3) Recordkeeping fees.....	2i(3)	1393	
(4) IQPA audit fees.....	2i(4)	22000	
(5) Investment advisory and investment management fees	2i(5)	71541	
(6) Bank or trust company trustee/custodial fees	2i(6)	10340	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	36116	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	36000	
(11) Other expenses	2i(11)	24247	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		304337
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2136999

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2384173
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: **DERMODY, BURKE & BROWN, CPAS, LLC**

(2) EIN: **01-0723685**

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.			

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 LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

FINANCIAL STATEMENTS

June 30, 2024 and 2023

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IRON WORKERS LOCAL UNION NO. 60 HEALTH & WELFARE PLAN

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

BOARD OF TRUSTEES IRON WORKERS LOCAL UNION NO. 60 HEALTH & WELFARE PLAN

Opinion

We have audited the financial statements of **IRON WORKERS LOCAL UNION NO. 60 SUPPLEMENTAL BENEFIT PLAN (HEALTH & WELFARE PLAN)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in benefit obligations and net assets available for benefits 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 of Iron Workers Local Union No. 60 Supplemental Benefit Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Iron Workers Local Union No. 60 Supplemental Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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<http://www.dbbllc.com>

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor’s Responsibilities for the Audit of the Financial Statements – Continued

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

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

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

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses as of June 30, 2024 and 2023 and schedule of assets (held at end of year) at June 30, 2024, together referred to as “supplemental information,” are presented for purposes of additional analysis and are not a required part of the financial statements. The schedule of assets (held at end of year) is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Dermody, Burke & Brown

DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

April 12, 2025

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

AUDITED FINANCIAL STATEMENTS

**STATEMENTS OF BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS**

June 30, 2024 and 2023

	2024	2023
BENEFIT OBLIGATIONS		
Claims Incurred but Not Reported	\$ 66,358	\$ 103,176
TOTAL BENEFIT OBLIGATIONS	66,358	103,176
ASSETS		
Investments, at Fair Value		
Money Market Funds	522,992	675,677
Mutual Funds	11,053,691	9,705,455
Common Stocks	1,053,941	901,594
Exchange Traded Funds	1,538,269	1,295,883
Total Investments, at Fair Value	14,168,893	12,578,609
Employer Contributions Receivable	360,888	223,718
Cash	2,679,359	2,034,004
Prepaid Expenses	17,181	17,181
TOTAL ASSETS	17,226,321	14,853,512
LIABILITIES		
Amounts Due Under Reciprocal Agreements	56,383	86,770
Due to Affiliated Funds	241,287	185,446
TOTAL LIABILITIES	297,670	272,216
NET ASSETS AVAILABLE FOR BENEFITS	16,928,651	14,581,296
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	\$ 16,862,293	\$ 14,478,120

See notes to financial statements.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended June 30, 2024 and 2023

	2024	2023
NET CHANGE IN BENEFIT OBLIGATIONS		
Increase (Decrease) During the Year Attributable to:		
Claims Incurred but Not Reported	\$ (36,818)	\$ 14,064
NET CHANGE IN BENEFIT OBLIGATIONS	(36,818)	14,064
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Appreciation in Fair Value of Investments	1,280,539	641,177
Dividends	391,626	360,715
	1,672,165	1,001,892
Less: Investment Expenses	81,881	72,446
Net Investment Income	1,590,284	929,446
Employer Contributions	3,046,585	2,943,662
Less: Reciprocal Payments	275,672	350,487
Net Employer Contributions	2,770,913	2,593,175
Other Income:		
Self-Pay Health Insurance Reimbursement	76,450	69,484
Miscellaneous Income	1,644	1,556
Total Other Income	78,094	71,040
Total Additions	4,439,291	3,593,661
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit Claims Paid, Net	1,627,205	1,615,552
Premiums Paid	242,275	226,902
Third Party Administrative Fees	102,700	80,603
Administrative Expenses	119,756	113,045
Total Deductions	2,091,936	2,036,102
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	2,347,355	1,557,559
Change in Net Assets Available for Benefits Over Benefit Obligations	2,384,173	1,543,495
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	14,478,120	12,934,625
End of Year	\$ 16,862,293	\$ 14,478,120

See notes to financial statements.

**IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

General

The following description of Iron Workers Local Union No. 60 Health & Welfare Plan (“the Fund”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Iron Workers Local Union No. 60 Health & Welfare Plan is a multiemployer fund established pursuant to a collective bargaining agreement between the signatory employers and the International Association of Bridge, Structural, and Ornamental Iron Workers Local Union No. 60 for the purpose of providing certain health related benefits for eligible employees, their dependents or their beneficiaries. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Joint Trustee Committee (composed of management union trustees) oversees governance of the plan. The Fund may be terminated only by joint agreement between the contractors and union, subject to the provisions set forth in ERISA.

Funding Policy

Funding is provided by employer contributions, earnings on investments and, in certain situations, members self-pay contributions. The employer contributions are at a fixed rate per hour worked for employees covered by the current bargaining agreement. Members making self-pay contributions pay the entire cost of their medical coverage. Net assets available for benefits are reserved for the payment of future benefits to the eligible participants and for the cost associated with the administration of the Fund.

Eligibility

An employee becomes a participant and therefore eligible for benefits after working six hundred or more hours in covered employment and becoming an official member of Iron Workers Local Union No. 60. The six hundred hours must be accumulated within a period of six consecutive months. Notwithstanding the eligibility requirements, generally coverage for participants begins on the first day of the month in which contributions on the participant’s behalf are sufficient to pay the premium for insurance coverage and claims.

To remain eligible for benefits from the Fund, a participant must accumulate two hundred hours of work in covered employment in a calendar quarter and maintain a \$2,000 balance, effective March 22, 2019 (previously \$5,000) in an individual participant’s HRA account through employer contributions. In certain circumstances participants may make personal contributions to their HRA.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Eligible Dependents

Generally eligible dependents who may be covered under this Fund are the participant's spouse and each unmarried child from birth to the twenty-sixth birthday.

Disability and Life Insurance Benefit

The Fund provides group short-term disability insurance and \$50,000 of life insurance coverage through insurance policies from unallocated net assets available for benefits.

Health Related Benefits

The Fund provides health benefits (medical, hospital, surgical, major medical, dental, optical and prescriptions) to participants and their eligible dependents. The plan is self-insured for health claims and retains responsibility for payments of claims up to the stop loss insurance provisions. Claims reimbursements, insurance refunds and pharmacy rebates are recorded when earned as an offset netted against claims paid.

Measures of the benefit obligations and changes in the benefit obligations do not reflect an amount associated with the Medicare subsidy, because the plan is unable to conclude whether the benefits provided by the plan are actuarially equivalent to Medicare Part D under the act.

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).

Forfeitures

If there are no contributions, payments, or correspondence on individual participant's health reimbursement account (HRA) within the preceding twenty-four months, then the account may be closed and forfeited. Opt-out and reinstatement provisions are available within the plan. Forfeited nominal balances are moved from allocated to unallocated net assets available for benefits. As of June 30, 2024 and 2023, there were no forfeitures allocated to participants whose employer contributions were delinquent.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Cash

Cash consists of bank demand deposit accounts. At times, the balances in these accounts may exceed federally insured limits. The plan has not experienced any losses in these accounts and Fund management believes it is not exposed to any significant credit risk with respect to cash.

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Fund's board of trustees determines the Fund's valuation policies utilizing information provided by its investment advisors and custodians. See Note 4 for discussion of fair value measurements.

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

Employer Contributions Receivables

Employer contributions receivable represents amounts due as of June 30, 2024 and 2023 under the terms of the collective bargaining agreement. Credit losses are provided on the allowance method based on management's evaluation of outstanding contributions receivable and their collectability. Subsequent recoveries are recorded as income.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Amounts Due Under Reciprocal Agreements

The Fund participates in reciprocity agreements with other health and welfare funds to ensure continued coverage for participants who work in jurisdictions outside of their home fund's coverage area. Under these agreements, contributions made on behalf of covered employees working in another jurisdiction are transferred to their home fund, allowing them to maintain eligibility for benefits.

Payment of Benefits

Claim payments are recorded when paid by the third party claims processor.

Stop Loss Reimbursements and Insurance Refunds

Premiums for stop loss insurance amounted to \$160,799 and \$145,086 as of June 30, 2024 and 2023, respectively and are included in premium payments on the statements of changes in benefit obligations and net assets available for benefits. As of June 30, 2024 and 2023, stop loss and insurance reimbursements and refunds totaling \$43,252 and \$95,707, respectively, have been netted against benefit claims paid on the statements of changes in benefit obligations and net assets available for benefits.

Reclassifications

Certain fiscal 2023 amounts have been reclassified to conform to the fiscal 2024 presentation. These reclassifications had no impact on the total assets, liabilities or changes in net assets.

Subsequent Events

Management has evaluated subsequent events through April 12, 2025, which is the date the financial statements were available to be issued.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 3 – BENEFIT OBLIGATIONS

Health costs incurred by participants and their dependents are self-insured with a stop loss insurance policy. However, group life and short-term disability benefits are provided by insurance policies maintained by the Fund's unallocated net assets available for benefits. Plan obligations at June 30 for health claims incurred by active participants but not reported at that date are based on estimated payments subsequent to year end. The amounts are reported in the accompanying statements of benefit obligations and net assets available for benefits.

There were no amounts due from stop loss insurance at June 30, 2024 and 2023 for services provided before year end.

NOTE 4 – FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the 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 and liability's fair value measured level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

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

Money Market Funds: Valued at the daily closing price reported by the fund. Money market funds are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market funds held by the Fund are deemed to be actively traded.

Mutual Funds: Valued at the daily closing price reported by the fund. Mutual funds held by the plan are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Exchange Traded Funds: Valued at the closing price reported on the active market on which the ETFs are traded. Exchange traded funds are registered with the SEC and can be bought and sold throughout the trading day at fluctuating market prices that may or may not be the same as the net asset value (“NAV”) of the shares.

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

**IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS – Continued

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

Investments at Fair Value as of June 30, 2024

	Level 1	Level 2	Level 3	Total
Common Stock	\$ 522,992	\$ 0	\$ 0	\$ 522,992
Money Market Funds	11,053,691	0	0	11,053,691
Mutual Funds	1,053,941	0	0	1,053,941
Exchange Traded Funds	1,538,269	0	0	1,538,269
 Total Investments at Fair Value	 \$ 14,168,893	 \$ 0	 \$ 0	 \$ 14,168,893

Investments at Fair Value as of June 30, 2023

	Level 1	Level 2	Level 3	Total
Common Stock	\$ 675,677	\$ 0	\$ 0	\$ 675,677
Money Market Funds	9,705,455	0	0	9,705,455
Mutual Funds	901,594	0	0	901,594
Exchange Traded Funds	1,295,883	0	0	1,295,883
 Total Investments at Fair Value	 \$ 12,578,609	 \$ 0	 \$ 0	 \$ 12,578,609

Gains and losses included in changes in net assets available for benefits for the years ended June 30, 2024 and 2023 are reported in net appreciation in fair value of investments.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 5 – TAX STATUS

The trust established under the Fund to hold the Fund’s assets is qualified pursuant to Section 501 (c) 9 of the Internal Revenue Code and obtained its latest tax exempt letter on February 6, 1998, in which the Internal Revenue Service stated that the Fund as then designed was in compliance with the applicable requirements of the Internal Revenue Code and was exempt from federal income tax. The Fund has been amended since receiving the determination letter. However, the Fund administrator and the Fund’s counsel believe that the Fund is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Fund’s financial statements. The Fund believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

NOTE 6 – PLAN TERMINATION

Although it has not expressed the intent to do so, in the event of termination of the Fund, the trustees also reserve the right to terminate the benefits for employees and/or dependents and there shall not be any vested right by any employee or dependent or beneficiary nor contractual rights after the disposition of all Fund assets and the termination of the Fund. Employees and dependents shall have no priority with respect to the disposition of Fund assets in connection with the termination of this Fund.

NOTE 7 – NET ASSETS AVAILABLE FOR BENEFITS

The total net assets available for benefits were comprised of the following:

	2024	2023
Allocated Amount - Health Reimbursement Account	\$ 7,856,734	\$ 6,451,335
Unallocated Amounts - Used for Fund Benefits and Administration	<u>9,071,917</u>	<u>8,129,961</u>
Net Assets Available for Benefits	<u><u>\$ 16,928,651</u></u>	<u><u>\$ 14,581,296</u></u>

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 8 – RECONCILIATION TO REGULATORY FILING

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

	2024	2023
Net Assets Available for Benefits per the Financial Statements	\$ 16,928,651	\$ 14,581,296
Less: Amounts Due for Claims Payable and Claims Incurred but Not Reported	<u>66,358</u>	<u>103,176</u>
Net Assets Available for Benefits Per Schedule H of Form 5500	<u>\$ 16,862,293</u>	<u>\$ 14,478,120</u>

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

	2024	2023
Benefits Paid and Payments to Provide Benefits to Participants per the Financial Statements	\$ 1,869,480	\$ 1,842,454
Add: Amounts Due for Claims Payable and Claims Incurred but Not Reported, End of Year	66,358	103,176
Less: Amounts Due for Benefits Payable and Claims Incurred but Not Reported, Beginning of Year	<u>(103,176)</u>	<u>(89,112)</u>
Total Benefit Payments Per Schedule H of Form 5500	<u>\$ 1,832,662</u>	<u>\$ 1,856,518</u>

**IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

NOTE 9 – RELATED PARTY TRANSACTIONS

The Fund reimburses Iron Workers Local Union No. 60 for administrative services that are provided by employees of Iron Workers Local Union No. 60. The annual reimbursement was \$36,000, respectively for both years ending in 2024 and 2023.

The Iron Workers Local Union No. 60 Health & Welfare Plan, the Iron Workers Local Union No. 60 Annuity Pension Fund, the Iron Workers Local Union No. 60 Education and Training Fund, and the Central New York Iron Workers and Employers Cooperative Trust are affiliated through trustees in common.

The Fund's attorney, auditors, investment managers, investment consultants and claims processor provide services to the plan and therefore qualify as party-in-interest transactions which qualify as exempt transactions.

NOTE 10 – RISKS AND CONTINGENCIES

The Fund invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of benefit obligations and net assets available for benefits and statements of changes in benefit obligations and net assets available for benefits.

The cash amounts maintained in financial institution depository accounts over the federally insured FDIC limit of \$250,000 was \$2,429,359 and \$1,784,004 at June 30, 2024 and 2023, respectively.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

OTHER FINANCIAL INFORMATION

SCHEDULES OF ADMINISTRATIVE EXPENSES

Years Ended June 30, 2024 and 2023

	2024	2023
Legal Fees	\$ 36,116	\$ 34,714
Audit and Accounting Fees	23,393	22,700
Administrative Expenses	36,840	36,371
Fiduciary Insurance	3,175	3,020
EAP Per Capita	3,090	2,796
Teledoc Communication Fee	7,950	8,575
Computer Expense	3,762	3,402
Federal Excise Tax and Other Taxes	<u>5,430</u>	<u>1,467</u>
TOTAL ADMINISTRATIVE EXPENSES	<u><u>\$ 119,756</u></u>	<u><u>\$ 113,045</u></u>

See notes to financial statements.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Attachment for Schedule H, Line 4i

EIN # 16.1500669

Plan #501

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Date of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Goldman Sachs FS Govt FD Inst	Money Market Funds	\$ 522,992	\$ 522,992
	Lord Abbett Sh Dur High Yield Fd	Mutual Funds	330,227	338,431
	Calamos Convertible Fund-I	Mutual Funds	0	0
	Eaton Vance Floating Rate Fund	Mutual Funds	356,021	334,877
	Janus Invt FD	Mutual Funds	1,414,748	1,318,486
	Loomis Sayles High Inc-Y	Mutual Funds	277,648	216,689
	Lord Abbett Convertible-1	Mutual Funds	280,709	245,502
	Lord Abbett Floating Rate Fd	Mutual Funds	221,321	227,257
	Lord Abbett Inv Trust - Sh Dur Inc Fd	Mutual Funds	441,155	399,266
	Natixis Loomis Say Inv Grade Bond Fd	Mutual Funds	301,524	276,766
	Pimco Real Return Fund - Instl	Mutual Funds	251,591	233,782
	Pimco Total Return Fd III	Mutual Funds	202,359	164,382
*	SEI Inst Tr Core Fxd Inc	Mutual Funds	297,546	248,373
	Vanguard Short-Term Treasury CL ADML	Mutual Funds	221,179	200,596
	Eaton Vance Short Dur Div Inc CEF	Mutual Funds	30,922	25,920
	Clearbridge Large Cap Growth I	Mutual Funds	233,411	351,162
	Cohen & Steers Realty-I	Mutual Funds	129,801	131,986
	Intech US Managed Vol 1	Mutual Funds	203,397	233,738
	Janus Enterprise I	Mutual Funds	270,785	322,616
	Janus Venture Fund I	Mutual Funds	209,433	243,436
	Northern Mid Cap Index	Mutual Funds	64,479	74,742
*	SEI Inst Man Trust LC Value Fd Cl-A	Mutual Funds	403,828	408,760
*	SEI Inst Tr US Mgd Volaty	Mutual Funds	279,086	257,059
*	SEI Simt Real Estate Cl A	Mutual Funds	167,679	161,141
	Vanguard Equity Income Fund ADM	Mutual Funds	200,000	194,426
	Vanguard REIT Index CL ADM	Mutual Funds	172,108	173,366
	Vanguard S/C Value Index ADM	Mutual Funds	143,459	209,895
	Vanguard 500 Index CL ADM	Mutual Funds	1,488,624	2,640,238
*	SEI Simt Global Mgd Vol Cl A	Mutual Funds	278,694	268,035
*	SEI Multi-Asset Infl Managed	Mutual Funds	270,063	234,015
	Vanguard Dev Mkt Index ADM	Mutual Funds	567,560	622,483
	Vanguard Em Mk Stk Index ADM	Mutual Funds	112,672	114,804
	Gateway fund Class N	Mutual Funds	111,565	181,462
			9,933,594	11,053,691

See notes to financial statements.

IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Date of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Caterpillar Inc	Common Stock	29,908	133,240
	RTX Corporation	Common Stock	17,487	40,156
	AT&T Inc	Common Stock	15,121	14,333
	Verizon Communications Com.	Common Stock	2,842	4,124
	Warner Bros Discovery Inc	Common Stock	4,725	1,347
	Altria Group Inc	Common Stock	19,226	45,550
	Pepsi Co.	Common Stock	13,440	65,971
	Baker Hughes Inc	Common Stock	9,349	8,792
	Exxon Mobil Corp	Common Stock	20,119	69,072
	Berkshire Hathaway	Common Stock	27,901	162,720
	JP Morgan Chase & Co	Common Stock	13,984	80,904
	Wells Fargo & Co.	Common Stock	23,377	59,390
	Amgen Inc	Common Stock	8,725	62,490
	Johnson & Johnson	Common Stock	13,674	43,848
	Medtronic PLC	Common Stock	41,313	43,291
	Pfizer Inc	Common Stock	18,232	13,990
	IBM Corp	Common Stock	17,530	25,943
	Microsoft Corp	Common Stock	19,015	178,780
			315,968	1,053,941
	Ishares Gbl Consumer Discret ETF	Exchange Transaction Funds	16,018	43,432
	Ishares Global Tech ETF	Exchange Transaction Funds	19,040	154,045
	Invesco Aerospace & Defense ETF	Exchange Transaction Funds	32,079	195,168
	Ishares Biotechnology	Exchange Transaction Funds	30,557	156,476
	Ishares Expanded Tech Sector	Exchange Transaction Funds	13,436	139,767
	Ishares Global Consumer Staples ETF	Exchange Transaction Funds	21,723	48,088
	Ishares Global Healthcare	Exchange Transaction Funds	20,236	63,131
	Ishares Gold Trust	Exchange Transaction Funds	89,224	263,580
	Ishares U.S. Financial Services ETF	Exchange Transaction Funds	24,526	35,213
	Ishares U.S. Healthcare	Exchange Transaction Funds	20,731	91,905
	Ishares US Telecommunications	Exchange Transaction Funds	15,127	11,512
	SPDR Gold Shares	Exchange Transaction Funds	207,284	258,012
	Ishares MSCI Emerging Markets	Exchange Transaction Funds	74,226	77,940
			584,207	1,538,269
	GRAND TOTAL		\$ 11,356,761	\$ 14,168,893

See notes to financial statements.

**IRON WORKERS LOCAL UNION NO. 60
HEALTH & WELFARE PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

Attachment for Schedule H, Line 4i

EIN # 16.1500669

Plan #501

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HEALTH & WELFARE PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2024

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