

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 01/01/1951
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA 111 N SEPULVEDA BLVD STE 210 MANHATTAN BEACH, CA 90266	2b Employer Identification Number (EIN) 95-6052259
		2c Plan Sponsor's telephone number 310-798-6572
		2d Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 6123
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) 5101 6a(2) 5081 6b 988 6c 0 6d 6069 6e 6f 6069 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 335

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

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

4A 4D 4E 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **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 12
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259	

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.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	107944	4475	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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	(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	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	26707456
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259

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.
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1 Coverage Information:

(a) Name of insurance carrier
HEALTH PLAN OF NEVADA

(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
88-0201035	96342	10000294	377	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(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

c Premiums due but unpaid at the end of the year

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 ▶

	6b	
	6c	76824
	6d	

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

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

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

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

b Balance at the end of the previous year

	7b	0
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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)	0

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

	7d	
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

(2) Administration charge made by carrier.....

(3) Transferred to separate account

(4) Other (specify below).....
▶

	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0

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

	7f	0
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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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1369089
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259	

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.
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1 Coverage Information:

(a) Name of insurance carrier
HOMETOWN HEALTH

(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
88-0231433	95350	107701	62	01/01/2024	12/31/2024

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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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.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1162172
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259

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.
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1 Coverage Information:

(a) Name of insurance carrier
HEALTH NET

(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
95-4402957	0000	63835	469	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	7178983
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259

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.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312	0000	05291	5616	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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)	2164974	
(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)		2164974
b Benefit charges (1) Claims paid	9b(1)	2133952	
(2) Increase (decrease) in claim reserves	9b(2)	19860	
(3) Incurred claims (add (1) and (2))	9b(3)		2153812
(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)	204515	
(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)		204515
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259

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.
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1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312	0000	78705	7770	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1217411
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259	

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.
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1 Coverage Information:

(a) Name of insurance carrier UNITEDHEALTHCARE 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
36-2739571	79413	729589	1901	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below) ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account (4) Other (specify below) ▶	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	10289120
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTHCARE OF CALIFORNIA

(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
95-2931460	0000	103538	373	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2145950
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259	

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTHCARE OF ARIZONA

(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
86-0507074	96016	060372	67	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	388082
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259

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.
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1 Coverage Information:

(a) Name of insurance carrier UNITEDHEALTHCARE BENEFITS OF TEXAS, INC
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
33-0115163	95174	H0609	140	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	483816
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259	

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 ANTHEM BLUE CROSS LIFE & HEALTH INS. CO.
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-4331852	62825	170224	18510	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(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)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	681003
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259	

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.
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1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	EXRK	2849	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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) ▶ **INDIVIDUAL EXCESS RISK**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1295360
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259

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

DELAWARE INVESTMENTS MANAGEMENT CO

13-3465352

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

VANGUARD

23-1945930

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

ISHARES, INC.

94-3351276

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

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

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

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

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

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

(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)

FOX ROTHSCHILD LLP

23-1404723

(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	NONE	119974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN MAILING SERVICE, INC

95-1582580

(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	NONE	36088	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO N.A.

420 MONTGOMERY ST
SAN FRANCISCO, CA 94104

(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	NONE	40002	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY (WS), INC.

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	354653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 33 49 50 55 71 72	NONE	66975	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MILLER KAPLAN ARASE LLP

95-2036255

(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	237277	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BEAT IT PROGRAM INC.

77-0111619

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	92152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARCIA HAMILTON & ASSOC. L.P.

76-0589652

(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	259040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHEET METAL BENEFIT PLANS ADMIN

95-4337897

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30 50	NONE	3864166	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANTHEM BLUE CROSS LIFE & HEALTH

95-4331852

(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?
62 12 13 15 49	NONE	1720897	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WITHUM SMITH + BROWN

22-2027092

(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	114087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARSH & MCLENNAN COMPANIES, INC.

36-2668272

(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?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	18455	Yes ☐ No ☒

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

COMERICA

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 59 62	NONE	12356	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EXPRESS SCRIPTS

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	11985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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
COMERICA 42-1741646	19 49 59 62	PROVIDER DID NOT PROVIDE THE INFORMATION NEEDED TO COMPLETE SCHEDULE C.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN	D Employer Identification Number (EIN) 95-6052259	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	8100843	11742006
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7435852	7464623
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	5464743	4630867
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8740218	11353534
(2) U.S. Government securities	1c(2)	86051794	92326838
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	15623605	24831037
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	24218390	24517900
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	196454	0
(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)	26602789	19212063
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	2162796	1987813
f Total assets (add all amounts in lines 1a through 1e)	1f	184597484	198066681
Liabilities			
g Benefit claims payable	1g	39962657	42277705
h Operating payables	1h	216126	63462
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	40178783	42341167
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	144418701	155725514

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)	87014822	
(B) Participants	2a(1)(B)	6013729	
(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)		93028551
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	472528	
(B) U.S. Government securities	2b(1)(B)	2947664	
(C) Corporate debt instruments	2b(1)(C)	1034320	
(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)		4454512
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	368816	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	639881	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1008697
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	64296482	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	60752650	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3543832
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2978389	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2978389

		(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)		2422599
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		101479802

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31024189	
(2) To insurance carriers for the provision of benefits	2e(2)	53630035	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		84654224
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)	3864166	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	290699	
(4) IQPA audit fees	2i(4)	57065	
(5) Investment advisory and investment management fees	2i(5)	326015	
(6) Bank or trust company trustee/custodial fees	2i(6)	52358	
(7) Actuarial fees	2i(7)	354653	
(8) Legal fees	2i(8)	119974	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	175826	
(11) Other expenses	2i(11)	278009	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5518765
j Total expenses. Add all expense amounts in column (b) and enter total	2j		90172989

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11306813
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: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Sheet Metal Workers' Health Plan of Southern
California, Arizona and Nevada
111 North Sepulveda Boulevard, Suite 210
Manhattan Beach, California 90266

Members of the Board:

Opinion

We have audited the accompanying financial statements of Sheet Metal Workers' Health Plan of Southern California, Arizona, and Nevada (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are

presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

September 17, 2025

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
ASSETS		
CASH	\$ 11,742,006	\$ 8,077,866
INVESTMENTS - AT FAIR VALUE		
Short Term Investment Funds	\$ 11,353,534	\$ 8,763,195
Government Debt Securities	92,326,838	86,051,794
Common Stock	24,517,900	24,218,390
Corporate Debt Securities	24,831,037	15,623,605
Real Estate Investment Trusts	-	196,454
Exchange Traded Funds	<u>19,212,063</u>	<u>26,602,789</u>
	<u>172,241,372</u>	<u>161,456,227</u>
TOTAL CASH AND INVESTMENTS	183,983,378	169,534,093
OTHER ASSETS		
Employer Contributions Receivable	7,464,623	7,435,852
Accrued Investment Income	1,013,944	519,922
Refunds and Rebates Receivable	1,081,077	1,733,431
Retiree Drug Subsidy Receivable	-	61,042
Stop Loss Receivable	856,247	233,723
Due from (to) Affiliated Plans, Net:		
Pension Plan	1,908,921	2,769,143
Administrative Corp.	(229,322)	147,482
Prepaid Benefits	1,874,147	1,919,057
Prepaid Expenses	<u>113,666</u>	<u>243,739</u>
TOTAL OTHER ASSETS	<u>14,083,303</u>	<u>15,063,391</u>
TOTAL ASSETS	<u>198,066,681</u>	<u>184,597,484</u>
LIABILITIES		
Accrued Expenses	<u>63,461</u>	<u>216,126</u>
TOTAL LIABILITIES	<u>63,461</u>	<u>216,126</u>
NET ASSETS AVAILABLE FOR BENEFITS	198,003,220	184,381,358
MEMORANDUM:		
Benefit Obligations Other Than Postretirement Benefit Obligations	<u>42,277,705</u>	<u>39,962,657</u>
Excess of Net Assets Available For Benefits	<u>\$ 155,725,515</u>	<u>\$ 144,418,701</u>

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to December 31, 2024		January 1, 2023 to December 31, 2023	
ADDITIONS				
NET INVESTMENT INCOME				
Interest and Dividends	\$	5,463,209	\$	5,064,702
Net Appreciation of Investments		2,988,042		7,624,726
Less: Investment Expenses		<u>(338,371)</u>		<u>(354,220)</u>
	\$	8,112,880	\$	12,335,208
CONTRIBUTIONS				
Employer Contributions		85,793,747		85,882,983
Employer Contributions - Non-Bargaining		1,221,075		1,147,723
Self-Pay Participants		<u>6,013,729</u>		<u>6,085,517</u>
		93,028,551		93,116,223
TOTAL ADDITIONS		<u>101,141,431</u>		<u>105,451,431</u>
DEDUCTIONS				
BENEFITS PAID				
Premiums		51,816,986		51,713,640
Claims, Net		28,709,141		24,646,670
Benefit Administration Fees		<u>1,813,049</u>		<u>1,806,768</u>
		82,339,176		78,167,078
ADMINISTRATIVE EXPENSES				
Administration		3,879,549		3,573,471
Administration Fee Income		(15,383)		(36,143)
Medicode Maintenance Fees		-		4,112
Consulting Fees		354,653		369,119
Legal Fees		55,258		134,929
Legal Collection Fees		64,716		121,117
Audit Fees		57,065		51,270
Claims Examination Fees		27,500		40,750
Payroll Compliance Fees		263,199		234,480
IT Consulting Fees		17,000		21,143
Bank Fees		40,002		19,633
Printing, Postage and Supplies		137,845		160,532
Conference and Meeting Expenses		175,826		187,029
Insurance		88,134		83,207
PCORI Fees		14,825		13,287
Miscellaneous		<u>20,204</u>		<u>152</u>
		5,180,393		4,978,088
TOTAL DEDUCTIONS		<u>87,519,569</u>		<u>83,145,166</u>
NET INCREASE FOR THE YEAR		13,621,862		22,306,265
NET ASSETS AVAILABLE FOR BENEFITS				
Balance, Beginning of Year		<u>184,381,358</u>		<u>162,075,093</u>
Balance, End of Year	\$	<u><u>198,003,220</u></u>	\$	<u><u>184,381,358</u></u>

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA
STATEMENTS OF BENEFIT OBLIGATIONS**

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Premiums and Claims Payable	\$ -	\$ -
OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims Incurred But Not Paid	4,732,600	4,167,400
Accumulated Eligibility Credits (Lag Months)	12,840,480	11,604,714
Continuation of Benefits (Hour Bank)	24,704,625	24,190,543
	<u>42,277,705</u>	<u>39,962,657</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>42,277,705</u>	<u>39,962,657</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Current Retirees, Beneficiaries and Dependents	49,226,550	55,658,790
Other Participants Fully Eligible for Benefits	13,333,355	37,743,104
Other Participants Not Yet Fully Eligible for Benefits	58,944,115	78,648,348
	<u>121,504,020</u>	<u>172,050,242</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 163,781,725</u>	<u>\$ 212,012,899</u>

* The calculation of the postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS**

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at Beginning of Year	\$ -	\$ -
Net Change During the Year:		
Benefits Reported and Approved for Payment	82,339,176	78,167,078
Benefits Paid	<u>(82,339,176)</u>	<u>(78,167,078)</u>
Balance at End of Year	<u>-</u>	<u>-</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at Beginning of Year	39,962,657	38,967,845
Net Change During the Year:		
Claims Incurred But Not Paid	565,200	38,000
Accumulated Eligibility Credits	1,235,766	423,227
Bank Hour Liability	<u>514,082</u>	<u>533,585</u>
Balance at End of Year	<u>42,277,705</u>	<u>39,962,657</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>42,277,705</u>	<u>39,962,657</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Balance at Beginning of Year	172,050,242	129,578,296
Net Changes During the Year:		
Benefits Earned Net of Benefits Paid	8,452,524	5,979,982
Actuarial Experience Gain	(1,460,504)	-
Changes in Actuarial Assumptions	<u>(57,538,242)</u>	<u>36,491,964</u>
	<u>121,504,020</u>	<u>172,050,242</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 163,781,725</u></u>	<u><u>\$ 212,012,899</u></u>

* The calculation of the postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada (the "Plan") was formed in 1950 under a multiemployer collective bargaining agreement between various employer groups and selected Local Unions. It is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA), as amended. Benefits provided to eligible members are specified in the Plan and include medical, dental, death, vision, prescription benefits and accidental death and dismemberment. The Plan has plans of coverage for active participants and dependents (Plan A and Plan B), and separate plans of coverage for retired participants and dependents.

THE PLAN DOCUMENTS INCLUDE DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The financial statements of the Plan are recorded on the accrual basis of accounting.

B. Estimates

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

C. Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

The significant actuarial assumptions and methods used at December 31, 2024 (2023) were: (a) Discount Rate: 5.50% (4.75%), (b) Postretirement Mortality: Healthy – 95% of Pri-2012 Healthy Retiree Blue Collar Headcount-Weighted Table, projected generationally from 2012 with 80% of Scale MP2020; Disabled – 95% of Pri-2012 Disabled Retiree Headcount-Weighted Table, projected generationally from 2012 with 80% of Scale MP2020, and (d) Health trend rates:

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

C. Postretirement Benefits (Continued)

	2023	2024
Indemnity Medical	7.00% graded to 4.5% over 10 years	6.00% graded to 4.5% over 6 years
Indemnity Drug	12.00% graded to 4.5% over 15 years	11.50% graded to 4.5% over 14 years
HMO Under 65	8.00% graded to 4.5% over 14 years	8.00% graded to 4.5% over 14 years
HMO 65 & Over	20.03%, then 8.75% graded to 4.50% over 17 years.	9.00% graded to 4.50% over 18 years

The health care cost trend rate and retiree contribution trend rate have a significant effect on the postretirement benefit obligations. A 1% increase in the health care cost trend rate would increase the net postretirement benefit obligation as of December 31, 2024 and 2023 by \$20,970,300 and \$32,808,978, respectively.

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

D. Employer Contributions

Contributions as reported are contributions made for hours worked during the year at a fixed rate per hour of work under the terms of the collective bargaining agreements. Contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

E. Payroll Compliance Program

Remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

F. Tax-Exempt Status

No provision for federal or state income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

G. Plan Termination

Upon the termination of the Plan, per the agreement and declaration of Trust, any and all monies remaining in the Plan after payment of all expenses and obligations of the Plan shall be either expended and used for the continuance of purposes of the Plan until such monies have been exhausted, or transferred to another trust or trusts providing similar benefits.

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

H. Risks and Uncertainties

Benefit obligations are reported based on certain assumptions pertaining to health care inflation rates and participant demographics which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Plan investments are exposed to various risks such as interest rate, market fluctuations and credit risk. Some estimated values may differ from values that would have been used had a ready market existed for the investment. Due to the level of risk associated with investments and the level of uncertainty with respect to the changes in the value of investments, it is reasonable possible that the changes in risks in the near term would materially affect the amounts reported in the financial statements.

I. Concentration of Credit Risk

During 2024, the Plan periodically had bank accounts with cash balances in excess of the federally insured limit of \$250,000 per bank. The amount in excess of the limit was subject to risk if the financial institution did not perform. The Plan has not incurred any losses on the uninsured balances.

J. Administration

The Plan is administered by Sheet Metal Benefit Plans Administrative Corporation (SMBPAC). The Plan pays an allocation of direct costs based on an allocation method periodically approved by the Board of Trustees.

K. Subsequent Events

Management has evaluated subsequent events through September 17, 2025, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

NOTE 3 - RELATED PARTY TRANSACTIONS

The Plan shares common expenses including salaries, benefits, facilities, depreciation, amortization and professional fees with one related entity, Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada. SMBPAC pays these expenses and each entity reimburses it for its own share of these costs based on allocation percentages periodically approved by the Board of Trustees.

NOTE 4 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

	December 31, 2024	December 31, 2023
Net Assets Available for Benefits Per the Financial Statements	\$ 198,003,220	\$ 184,381,358
Less: Plan's Total Benefit Obligations Other Than Postretirement Benefit Obligations	<u>42,277,705</u>	<u>39,962,657</u>
Net Assets Per the Form 5500	<u><u>\$ 155,725,515</u></u>	<u><u>\$ 144,418,701</u></u>

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

	January 1, 2024 to December 31, 2024
Net Benefits Per the Financial Statements	\$ 82,339,176
Add: Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2024	42,277,705
Less: Benefit Obligations Other Than Postretirement Benefit Obligations at December 31, 2023	<u>(39,962,657)</u>
Benefits Paid Per the Form 5500	<u><u>\$ 84,654,224</u></u>

Amounts currently payable to or for participants, dependents, and beneficiaries are reported on the Form 5500 for benefits that have been earned prior to December 31, but not yet paid as of that date.

NOTE 5 - PLAN A AND PLAN B ACCOUNTING

The following reflects the activity in the Plan A and Plan B programs:

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023	January 1, 2022 to December 31, 2022	January 1, 2021 to December 31, 2021
	Plan A	Plan B	Plan A	Plan B
Beginning Net Assets Available for Benefits	\$ 140,797,567	\$ 43,583,791	\$ 122,361,625	\$ 39,713,468
Additions:				
Contributions	80,202,636	12,825,915	81,029,845	12,086,378
Net Investment Earnings	<u>6,109,047</u>	<u>2,003,833</u>	<u>8,993,741</u>	<u>3,341,467</u>
	<u>86,311,683</u>	<u>14,829,748</u>	<u>90,023,586</u>	<u>15,427,845</u>
	<u>227,109,250</u>	<u>58,413,539</u>	<u>212,385,211</u>	<u>55,141,313</u>
Less:				
Benefits	71,795,815	10,543,361	67,851,136	10,315,942
Administrative Expenses	<u>3,908,170</u>	<u>1,272,224</u>	<u>3,736,508</u>	<u>1,241,580</u>
	<u>75,703,985</u>	<u>11,815,585</u>	<u>71,587,644</u>	<u>11,557,522</u>
Ending Net Assets Available for Benefits	<u><u>\$ 151,405,265</u></u>	<u><u>\$ 46,597,954</u></u>	<u><u>\$ 140,797,567</u></u>	<u><u>\$ 43,583,791</u></u>

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 - INVESTMENT VALUATION AND INCOME RECOGNITION

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

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Level 1 investments consist of common stock, real estate investment trusts, exchange traded funds and U.S. government debt securities recorded at fair value based on quoted market prices. Level 2 investments consist of short term investment funds, U.S. non-government debt securities and corporate debt securities recorded at fair value based on closing prices provided by third party pricing services.

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

The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 - INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)

	2024			
	Total	Level 1	Level 2	Level 3
Short Term Investment Funds	\$ 11,353,534	\$ -	\$ 11,353,534	\$ -
Common Stock	24,517,900	24,517,900	-	-
Exchange Traded Funds	19,212,063	19,212,063	-	-
Government Debt Securities	92,326,838	57,775,607	34,551,231	-
Corporate Debt Securities	24,831,037	-	24,831,037	-
TOTALS	\$ 172,241,372	\$ 101,505,570	\$ 70,735,802	\$ -

	2023			
	Total	Level 1	Level 2	Level 3
Short Term Investment Funds	\$ 8,763,195	\$ -	\$ 8,763,195	\$ -
Common Stock	24,218,390	24,218,390	-	-
Exchange Traded Funds	26,602,789	26,602,789	-	-
Real Estate Investment Trusts	196,454	196,454	-	-
Government Debt Securities	86,051,794	52,999,724	33,052,070	-
Corporate Debt Securities	15,623,605	-	15,623,605	-
TOTALS	\$ 161,456,227	\$ 104,017,357	\$ 57,438,870	\$ -

Interest, dividends and realized gains and losses on the sale of investments are reported on the accrual basis. Realized and unrealized gains and losses are computed using investments' cost for financial statement purposes. For Form 5500 reporting, realized and unrealized gains and losses are computed using investments' market values as of the beginning of the Plan year.

NOTE 7 - SECURITIES LENDING

Securities may be lent to broker-dealers, other institutions, or other persons to earn additional income. The Plan's former custodian, Comerica, has a very thorough selection process for selecting borrowers, which includes an inspection of the audited financial statements of each potential borrower. Lending limits are monitored on a daily basis by using systematic and internally-generated compliance reports. Comerica's securities lending agent performs its own credit review. Safeguards such as these minimize the Plan's risks in these types of transactions. The Plan's risks include the potential insolvency of the broker-dealer or borrower that could result in delays in recovering securities, and in capital losses. Additionally, losses could result from the reinvestment of collateral received on loaned securities in investments that default or do not perform well. Securities on loan were immaterial as of December 31, 2023; the program was terminated during 2024.

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

SCHEDULE H - LINE 4

E.I.N. 95-6052259; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Sheet Metal Workers' Health Plan of Southern
California, Arizona and Nevada
111 North Sepulveda Boulevard, Suite 210
Manhattan Beach, California 90266

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

September 17, 2025

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Government Debt Securities	Maturity Date	Interest Rate (%)	Fair Value	Cost
\$ 2,125,000	US Treasury Note	02/28/27	1.875	\$ 2,021,853	\$ 1,966,607
2,450,000	US Treasury Note	04/30/27	2.875	2,368,979	2,341,418
1,042,000	US Treasury Note	06/30/29	3.250	994,495	980,201
2,710,000	US Treasury Note	09/30/27	4.125	2,699,729	2,722,469
3,035,000	US Treasury Note	01/31/28	3.500	2,965,984	2,989,186
3,170,000	US Treasury Note	03/31/28	3.625	3,105,522	3,164,012
2,875,000	US Treasury Note	05/31/28	3.625	2,812,555	2,827,409
795,000	US Treasury Note	07/31/28	4.125	789,658	794,627
733,000	US Treasury Note	11/30/28	4.375	733,469	741,210
2,054,000	US Treasury Note	04/30/29	4.625	2,074,211	2,082,330
1,575,000	US Treasury Note	05/15/27	4.500	1,583,096	1,576,367
2,066,000	US Treasury Note	07/15/27	4.375	2,071,640	2,100,467
1,789,000	US Treasury Note	11/15/27	4.125	1,781,397	1,781,248
2,840,000	US Treasury Note	08/15/27	2.250	2,699,988	2,645,430
4,080,000	US Treasury Note	11/15/27	2.250	3,858,170	3,790,543
891,639	Federal Home Ln Mtg Corp Partn CTF	07/01/30	3.000	862,438	860,989
1,139,917	Federal Natl Mtg Assn Gtd Passthru CTF	02/01/34	3.000	1,085,338	1,074,283
1,156,392	Federal Natl Mtg Assn Gtd Passthru CTF	09/01/32	2.500	1,086,951	1,088,997
1,445,000	US Treasury Note	02/15/31	1.125	1,192,833	1,224,271
700,000	US Treasury Note	11/15/31	1.375	572,152	559,124
7,360,000	US Treasury Note	02/15/32	1.875	6,192,778	6,368,400
1,076,000	US Treasury Note	02/15/32	1.875	905,357	888,829
6,395,000	US Treasury Note	02/15/33	3.500	5,950,995	6,135,515
582,000	US Treasury Note	05/31/30	3.750	563,440	560,325
1,118,000	US Treasury Note	08/15/33	3.875	1,064,370	1,060,753
2,985,000	US Treasury Note	02/15/34	4.000	2,858,645	2,985,579
1,216,816	Federal Home Ln Mtg Corp Partn CTF	06/01/35	3.500	1,172,353	1,168,904
931,800	Federal Home Ln Mtg Corp Partn CTF	02/01/53	4.000	852,551	900,352
778,013	Federal Home Ln Mtg Corp Partn CTF	12/01/52	3.500	689,110	709,657
446,889	Federal Home Ln Mtg Corp Partn CTF	06/01/52	3.500	396,015	370,918
3,485,865	Federal Home Ln Mtg Corp Partn CTF	01/01/51	1.500	2,585,814	2,675,401
2,978,720	Federal Home Ln Mtg Corp Partn CTF	04/01/52	2.500	2,435,550	2,620,343
1,176,028	Federal Home Ln Mtg Corp Partn CTF	06/01/52	2.500	959,769	1,027,555
58,623	Federal Home Ln Mtg Corp Partn CTF	09/01/52	3.500	51,948	53,292
559,344	Federal Home Ln Mtg Corp Partn CTF	09/01/52	5.000	541,618	541,646
1,599,492	Federal Home Ln Mtg Corp Partn CTF	10/01/52	3.500	1,416,062	1,490,027
1,660,187	Federal Home Ln Mtg Corp Partn CTF	11/01/52	4.000	1,520,566	1,524,130
240,214	Federal Home Ln Mtg Corp Partn CTF	07/01/53	5.000	232,117	232,070
589,330	Federal Home Ln Mtg Corp Partn CTF	08/01/53	5.500	582,400	584,450
370,392	Federal Home Ln Mtg Corp Partn Gold	02/01/39	4.000	354,787	397,824
1,178,824	Federal Home Ln Mtg Corp Partn CTF	02/01/52	3.000	1,001,564	988,001
590,187	Federal Home Ln Mtg Corp Partn CTF	01/01/40	3.000	533,422	620,710
1,435,212	Federal Home Ln Mtg Corp Partn CTF	03/01/51	3.000	1,224,451	1,191,451
1,388,088	Federal Natl Mtg Assn Gtd Passthru CTF	05/01/52	3.000	1,182,623	1,175,754
622,359	Federal Natl Mtg Assn Gtd Passthru CTF	05/01/40	3.000	563,061	655,131
389,755	Federal Natl Mtg Assn Gtd Passthru CTF	10/01/39	3.500	364,004	415,590
943,089	Federal Natl Mtg Assn Gtd Passthru CTF	04/01/36	2.500	866,095	876,654
<u>Forward</u>				\$ 74,421,923	\$ 75,530,449

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 74,421,923	\$ 75,530,449
\$ 858,297	Federal Natl Mtg Assn Gtd Passthru CTF	02/01/35	3.000	817,828	821,417
1,423,315	Federal Natl Mtg Assn Gtd Passthru CTF	06/01/52	3.000	1,209,846	1,212,931
1,140,951	Federal Natl Mtg Assn Gtd Passthru CTF	04/01/52	3.000	971,463	956,616
818,538	Federal Natl Mtg Assn Gtd Passthru CTF	04/01/37	3.000	781,818	780,616
1,104,620	Federal Natl Mtg Assn Gtd Passthru CTF	03/01/37	2.000	1,019,951	1,026,606
502,167	Federal Natl Mtg Assn Gtd Passthru CTF	06/01/39	4.000	479,429	539,358
779,247	Federal Natl Mtg Assn Gtd Passthru CTF	06/01/52	3.500	690,319	694,138
1,158,347	Federal Natl Mtg Assn Gtd Passthru CTF	07/01/52	4.000	1,060,536	1,039,798
1,292,099	Federal Natl Mtg Assn Gtd Passthru CTF	10/01/52	4.000	1,183,433	1,172,580
166,854	Federal Natl Mtg Assn Gtd Passthru CTF	10/01/52	5.000	161,553	153,036
2,318,510	Federal Natl Mtg Assn Gtd Passthru CTF	11/01/52	4.000	2,123,408	2,128,501
81,292	Federal Natl Mtg Assn Gtd Passthru CTF	04/01/53	5.000	78,490	79,697
1,462,994	Federal Natl Mtg Assn Gtd Passthru CTF	03/01/54	5.000	1,412,550	1,420,910
2,455,000	US Treasury Bond	08/15/41	3.750	2,160,572	2,449,796
2,645,000	US Treasury Bond	02/15/45	2.500	1,836,000	2,056,547
2,815,000	US Treasury Bond	05/15/46	2.500	1,917,719	2,548,162
	<u>TOTAL - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 92,326,838</u>	<u>\$ 94,611,158</u>
	<u>Corporate Debt Securities</u>				
\$ 600,000	Abbvie Inc Sr Gbl NT	11/21/26	2.950	\$ 582,876	\$ 561,166
120,000	Aecom Sr Gbl NT	03/15/27	5.125	118,848	117,607
639,000	Air Lease Corp Fr	10/01/29	3.250	589,829	553,481
155,000	Allison Transmission Inc Sr Gbl	10/01/27	4.750	150,204	150,836
175,000	Amkor Technology Inc Sr Gbl 144a	09/15/27	6.625	174,944	175,871
190,000	Asbury Automotive Group Inc Sr Gbl	03/01/28	4.500	182,115	180,099
200,000	Axalta Coating Sys LLC Sr Gbl 144a	02/15/29	3.375	181,556	179,698
195,000	Bwx Technologies Inc Sr Gbl 144a	06/30/28	4.125	182,573	184,969
629,000	Bk of America Corp Fr	07/22/27	-	599,645	577,265
50,000	Berry Global Inc Sr SEC Gbl	07/15/27	5.625	49,740	49,365
609,000	Boeing Co CR Sen Sr NT	02/04/26	-	590,602	562,488
105,000	Cdw LLC Cdw Fin Corp Sr NT	12/01/28	3.276	97,677	96,311
95,000	Six Flags Entertainment Corporation,	04/15/27	5.375	93,990	94,085
140,000	Cedar Fair L P Canadas Wonde Sr Gbl	07/15/29	5.250	134,567	133,917
894,000	Citigroup Inc Sr Gbl NT	01/10/28	-	876,335	841,999
110,000	Clean Harbors Inc Sr 144a NT	07/15/29	5.125	105,590	106,426
165,000	Compass Minerals Intl Inc Sr Gbl	12/01/27	6.750	162,509	160,954
250,000	Crown Amers Amers Sr Gbl NT	09/30/26	4.250	243,845	246,458
180,000	Directv Fing LLC Directv Sr SEC 144a	08/15/27	5.875	175,374	171,935
282,000	Edison Intl Sr NT	06/15/27	5.750	286,709	281,883
573,000	Energy Transfer Operating LP Sr NT	04/15/29	5.250	575,040	556,833
	<u>Forward</u>			<u>\$ 6,154,568</u>	<u>\$ 5,983,646</u>

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

Par Value	<u>Corporate Debt Securities</u> (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 6,154,568	\$ 5,983,646
\$ 606,000	Goldman Sachs Group Inc NT	05/01/29	-	589,644	603,721
215,000	Goodyear Tire & Rubr Co Sr NT	03/15/27	4.875	207,724	208,593
135,000	Griffon Corp Sr Gbl NT	03/01/28	5.750	132,377	131,880
145,000	Group 1 Automotive Inc Sr Gbl 144a	08/15/28	4.000	135,750	134,825
180,000	H & E Equipment Services Inc Sr Gbl	12/15/28	3.875	164,509	164,632
571,000	HCA Sr Gbl	06/01/28	5.200	572,399	575,694
60,000	Hologic Inc Sr Gbl 144a	02/15/29	3.250	54,260	54,258
260,000	lip Oper Partnership L P Sr Gbl	05/25/26	5.500	253,393	249,925
995,000	International Business Machs Sr NT	05/15/29	3.500	942,892	1,039,319
205,000	Kb Home Sr Gbl NT	06/15/27	6.875	209,340	209,613
141,000	L Brands Inc Sr NT	02/01/28	5.250	138,822	139,160
140,000	Lamar Media Corp Sr Gbl NT	02/15/28	3.750	131,291	131,125
100,000	Lamar Media Corp Sr Gbl NT	01/15/29	4.875	96,069	96,359
230,000	Mpt Operating Partnership Sr NT	10/15/27	5.000	193,908	192,561
535,000	Microsoft Corp Sr NT	11/03/25	3.125	529,415	514,600
40,000	Nexstar Broadcasting Inc Sr 144a NT	11/01/28	4.750	37,295	36,307
160,000	Nexstar Escrow Inc Sr 144a NT	07/15/27	5.625	156,058	152,885
90,000	Olin Corp Sr Gbl NT	09/15/27	5.125	88,084	87,777
255,000	Outfront Media Cap Outfront Sr Gbl	01/15/29	4.250	237,119	235,619
125,000	PG&E Corp Sr SEC Gbl NT	07/01/28	5.000	122,118	120,909
120,000	Papa Johns Intl Inc Sr Gbl 144a	09/15/29	3.875	107,504	106,827
85,000	Provident Fdg Associates LP Sr 144a	09/15/29	9.750	87,009	85,000
101,000	Qvc Inc Sr SEC 144a NT	04/15/29	6.875	82,181	-
50,000	Qorvo Inc Sr Gbl NT	10/15/29	4.375	46,892	46,897
220,000	Range Res Corp Sr Gbl NT	01/15/29	8.250	226,512	228,800
140,000	Sm Energy Company Sr NT	07/15/28	6.500	139,122	140,027
572,000	Sabine Pass Liquefaction LLC Sr SEC	03/15/27	5.000	573,190	572,400
70,000	Scotts Miracle Gro Co Sr Gbl	10/15/29	4.500	64,492	64,161
95,000	Service Corp Intl Sr Gbl NT	12/15/27	4.625	92,441	91,918
65,000	Silgan Holdings Inc Sr Gbl NT	02/01/28	4.125	62,037	61,953
165,000	Sirius Xm Radio Inc Sr 144a	07/01/29	5.500	158,204	156,200
225,000	Summit Materials LLC Sr 144a NT	01/15/29	5.250	226,577	219,417
45,000	Teleflex Inc Sr NT	11/15/27	4.625	43,608	43,312
175,000	Tenet Healthcare Corp Sr Gbl NT	10/01/28	6.125	174,676	174,036
50,000	Topbuild COR Sr Gbl 144a	03/15/29	3.625	45,774	45,636
185,000	United Rentals North Amer Inc Sr	01/15/28	4.875	180,048	179,263
205,000	Vici Pptys Inc Sr Gbl 144a	01/15/28	4.500	200,488	199,181
205,000	Vistra Operations Co LLC Sr 144a NT	07/31/27	5.000	201,144	200,273
900,000	Wells Fargo & Co Sr NT	03/24/28	-	872,937	849,762
495,000	Amazon Com Inc NT	04/13/32	3.600	458,182	476,447
558,000	American Elec Pwr Inc Sr Q	03/01/33	5.625	563,697	550,620
574,000	Amgen Inc Sr NT	03/02/30	5.250	579,355	583,758
95,000	Apache Corp 4.25% Dtd 06/19/2019	01/15/30	4.250	88,635	88,635
	<u>Forward</u>			\$ 16,421,740	\$ 16,227,931

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

Par Value	<u>Corporate Debt Securities</u> (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 16,421,740	\$ 16,227,931
\$ 711,000	Bk of America Corp Sr NT	07/21/32	-	592,725	551,368
225,000	Brunswick Corp Sr NT	08/18/31	2.400	184,327	181,044
155,000	CNF Inc Sr Deb	05/01/34	6.700	161,450	161,777
611,000	Capital One Finl Corp Sr NT	02/01/30	-	619,371	633,007
95,000	Central Garden & Pet Co Sr Gbl NT	10/15/30	4.125	85,322	84,564
910,000	Citigroup Inc	03/20/30	-	868,813	1,022,448
1,405,000	Comcast Corp New Sr NT	04/01/30	3.400	1,303,700	1,436,629
110,000	Dicks Sporting Goods Inc Sr NT	01/15/32	3.150	96,331	94,431
157,000	Discovery Communications LLC Sr NT	05/15/30	3.625	139,667	140,837
45,000	Freeport McMoran Inc Sr NT	11/14/34	5.400	44,500	44,680
65,000	Host Hotels & Resorts LP Sr NT	12/15/31	2.900	55,305	54,521
595,000	Kroger Co Sr Gbl NT	09/15/34	5.000	576,263	600,379
210,000	NRG Energy Inc Sr SEC 144a NT	02/15/31	3.625	183,637	183,140
220,000	Occidental Pete Corp Sr Gbl NT	09/15/31	7.875	243,485	249,456
85,000	Olin Corp Sr Gbl NT	02/01/30	5.000	79,799	80,521
100,000	PG&E Corp Sr SEC Gbl NT	07/01/30	5.250	97,883	95,990
85,000	Scotts Miracle Gro Co Sr Gbl NT	04/01/31	4.000	74,113	73,758
25,000	Sensata Technologies Inc Sr 144a NT	02/15/31	3.750	21,856	22,029
678,000	Viatis Inc Sr Gbl	06/22/30	2.700	588,138	597,196
155,000	Apache Corp Sr NT	09/01/40	5.100	135,067	135,135
80,000	Dicks Sporting Goods Inc Sr NT	01/15/52	4.100	58,442	58,457
115,000	Ford Mtr Co Del Sr Gbl	11/01/46	7.400	121,607	128,064
308,000	Schwab Charles Corp Perp Sub I	12/31/49	-	297,898	282,282
725,000	US Bancorp Fr	11/03/36	-	587,214	565,050
215,000	Ats Automation Tooling Sys Sr Gbl	12/15/28	4.125	199,288	197,984
175,000	Aircastle LTD Sr Gbl 144a	08/11/25	5.250	175,054	174,020
150,000	Fmg Resources August 2006 Pty Sr	09/15/27	4.500	145,053	144,193
95,000	Teva Pharmaceutical Fin Neth Sr Gbl	10/01/26	3.150	91,286	89,003
583,000	Toronto Dominion Bank Fr	09/15/27	4.693	581,703	573,156
	<u>TOTAL - CORPORATE DEBT SECURITIES</u>			<u>\$ 24,831,037</u>	<u>\$ 24,883,050</u>

No. of Shares	<u>Exchange Traded Funds</u>		
12,007	Ishares Core S&P 500 ETF	\$ 7,068,281	\$ 3,573,873
25,304	Ishares Core S&P Small-Cap ETF	2,915,527	1,927,887
160,743	Vanguard Intl Equity Index Fds Ftse All World Ex US Index Fd ETF	9,228,255	8,281,693
	<u>TOTAL - EXCHANGE TRADED FUNDS</u>	<u>\$ 19,212,063</u>	<u>\$ 13,783,453</u>

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u>	Fair Value	Cost
620	Adient PLC Ord Shs	\$ 10,683	\$ 20,214
379	Acushnet Holdings Corp Com	26,939	17,622
265	Alibaba Group Hldg LTD Sponsored Ads	22,469	27,177
3,227	Amazon.Com Inc Com	707,972	345,660
19	Autozone Inc Com	60,441	59,236
9	Booking Hldgs Inc Com	42,664	33,728
319	Boyd Gaming Corp Com	23,140	17,047
1,499	Chewy Inc Cl A	50,202	40,230
444	Chipotle Mexican Grill Inc Cl A	26,773	25,084
123	Choice Hotels Intl Inc Com	17,464	14,091
202	Columbia Sportswear Co Com	16,954	15,191
170	Crocs Inc Com	18,620	17,879
1,039	D R Horton Inc Com	145,273	198,923
569	Doordash Inc Cl A	95,450	75,574
227	Dorman Products Inc Com	29,408	26,643
437	Etsy Inc Com	23,113	29,033
91	Group 1 Automotive Inc Com	38,537	17,618
113	Home Depot Inc Com	43,956	46,398
445	Kb Home Com	29,245	16,378
1,144	Lowes Cos Inc Com	282,339	212,561
160	M / I Homes Inc Com	21,272	22,253
448	Madden Steven LTD Com	19,049	14,804
287	McDonalds Corp Com	83,198	84,897
44	Mercadolibre Inc Com	75,440	94,651
225	Meritage Homes Corp Com	34,610	23,404
119	Modine MFG Co Com	13,796	14,095
114	Murphy USA Inc Com	57,200	56,954
462	Ollies Bargain Outlt Hldgs Inc Com	50,695	31,609
154	Oxford Inds Inc Com	12,132	15,811
211	Patrick Inds Inc Com	17,530	16,167
289	Patrick Inds Inc Com	24,010	26,790
554	Starbucks Corp Com	50,553	54,871
1,248	Tapestry Inc Com	81,532	41,793
883	Tesla, Inc	356,591	256,343
104	Texas Roadhouse Inc Com Cl A	18,765	9,469
124	Topbuild Corp Com	38,606	21,904
649	Valvoline Inc Com	23,481	25,921
144	Wingstop Inc Com	40,925	25,124
1,770	Coca Cola Co Com	110,200	126,342
763	Flowers Foods Inc Com	15,764	20,418
233	J & J Snack Foods Corp Com	36,145	33,814
374	Performance Food Group Co Com	31,622	19,562
1,976	Philip Morris Intl Inc Com	237,812	184,452
250	Sprouts Fmrs Mkt Inc Com	31,768	25,048
549	Walmart Inc.	49,602	51,668
	<u>Forward</u>	\$ 3,243,940	\$ 2,554,451

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 3,243,940	\$ 2,554,451
248	Weatherford Intl PLC Ord Shs	17,764	23,404
435	Noble Corp PLC	13,659	20,987
8,334	Technipfmc LTD Com	241,186	55,157
498	International Seaways Inc Com	17,898	24,258
944	Championx Corporation Com	25,667	18,205
1,639	Chevron Corp New Com	237,393	239,793
241	Conocophillips Com	23,900	25,104
218	Gulfport Energy Corp Common Shares	40,156	31,260
766	Kodiak Gas Svcs Inc Com	31,276	32,190
1,231	Liberty Energy Inc	24,485	19,405
897	Magnolia Oil & Gas Corp Cl A	20,972	18,589
1,460	Marathon Pete Corp Com	203,670	155,296
467	Matador Res Co Com	26,273	23,568
635	Matador Res Co Com	35,725	29,431
435	Pbf Energy Inc Cl A	11,549	16,943
4,539	Williams Cos Inc Com	245,651	139,905
645	Axis Capital Holdings LTD	57,160	36,240
695	Bank of NT Butterfield&son LTD Shs New	25,402	21,962
618	Essent Group LTD Com	33,644	25,816
406	Bread Financial Holdings, Inc	24,790	14,614
3,233	American Intl Group Inc Com New	235,362	168,058
156	Assurant Inc Com	33,262	20,298
6,337	Bank of America Corp Com	278,511	191,839
204	Berkshire Hathaway Inc Del Cl B New	92,469	91,835
675	Blackstone Inc.	116,384	107,940
1,014	Cadence Bk	34,932	22,074
4,740	Citigroup Inc Com New	333,649	232,123
1,900	Columbia Bkg Sys Inc Com	51,319	49,865
432	Comerica Inc Com	26,719	20,733
544	East West Bancorp Inc Com	52,093	35,613
3,531	F N B Corp PA Com	52,188	42,165
1,048	First Finl Bancorp Ohio Com	28,170	22,348
221	Goldman Sachs Group Inc Com	126,549	110,074
321	Hamilton Lane Inc Cl A	47,524	28,075
1,065	Hancock Whitney Corporation	58,277	48,661
232	Hanover Ins Group Inc Com	35,881	31,325
2,547	Hope Bancorp Inc Com	31,303	30,935
301	Houlihan Lokey Inc Cl A	52,272	24,207
1,466	JPMorgan Chase & Co Com	351,415	169,242
869	Kkr & Co Inc Cl A	128,534	108,466
558	Mastercard Inc Cl A	293,826	189,532
174	Merchants Bancorp Ind Com	6,346	6,397
2,929	Metlife Inc Com	239,827	182,767
2,122	Morgan Stanley Com New	266,778	172,108
	<u>Forward</u>	\$ 7,575,750	\$ 5,633,258

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 7,575,750	\$ 5,633,258
2,179	Old Natl Bancorp Ind Com	47,295	37,027
1,346	P10 Inc Com Cl A	16,973	14,157
850	Paypal Hldgs Inc Com	72,548	68,809
270	Sandy Spring Bancorp Inc Cmt Com	9,102	8,612
202	Selective Ins Group Inc Com	18,891	18,364
299	Block, Inc.	25,412	26,252
251	Stewart Information Services Corp	16,940	12,278
477	Stifel Finl Corp Com	50,600	27,183
501	Stifel Finl Corp Com	53,146	32,048
1,085	Synovus Finl Corp Com New	55,585	39,249
4,852	Valley National Bancorp Com	43,959	48,694
703	Wafd Inc	22,665	21,111
1,088	Webster Finl Corp Waterbury Conn Com	60,079	48,727
3,041	Wells Fargo & Co New Com	213,600	123,117
410	Wintrust Finl Corp Com	51,131	38,419
537	Abbott Laboratories Com	60,740	59,307
4,287	Amicus Therapeutics Inc Com	40,384	48,260
582	Avidity Biosciences Inc Com	16,925	26,028
5,018	Bristol Myers Squibb Co Com	283,818	324,456
489	Bruker Corp Com	28,665	36,837
811	The Cigna Group	223,950	227,988
4,574	CVS Health Corporation	205,327	277,946
4,317	Centene Corp Del Com	261,524	324,788
357	Crinetics Pharmaceuticals Inc Com	18,253	13,023
361	Doximity Inc Cl A	19,274	19,548
229	Edwards Lifesciences Corp Com	16,953	16,069
321	Globus Med Inc Cl A New	26,550	19,410
92	ICU Medical Inc Com	14,227	14,285
1,194	Ideaya Biosciences Inc Com	30,686	48,660
758	Immunocore Hldgs PLC Ads	22,361	41,194
666	Inari Med Inc Com	33,999	44,222
631	Insmed Inc Com Par	43,564	39,912
242	Integer Hldgs Corp Com	32,070	17,204
355	Intuitive Surgical Inc Com New	185,296	175,995
432	Johnson & Johnson Com	62,476	65,999
182	Krystal Biotech Inc Com	28,512	18,510
306	Lilly Eli & Co Com	236,232	256,659
141	Madrigal Pharmaceuticals Inc Com	43,508	34,895
133	McKesson Corp Com	75,798	68,708
200	Merit Medical Systems Inc Com	19,344	16,277
136	Natera Inc Com	21,529	22,812
438	Neurocrine Biosciences Inc Com	59,787	47,819
751	Option Care Health Inc Com New	17,423	25,802
322	Prestige Consumer Healthcare Inc	25,145	19,709
	<u>Forward</u>	\$ 10,487,996	\$ 8,549,627

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 10,487,996	\$ 8,549,627
274	Procept Biorobotics Corp Com	22,062	19,931
38	Regeneron Pharmaceuticals Com	27,051	44,061
274	Sarepta Therapeutics Inc Com	33,316	35,943
1,570	Springworks Therapeutics Inc Com	56,724	48,415
29	Thermo Fisher Corp Com	14,920	15,960
374	Viking Therapeutics Inc Com	15,050	26,887
563	Xenon Pharmaceuticals Inc Com	22,070	23,710
169	Eaton Corp PLC Shs	56,086	52,199
195	Trane Technologies PLC Shs	72,023	71,108
245	Applied Indl Technologies Inc Com	58,670	23,876
288	Atkore Inc.	24,034	28,691
557	Bwx Technologies Inc Com	62,044	35,019
324	Beacon Roofing Supply Inc Com	32,912	31,367
201	Beacon Roofing Supply Inc Com	20,418	20,759
1,898	Boeing Co Com	335,946	340,948
309	Brinks Co Com	28,666	33,916
7,812	CSX Corp Com	252,093	240,694
89	Caci Intl Inc Cl A	35,937	26,718
761	Caterpillar Inc Com	276,060	178,053
468	Centuri Holdings Inc Com Shs	9,037	9,943
136	Curtiss Wright Corp Com	48,262	25,987
140	Emcor Group Inc Com	63,546	15,047
315	Everus Constr Group Com	20,711	15,335
1,367	Exlservice Hldgs Inc Com	60,667	40,667
34	Grainger W W Inc Com	36,315	34,536
399	Griffon Corp Com	28,437	24,575
514	H & E Equip Svcs Inc Com	25,165	18,561
365	ITT Inc Com	52,151	28,328
373	ITT Inc Com	53,294	25,407
486	Kbr Inc Com	28,154	25,125
230	Kirby Corp Com	24,334	14,697
1,035	Leonardo Drs Inc Com	33,441	14,533
189	Lincoln Elec Hldgs Inc Com	35,432	39,310
369	Mastec Inc Com	50,236	29,095
380	Mueller Inds Inc Com	30,157	26,193
429	Nextracker Inc Class A Com	15,671	13,709
233	Quanta Svcs Inc Com	73,640	65,036
2,258	Rtx Corporation Com	261,296	211,446
149	Regal Rexnord Corporation	23,114	18,313
16	Saia Inc Com	7,451	3,757
509	Smith (A.O.) Corp Com	34,719	28,749
6,215	Southwest Airls Co Com	208,948	226,449
552	Terex Corp New Com	25,513	30,184
642	3M Co Com	82,876	85,724
	<u>Forward</u>	\$ 13,266,645	\$ 10,918,588

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 13,266,645	\$ 10,918,588
382	Timken Co Com	27,263	31,175
88	Transdigm Group Inc Com	111,664	120,886
751	Uber Technologies Inc Com	45,300	53,729
152	Unifirst Corp Com	26,006	27,333
132	Union Pac Corp Com	30,101	31,106
1,183	Verra Mobility Corp Com	28,605	34,080
374	Vertiv Holdings LLC Com Cl A	42,490	32,336
923	Werner Enterprises Inc Com	33,154	37,396
178	Wesco International Inc Com	32,211	21,825
668	Zurn Elkay Water Solutions Corporation	24,916	18,125
1,243	Zurn Elkay Water Solutions Corporation	46,364	34,602
1,755	Jfrog LTD Ord Shs	51,615	39,195
758	Flex LTD	29,100	10,818
421	Aci Worldwide Inc Com	21,854	18,598
585	Aci Worldwide Inc Com	30,367	15,442
471	Advanced Energy Inds Inc Com	54,462	35,633
568	Allegro Microsystems Inc Com	12,416	12,922
823	Amphenol Corp Cl A	57,157	52,701
3,695	Apple Inc Com	925,302	843,206
1,477	Applied Matls Inc Com	240,205	200,621
145	Applovin Corp Com Cl A	46,955	41,314
984	Arista Networks Inc Com New	108,762	89,161
272	Belden Inc New Com	30,630	22,504
235	Bill Holdings Inc Com	19,907	20,210
534	Braze Inc Com Cl A	22,364	28,474
1,208	Broadcom Inc Com	280,063	201,300
3,360	Cisco Sys Inc Com	198,912	149,162
262	CIRRUS Logic Inc Com	26,090	19,823
1,128	Confluent Inc Class A Com	31,539	27,837
6,172	Corning Inc Com	293,293	201,704
384	Diodes Inc Com	23,681	26,954
453	Dolby Laboratories Inc Com	35,379	32,887
1,416	Epam Sys Inc Com	331,089	282,554
29	Fair Isaac Corporation Com	57,291	53,982
1,165	Gitlab Inc Class A Com	65,648	62,314
68	Hubshot Inc Com	47,247	33,845
224	Ipg Photonics Corp Com	16,289	31,328
432	International Business Machs Corp COM	94,967	95,296
122	Intuit Com	76,677	79,922
432	Lam Research Corp Com New	31,203	33,273
810	Lattice Semiconductor Corp Com	45,887	40,333
217	Manhattan Assocs Inc Com	58,642	52,462
1,525	Microsoft Corp Com	642,788	485,582
7,119	Nvidia Corp Com	956,011	845,576
	<u>Forward</u>	\$ 18,678,511	\$ 15,548,114

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 18,678,511	\$ 15,548,114
1,049	Oracle Corp Com	174,805	147,273
304	Palo Alto Networks Inc Com	55,316	52,700
454	Power Integrations Inc Com	28,012	32,951
567	Procore Technologies Inc Com	42,485	41,957
1,146	Qualcomm Inc Com	176,049	157,547
450	Ringcentral Inc Cl A	15,755	18,035
289	Salesforce Inc	96,621	100,833
193	Servicenow Inc Com	204,603	107,419
545	Shopify Inc Cl A	57,950	45,878
46	Synopsys Inc Com	22,397	22,712
224	TD Synnex Corporation	26,271	21,195
1,437	TTM Technologies Inc Com	35,566	18,338
424	Taiwan Semiconductor MFG Co LTD Sponsored ADR	83,736	73,193
598	Tenable Hldgs Inc Com	23,549	27,526
4,854	Teradata Corp Del Com	151,202	185,667
1,053	Constellium SE Cl A Shs	10,814	22,550
215	Ashland Inc	15,364	21,109
699	Avient Corporation Com	28,561	28,009
663	Avient Corporation Com	27,090	25,686
246	Balchem Corp Com	40,097	42,893
11,756	Barrick Gold Corp Com	182,218	193,513
421	Berry Global Group Inc.	27,226	21,623
204	Cabot Corp Com	18,627	20,289
6,828	Freeport-McMoran Inc Cl B	260,010	214,488
357	Fuller H B Co Com	24,090	22,920
781	Huntsman Corp Com	14,081	22,379
223	Knife Riv Hldg Co Common Stock	22,666	13,016
376	Louisiana Pac Corp Com	38,935	22,835
407	Materion Corp Com	40,244	29,547
519	Ryerson Hldg Corp Com	9,607	18,086
729	Summit Matls Inc Cl A	36,887	20,338
245	Spotify Technology S A Shs	109,608	83,814
2,791	Alphabet Inc Cap Stk Cl C	531,518	329,778
1,766	Alphabet Inc Cap Stk Cl A	334,304	170,098
945	Meta Platform, Inc.	553,307	495,369
347	Netflix Inc Com	309,288	70,106
983	New York Times Co Cl A	51,165	29,485
359	The Trade Desk Inc Com Cl A	42,193	38,268
9,615	Verizon Communications Inc Com	384,504	430,469
23,230	AES Corp Com	298,970	415,963
470	Black Hills Corp Com	27,504	30,856
5,935	Firstenergy Corp Com	236,094	222,567
	<u>Forward</u>	\$ 23,547,800	\$ 19,657,392

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stock</u> (Continued)	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 23,547,800	\$ 19,657,392
1,523	Mdu Res Group Inc Com	27,444	23,294
927	Oge Energy Corp Com	38,239	34,164
15,725	PG&E Corp Com	317,331	173,875
474	Southwest Gas Holdings, Inc.	33,517	35,408
1,837	Enlink Midstream LLC Com Unit Rep	25,994	21,944
582	Agree Realty Corp Com	41,002	37,275
1,447	American Tower Corporation	265,394	287,242
2,263	Apple Hospitality REIT Inc Com New	34,737	34,618
278	Centerspace Com	18,390	19,401
481	Community Healthcare Tr Inc Com	9,240	12,853
2,129	Independence Rlty Tr Inc Com	42,239	38,876
1,444	Kite Rlty Group Tr Com New	36,447	29,143
3,920	Lxp Industrial Trust	31,830	40,218
502	National Health Invs Inc Com	34,789	30,291
759	Plymouth Indl REIT Inc Com	13,507	16,480
	<u>TOTAL - COMMON STOCK</u>	<u>\$ 24,517,900</u>	<u>\$ 20,492,474</u>
	<u>Short Term Investment Funds</u>		
1,461,047	Bank Deposits Program Morgan Stanley Citigroup	\$ 1,461,047	\$ 1,461,047
304,000	US Treasury Bill Due	297,518	297,333
9,594,969	GS Fin Sq Gov	9,594,969	9,594,969
	<u>TOTAL - SHORT TERM INVESTMENT FUNDS</u>	<u>\$ 11,353,534</u>	<u>\$ 11,353,349</u>

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 95-6052259; PLAN NO. 501

JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost of Asset	Net Gain or (Loss)
Goldman Sachs Financial Square Funds-Government Fund	Var.	N/A	\$ 8,517,525 -	\$ - 6,263,620	\$ 8,517,525 6,263,620	\$ - -
Morgan Stanley Bank Dep Program	Var.	N/A	12,300,891 -	- 8,940,214	12,300,891 8,940,214	- -
Goldman Sachs Financial Square Government Fund	Var.	N/A	13,252,771 -	- 3,657,802	13,252,771 3,657,802	- -
PGIM Short Duration High Yield Income Fund	Var.	N/A	- -	- 9,063,027	- 9,723,701	- (660,674)

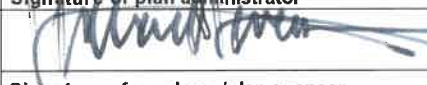
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 01/01/1951
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA 111 N SEPULVEDA BLVD STE 210 MANHATTAN BEACH, CA 90266	2b Employer Identification Number (EIN) 95-6052259 2c Plan Sponsor's telephone number 310-798-6572 2d Business code (see instructions) 238900

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

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

SIGN HERE		9.24.25	GEREMIAH ROBNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/24/25	RICHARD RIVERA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 95-6052259 3c Administrator's telephone number 310-798-6572
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 6123
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).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1) 5101	
6a(2) Total number of active participants at the end of the plan year	6a(2) 5081	
b Retired or separated participants receiving benefits	6b 988	
c Other retired or separated participants entitled to future benefits.	6c 0	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 6069	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0	
f Total. Add lines 6d and 6e	6f 6069	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 335

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

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

4A 4D 4E 4L 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☒ **A** (Insurance Information) - Number Attached 12
 (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

E.I.N. 95-6052259; PLAN NO. 501

JANUARY 1, 2024 TO DECEMBER 31, 2024

Description of Asset	Interest Rate (%)	Maturity Date	Purchase Price	Proceeds	Cost of Asset	Net Gain or (Loss)
Goldman Sachs Financial Square Funds-Government Fund	Var.	N/A	\$ 8,517,525 -	\$ - 6,263,620	\$ 8,517,525 6,263,620	\$ - -
Morgan Stanley Bank Dep Program	Var.	N/A	12,300,891 -	- 8,940,214	12,300,891 8,940,214	- -
Goldman Sachs Financial Square Government Fund	Var.	N/A	13,252,771 -	- 3,657,802	13,252,771 3,657,802	- -
PGIM Short Duration High Yield Income Fund	Var.	N/A	- -	- 9,063,027	- 9,723,701	- (660,674)

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Government Debt Securities	Maturity Date	Interest Rate (%)	Fair Value	Cost
\$ 2,125,000	US Treasury Note	02/28/27	1.875	\$ 2,021,853	\$ 1,966,607
2,450,000	US Treasury Note	04/30/27	2.875	2,368,979	2,341,418
1,042,000	US Treasury Note	06/30/29	3.250	994,495	980,201
2,710,000	US Treasury Note	09/30/27	4.125	2,699,729	2,722,469
3,035,000	US Treasury Note	01/31/28	3.500	2,965,984	2,989,186
3,170,000	US Treasury Note	03/31/28	3.625	3,105,522	3,164,012
2,875,000	US Treasury Note	05/31/28	3.625	2,812,555	2,827,409
795,000	US Treasury Note	07/31/28	4.125	789,658	794,627
733,000	US Treasury Note	11/30/28	4.375	733,469	741,210
2,054,000	US Treasury Note	04/30/29	4.625	2,074,211	2,082,330
1,575,000	US Treasury Note	05/15/27	4.500	1,583,096	1,576,367
2,066,000	US Treasury Note	07/15/27	4.375	2,071,640	2,100,467
1,789,000	US Treasury Note	11/15/27	4.125	1,781,397	1,781,248
2,840,000	US Treasury Note	08/15/27	2.250	2,699,988	2,645,430
4,080,000	US Treasury Note	11/15/27	2.250	3,858,170	3,790,543
891,639	Federal Home Ln Mtg Corp Partn CTF	07/01/30	3.000	862,438	860,989
1,139,917	Federal Natl Mtg Assn Gtd Passthr CTF	02/01/34	3.000	1,085,338	1,074,283
1,156,392	Federal Natl Mtg Assn Gtd Passthr CTF	09/01/32	2.500	1,086,951	1,088,997
1,445,000	US Treasury Note	02/15/31	1.125	1,192,833	1,224,271
700,000	US Treasury Note	11/15/31	1.375	572,152	559,124
7,360,000	US Treasury Note	02/15/32	1.875	6,192,778	6,368,400
1,076,000	US Treasury Note	02/15/32	1.875	905,357	888,829
6,395,000	US Treasury Note	02/15/33	3.500	5,950,995	6,135,515
582,000	US Treasury Note	05/31/30	3.750	563,440	560,325
1,118,000	US Treasury Note	08/15/33	3.875	1,064,370	1,060,753
2,985,000	US Treasury Note	02/15/34	4.000	2,858,645	2,985,579
1,216,816	Federal Home Ln Mtg Corp Partn CTF	06/01/35	3.500	1,172,353	1,168,904
931,800	Federal Home Ln Mtg Corp Partn CTF	02/01/53	4.000	852,551	900,352
778,013	Federal Home Ln Mtg Corp Partn CTF	12/01/52	3.500	689,110	709,657
446,889	Federal Home Ln Mtg Corp Partn CTF	06/01/52	3.500	396,015	370,918
3,485,865	Federal Home Ln Mtg Corp Partn CTF	01/01/51	1.500	2,585,814	2,675,401
2,978,720	Federal Home Ln Mtg Corp Partn CTF	04/01/52	2.500	2,435,550	2,620,343
1,176,028	Federal Home Ln Mtg Corp Partn CTF	06/01/52	2.500	959,769	1,027,555
58,623	Federal Home Ln Mtg Corp Partn CTF	09/01/52	3.500	51,948	53,292
559,344	Federal Home Ln Mtg Corp Partn CTF	09/01/52	5.000	541,618	541,646
1,599,492	Federal Home Ln Mtg Corp Partn CTF	10/01/52	3.500	1,416,062	1,490,027
1,660,187	Federal Home Ln Mtg Corp Partn CTF	11/01/52	4.000	1,520,566	1,524,130
240,214	Federal Home Ln Mtg Corp Partn CTF	07/01/53	5.000	232,117	232,070
589,330	Federal Home Ln Mtg Corp Partn CTF	08/01/53	5.500	582,400	584,450
370,392	Federal Home Ln Mtg Corp Partn Gold	02/01/39	4.000	354,787	397,824
1,178,824	Federal Home Ln Mtg Corp Partn CTF	02/01/52	3.000	1,001,564	988,001
590,187	Federal Home Ln Mtg Corp Partn CTF	01/01/40	3.000	533,422	620,710
1,435,212	Federal Home Ln Mtg Corp Partn CTF	03/01/51	3.000	1,224,451	1,191,451
1,388,088	Federal Natl Mtg Assn Gtd Passthr CTF	05/01/52	3.000	1,182,623	1,175,754
622,359	Federal Natl Mtg Assn Gtd Passthr CTF	05/01/40	3.000	563,061	655,131
389,755	Federal Natl Mtg Assn Gtd Passthr CTF	10/01/39	3.500	364,004	415,590
943,089	Federal Natl Mtg Assn Gtd Passthr CTF	04/01/36	2.500	866,095	876,654

Forward

\$ 74,421,923 \$ 75,530,449

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

Par Value	Government Debt Securities (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 74,421,923	\$ 75,530,449
\$ 858,297	Federal Natl Mtg Assn Gtd Passthru CTF	02/01/35	3.000	817,828	821,417
1,423,315	Federal Natl Mtg Assn Gtd Passthru CTF	06/01/52	3.000	1,209,846	1,212,931
1,140,951	Federal Natl Mtg Assn Gtd Passthru CTF	04/01/52	3.000	971,463	956,616
818,538	Federal Natl Mtg Assn Gtd Passthru CTF	04/01/37	3.000	781,818	780,616
1,104,620	Federal Natl Mtg Assn Gtd Passthru CTF	03/01/37	2.000	1,019,951	1,026,606
502,167	Federal Natl Mtg Assn Gtd Passthru CTF	06/01/39	4.000	479,429	539,358
779,247	Federal Natl Mtg Assn Gtd Passthru CTF	06/01/52	3.500	690,319	694,138
1,158,347	Federal Natl Mtg Assn Gtd Passthru CTF	07/01/52	4.000	1,060,536	1,039,798
1,292,099	Federal Natl Mtg Assn Gtd Passthru CTF	10/01/52	4.000	1,183,433	1,172,580
166,854	Federal Natl Mtg Assn Gtd Passthru CTF	10/01/52	5.000	161,553	153,036
2,318,510	Federal Natl Mtg Assn Gtd Passthru CTF	11/01/52	4.000	2,123,408	2,128,501
81,292	Federal Natl Mtg Assn Gtd Passthru CTF	04/01/53	5.000	78,490	79,697
1,462,994	Federal Natl Mtg Assn Gtd Passthru CTF	03/01/54	5.000	1,412,550	1,420,910
2,455,000	US Treasury Bond	08/15/41	3.750	2,160,572	2,449,796
2,645,000	US Treasury Bond	02/15/45	2.500	1,836,000	2,056,547
2,815,000	US Treasury Bond	05/15/46	2.500	1,917,719	2,548,162
	<u>TOTAL - GOVERNMENT DEBT SECURITIES</u>			<u>\$ 92,326,838</u>	<u>\$ 94,611,158</u>
	<u>Corporate Debt Securities</u>				
\$ 600,000	Abbvie Inc Sr Gbl NT	11/21/26	2.950	\$ 582,876	\$ 561,166
120,000	Aecom Sr Gbl NT	03/15/27	5.125	118,848	117,607
639,000	Air Lease Corp Fr	10/01/29	3.250	589,829	553,481
155,000	Allison Transmission Inc Sr Gbl	10/01/27	4.750	150,204	150,836
175,000	Amkor Technology Inc Sr Gbl 144a	09/15/27	6.625	174,944	175,871
190,000	Asbury Automotive Group Inc Sr Gbl	03/01/28	4.500	182,115	180,099
200,000	Axalta Coating Sys LLC Sr Gbl 144a	02/15/29	3.375	181,556	179,698
195,000	Bwx Technologies Inc Sr Gbl 144a	06/30/28	4.125	182,573	184,969
629,000	Bk of America Corp Fr	07/22/27	-	599,645	577,265
50,000	Berry Global Inc Sr SEC Gbl	07/15/27	5.625	49,740	49,365
609,000	Boeing Co CR Sen Sr NT	02/04/26	-	590,602	562,488
105,000	Cdw LLC Cdw Fin Corp Sr NT	12/01/28	3.276	97,677	96,311
95,000	Six Flags Entertainment Corporation,	04/15/27	5.375	93,990	94,085
140,000	Cedar Fair L P Canadas Wonde Sr Gbl	07/15/29	5.250	134,567	133,917
894,000	Citigroup Inc Sr Gbl NT	01/10/28	-	876,335	841,999
110,000	Clean Harbors Inc Sr 144a NT	07/15/29	5.125	105,590	106,426
165,000	Compass Minerals Intl Inc Sr Gbl	12/01/27	6.750	162,509	160,954
250,000	Crown Amers Amers Sr Gbl NT	09/30/26	4.250	243,845	246,458
180,000	Directv Fing LLC Directv Sr SEC 144a	08/15/27	5.875	175,374	171,935
282,000	Edison Intl Sr NT	06/15/27	5.750	286,709	281,883
573,000	Energy Transfer Operating LP Sr NT	04/15/29	5.250	575,040	556,833
	<u>Forward</u>			<u>\$ 6,154,568</u>	<u>\$ 5,983,646</u>

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

Par Value	<u>Corporate Debt Securities</u> (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 6,154,568	\$ 5,983,646
\$ 606,000	Goldman Sachs Group Inc NT	05/01/29	-	589,644	603,721
215,000	Goodyear Tire & Rubr Co Sr NT	03/15/27	4.875	207,724	208,593
135,000	Griffon Corp Sr Gbl NT	03/01/28	5.750	132,377	131,880
145,000	Group 1 Automotive Inc Sr Gbl 144a	08/15/28	4.000	135,750	134,825
180,000	H & E Equipment Services Inc Sr Gbl	12/15/28	3.875	164,509	164,632
571,000	HCA Sr Gbl	06/01/28	5.200	572,399	575,694
60,000	Hologic Inc Sr Gbl 144a	02/15/29	3.250	54,260	54,258
260,000	lip Oper Partnership L P Sr Gbl	05/25/26	5.500	253,393	249,925
995,000	International Business Machs Sr NT	05/15/29	3.500	942,892	1,039,319
205,000	Kb Home Sr Gbl NT	06/15/27	6.875	209,340	209,613
141,000	L Brands Inc Sr NT	02/01/28	5.250	138,822	139,160
140,000	Lamar Media Corp Sr Gbl NT	02/15/28	3.750	131,291	131,125
100,000	Lamar Media Corp Sr Gbl NT	01/15/29	4.875	96,069	96,359
230,000	Mpt Operating Partnership Sr NT	10/15/27	5.000	193,908	192,561
535,000	Microsoft Corp Sr NT	11/03/25	3.125	529,415	514,600
40,000	Nexstar Broadcasting Inc Sr 144a NT	11/01/28	4.750	37,295	36,307
160,000	Nexstar Escrow Inc Sr 144a NT	07/15/27	5.625	156,058	152,885
90,000	Olin Corp Sr Gbl NT	09/15/27	5.125	88,084	87,777
255,000	Outfront Media Cap Outfront Sr Gbl	01/15/29	4.250	237,119	235,619
125,000	PG&E Corp Sr SEC Gbl NT	07/01/28	5.000	122,118	120,909
120,000	Papa Johns Intl Inc Sr Gbl 144a	09/15/29	3.875	107,504	106,827
85,000	Provident Fdg Associates LP Sr 144a	09/15/29	9.750	87,009	85,000
101,000	Qvc Inc Sr SEC 144a NT	04/15/29	6.875	82,181	-
50,000	Qorvo Inc Sr Gbl NT	10/15/29	4.375	46,892	46,897
220,000	Range Res Corp Sr Gbl NT	01/15/29	8.250	226,512	228,800
140,000	Sm Energy Company Sr NT	07/15/28	6.500	139,122	140,027
572,000	Sabine Pass Liquefaction LLC Sr SEC	03/15/27	5.000	573,190	572,400
70,000	Scotts Miracle Gro Co Sr Gbl	10/15/29	4.500	64,492	64,161
95,000	Service Corp Intl Sr Gbl NT	12/15/27	4.625	92,441	91,918
65,000	Silgan Holdings Inc Sr Gbl NT	02/01/28	4.125	62,037	61,953
165,000	Sirius Xm Radio Inc Sr 144a	07/01/29	5.500	158,204	156,200
225,000	Summit Materials LLC Sr 144a NT	01/15/29	5.250	226,577	219,417
45,000	Teleflex Inc Sr NT	11/15/27	4.625	43,608	43,312
175,000	Tenet Healthcare Corp Sr Gbl NT	10/01/28	6.125	174,676	174,036
50,000	Topbuild COR Sr Gbl 144a	03/15/29	3.625	45,774	45,636
185,000	United Rentals North Amer Inc Sr	01/15/28	4.875	180,048	179,263
205,000	Vici Pptys Inc Sr Gbl 144a	01/15/28	4.500	200,488	199,181
205,000	Vistra Operations Co LLC Sr 144a NT	07/31/27	5.000	201,144	200,273
900,000	Wells Fargo & Co Sr NT	03/24/28	-	872,937	849,762
495,000	Amazon Com Inc NT	04/13/32	3.600	458,182	476,447
558,000	American Elec Pwr Inc Sr Q	03/01/33	5.625	563,697	550,620
574,000	Amgen Inc Sr NT	03/02/30	5.250	579,355	583,758
95,000	Apache Corp 4.25% Dtd 06/19/2019	01/15/30	4.250	88,635	88,635
	<u>Forward</u>			\$ 16,421,740	\$ 16,227,931

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

Par Value	<u>Corporate Debt Securities</u> (Continued)	Maturity Date	Interest Rate (%)	Fair Value	Cost
	<u>Forwarded</u>			\$ 16,421,740	\$ 16,227,931
\$ 711,000	Bk of America Corp Sr NT	07/21/32	-	592,725	551,368
225,000	Brunswick Corp Sr NT	08/18/31	2.400	184,327	181,044
155,000	CNF Inc Sr Deb	05/01/34	6.700	161,450	161,777
611,000	Capital One Finl Corp Sr NT	02/01/30	-	619,371	633,007
95,000	Central Garden & Pet Co Sr Gbl NT	10/15/30	4.125	85,322	84,564
910,000	Citigroup Inc	03/20/30	-	868,813	1,022,448
1,405,000	Comcast Corp New Sr NT	04/01/30	3.400	1,303,700	1,436,629
110,000	Dicks Sporting Goods Inc Sr NT	01/15/32	3.150	96,331	94,431
157,000	Discovery Communications LLC Sr NT	05/15/30	3.625	139,667	140,837
45,000	Freeport McMoran Inc Sr NT	11/14/34	5.400	44,500	44,680
65,000	Host Hotels & Resorts LP Sr NT	12/15/31	2.900	55,305	54,521
595,000	Kroger Co Sr Gbl NT	09/15/34	5.000	576,263	600,379
210,000	NRG Energy Inc Sr SEC 144a NT	02/15/31	3.625	183,637	183,140
220,000	Occidental Pete Corp Sr Gbl NT	09/15/31	7.875	243,485	249,456
85,000	Olin Corp Sr Gbl NT	02/01/30	5.000	79,799	80,521
100,000	PG&E Corp Sr SEC Gbl NT	07/01/30	5.250	97,883	95,990
85,000	Scotts Miracle Gro Co Sr Gbl NT	04/01/31	4.000	74,113	73,758
25,000	Sensata Technologies Inc Sr 144a NT	02/15/31	3.750	21,856	22,029
678,000	Viatis Inc Sr Gbl	06/22/30	2.700	588,138	597,196
155,000	Apache Corp Sr NT	09/01/40	5.100	135,067	135,135
80,000	Dicks Sporting Goods Inc Sr NT	01/15/52	4.100	58,442	58,457
115,000	Ford Mtr Co Del Sr Gbl	11/01/46	7.400	121,607	128,064
308,000	Schwab Charles Corp Perp Sub I	12/31/49	-	297,898	282,282
725,000	US Bancorp Fr	11/03/36	-	587,214	565,050
215,000	Ats Automation Tooling Sys Sr Gbl	12/15/28	4.125	199,288	197,984
175,000	Aircastle LTD Sr Gbl 144a	08/11/25	5.250	175,054	174,020
150,000	Fmg Resources August 2006 Pty Sr	09/15/27	4.500	145,053	144,193
95,000	Teva Pharmaceutical Fin Neth Sr Gbl	10/01/26	3.150	91,286	89,003
583,000	Toronto Dominion Bank Fr	09/15/27	4.693	581,703	573,156
	<u>TOTAL - CORPORATE DEBT SECURITIES</u>			<u>\$ 24,831,037</u>	<u>\$ 24,883,050</u>

No. of Shares	<u>Exchange Traded Funds</u>		
12,007	Ishares Core S&P 500 ETF	\$ 7,068,281	\$ 3,573,873
25,304	Ishares Core S&P Small-Cap ETF	2,915,527	1,927,887
160,743	Vanguard Intl Equity Index Fds Ftse All World Ex US Index Fd ETF	9,228,255	8,281,693
	<u>TOTAL - EXCHANGE TRADED FUNDS</u>	<u>\$ 19,212,063</u>	<u>\$ 13,783,453</u>

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	<u>Common Stock</u>	Fair Value	Cost
620	Adient PLC Ord Shs	\$ 10,683	\$ 20,214
379	Acushnet Holdings Corp Com	26,939	17,622
265	Alibaba Group Hldg LTD Sponsored Ads	22,469	27,177
3,227	Amazon.Com Inc Com	707,972	345,660
19	Autozone Inc Com	60,441	59,236
9	Booking Hldgs Inc Com	42,664	33,728
319	Boyd Gaming Corp Com	23,140	17,047
1,499	Chewy Inc Cl A	50,202	40,230
444	Chipotle Mexican Grill Inc Cl A	26,773	25,084
123	Choice Hotels Intl Inc Com	17,464	14,091
202	Columbia Sportswear Co Com	16,954	15,191
170	Crocs Inc Com	18,620	17,879
1,039	D R Horton Inc Com	145,273	198,923
569	Doordash Inc Cl A	95,450	75,574
227	Dorman Products Inc Com	29,408	26,643
437	Etsy Inc Com	23,113	29,033
91	Group 1 Automotive Inc Com	38,537	17,618
113	Home Depot Inc Com	43,956	46,398
445	Kb Home Com	29,245	16,378
1,144	Lowes Cos Inc Com	282,339	212,561
160	M / I Homes Inc Com	21,272	22,253
448	Madden Steven LTD Com	19,049	14,804
287	McDonalds Corp Com	83,198	84,897
44	Mercadolibre Inc Com	75,440	94,651
225	Meritage Homes Corp Com	34,610	23,404
119	Modine MFG Co Com	13,796	14,095
114	Murphy USA Inc Com	57,200	56,954
462	Ollies Bargain Outlt Hldgs Inc Com	50,695	31,609
154	Oxford Inds Inc Com	12,132	15,811
211	Patrick Inds Inc Com	17,530	16,167
289	Patrick Inds Inc Com	24,010	26,790
554	Starbucks Corp Com	50,553	54,871
1,248	Tapestry Inc Com	81,532	41,793
883	Tesla, Inc	356,591	256,343
104	Texas Roadhouse Inc Com Cl A	18,765	9,469
124	Topbuild Corp Com	38,606	21,904
649	Valvoline Inc Com	23,481	25,921
144	Wingstop Inc Com	40,925	25,124
1,770	Coca Cola Co Com	110,200	126,342
763	Flowers Foods Inc Com	15,764	20,418
233	J & J Snack Foods Corp Com	36,145	33,814
374	Performance Food Group Co Com	31,622	19,562
1,976	Philip Morris Intl Inc Com	237,812	184,452
250	Sprouts Fmrs Mkt Inc Com	31,768	25,048
549	Walmart Inc.	49,602	51,668
	<u>Forward</u>	\$ 3,243,940	\$ 2,554,451

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 3,243,940	\$ 2,554,451
248	Weatherford Intl PLC Ord Shs	17,764	23,404
435	Noble Corp PLC	13,659	20,987
8,334	Technipfmc LTD Com	241,186	55,157
498	International Seaways Inc Com	17,898	24,258
944	Championx Corporation Com	25,667	18,205
1,639	Chevron Corp New Com	237,393	239,793
241	Conocophillips Com	23,900	25,104
218	Gulfport Energy Corp Common Shares	40,156	31,260
766	Kodiak Gas Svcs Inc Com	31,276	32,190
1,231	Liberty Energy Inc	24,485	19,405
897	Magnolia Oil & Gas Corp Cl A	20,972	18,589
1,460	Marathon Pete Corp Com	203,670	155,296
467	Matador Res Co Com	26,273	23,568
635	Matador Res Co Com	35,725	29,431
435	Pbf Energy Inc Cl A	11,549	16,943
4,539	Williams Cos Inc Com	245,651	139,905
645	Axis Capital Holdings LTD	57,160	36,240
695	Bank of NT Butterfield&son LTD Shs New	25,402	21,962
618	Essent Group LTD Com	33,644	25,816
406	Bread Financial Holdings, Inc	24,790	14,614
3,233	American Intl Group Inc Com New	235,362	168,058
156	Assurant Inc Com	33,262	20,298
6,337	Bank of America Corp Com	278,511	191,839
204	Berkshire Hathaway Inc Del Cl B New	92,469	91,835
675	Blackstone Inc.	116,384	107,940
1,014	Cadence Bk	34,932	22,074
4,740	Citigroup Inc Com New	333,649	232,123
1,900	Columbia Bkg Sys Inc Com	51,319	49,865
432	Comerica Inc Com	26,719	20,733
544	East West Bancorp Inc Com	52,093	35,613
3,531	F N B Corp PA Com	52,188	42,165
1,048	First Finl Bancorp Ohio Com	28,170	22,348
221	Goldman Sachs Group Inc Com	126,549	110,074
321	Hamilton Lane Inc Cl A	47,524	28,075
1,065	Hancock Whitney Corporation	58,277	48,661
232	Hanover Ins Group Inc Com	35,881	31,325
2,547	Hope Bancorp Inc Com	31,303	30,935
301	Houlihan Lokey Inc Cl A	52,272	24,207
1,466	JPMorgan Chase & Co Com	351,415	169,242
869	Kkr & Co Inc Cl A	128,534	108,466
558	Mastercard Inc Cl A	293,826	189,532
174	Merchants Bancorp Ind Com	6,346	6,397
2,929	Metlife Inc Com	239,827	182,767
2,122	Morgan Stanley Com New	266,778	172,108
	<u>Forward</u>	\$ 7,575,750	\$ 5,633,258

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 7,575,750	\$ 5,633,258
2,179	Old Natl Bancorp Ind Com	47,295	37,027
1,346	P10 Inc Com Cl A	16,973	14,157
850	Paypal Hldgs Inc Com	72,548	68,809
270	Sandy Spring Bancorp Inc Cmt Com	9,102	8,612
202	Selective Ins Group Inc Com	18,891	18,364
299	Block, Inc.	25,412	26,252
251	Stewart Information Services Corp	16,940	12,278
477	Stifel Finl Corp Com	50,600	27,183
501	Stifel Finl Corp Com	53,146	32,048
1,085	Synovus Finl Corp Com New	55,585	39,249
4,852	Valley National Bancorp Com	43,959	48,694
703	Wafid Inc	22,665	21,111
1,088	Webster Finl Corp Waterbury Conn Com	60,079	48,727
3,041	Wells Fargo & Co New Com	213,600	123,117
410	Wintrust Finl Corp Com	51,131	38,419
537	Abbott Laboratories Com	60,740	59,307
4,287	Amicus Therapeutics Inc Com	40,384	48,260
582	Avidity Biosciences Inc Com	16,925	26,028
5,018	Bristol Myers Squibb Co Com	283,818	324,456
489	Bruker Corp Com	28,665	36,837
811	The Cigna Group	223,950	227,988
4,574	CVS Health Corporation	205,327	277,946
4,317	Centene Corp Del Com	261,524	324,788
357	Crinetics Pharmaceuticals Inc Com	18,253	13,023
361	Doximity Inc Cl A	19,274	19,548
229	Edwards Lifesciences Corp Com	16,953	16,069
321	Globus Med Inc Cl A New	26,550	19,410
92	ICU Medical Inc Com	14,227	14,285
1,194	Ideaya Biosciences Inc Com	30,686	48,660
758	Immunocore Hldgs PLC Ads	22,361	41,194
666	Inari Med Inc Com	33,999	44,222
631	Insmed Inc Com Par	43,564	39,912
242	Integer Hldgs Corp Com	32,070	17,204
355	Intuitive Surgical Inc Com New	185,296	175,995
432	Johnson & Johnson Com	62,476	65,999
182	Krystal Biotech Inc Com	28,512	18,510
306	Lilly Eli & Co Com	236,232	256,659
141	Madrigal Pharmaceuticals Inc Com	43,508	34,895
133	McKesson Corp Com	75,798	68,708
200	Merit Medical Systems Inc Com	19,344	16,277
136	Natera Inc Com	21,529	22,812
438	Neurocrine Biosciences Inc Com	59,787	47,819
751	Option Care Health Inc Com New	17,423	25,802
322	Prestige Consumer Healthcare Inc	25,145	19,709
	<u>Forward</u>	\$ 10,487,996	\$ 8,549,627

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 10,487,996	\$ 8,549,627
274	Procept Biorobotics Corp Com	22,062	19,931
38	Regeneron Pharmaceuticals Com	27,051	44,061
274	Sarepta Therapeutics Inc Com	33,316	35,943
1,570	Springworks Therapeutics Inc Com	56,724	48,415
29	Thermo Fisher Corp Com	14,920	15,960
374	Viking Therapeutics Inc Com	15,050	26,887
563	Xenon Pharmaceuticals Inc Com	22,070	23,710
169	Eaton Corp PLC Shs	56,086	52,199
195	Trane Technologies PLC Shs	72,023	71,108
245	Applied Indl Technologies Inc Com	58,670	23,876
288	Atkore Inc.	24,034	28,691
557	Bwx Technologies Inc Com	62,044	35,019
324	Beacon Roofing Supply Inc Com	32,912	31,367
201	Beacon Roofing Supply Inc Com	20,418	20,759
1,898	Boeing Co Com	335,946	340,948
309	Brinks Co Com	28,666	33,916
7,812	CSX Corp Com	252,093	240,694
89	Caci Intl Inc Cl A	35,937	26,718
761	Caterpillar Inc Com	276,060	178,053
468	Centuri Holdings Inc Com Shs	9,037	9,943
136	Curtiss Wright Corp Com	48,262	25,987
140	Emcor Group Inc Com	63,546	15,047
315	Everus Constr Group Com	20,711	15,335
1,367	Exlservice Hldgs Inc Com	60,667	40,667
34	Grainger W W Inc Com	36,315	34,536
399	Griffon Corp Com	28,437	24,575
514	H & E Equip Svcs Inc Com	25,165	18,561
365	ITT Inc Com	52,151	28,328
373	ITT Inc Com	53,294	25,407
486	Kbr Inc Com	28,154	25,125
230	Kirby Corp Com	24,334	14,697
1,035	Leonardo Drs Inc Com	33,441	14,533
189	Lincoln Elec Hldgs Inc Com	35,432	39,310
369	Mastec Inc Com	50,236	29,095
380	Mueller Inds Inc Com	30,157	26,193
429	Nextracker Inc Class A Com	15,671	13,709
233	Quanta Svcs Inc Com	73,640	65,036
2,258	Rtx Corporation Com	261,296	211,446
149	Regal Rexnord Corporation	23,114	18,313
16	Saia Inc Com	7,451	3,757
509	Smith (A.O.) Corp Com	34,719	28,749
6,215	Southwest Airls Co Com	208,948	226,449
552	Terex Corp New Com	25,513	30,184
642	3M Co Com	82,876	85,724
	<u>Forward</u>	\$ 13,266,645	\$ 10,918,588

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 13,266,645	\$ 10,918,588
382	Timken Co Com	27,263	31,175
88	Transdigm Group Inc Com	111,664	120,886
751	Uber Technologies Inc Com	45,300	53,729
152	Unifirst Corp Com	26,006	27,333
132	Union Pac Corp Com	30,101	31,106
1,183	Verra Mobility Corp Com	28,605	34,080
374	Vertiv Holdings LLC Com Cl A	42,490	32,336
923	Werner Enterprises Inc Com	33,154	37,396
178	Wesco International Inc Com	32,211	21,825
668	Zurn Elkay Water Solutions Corporation	24,916	18,125
1,243	Zurn Elkay Water Solutions Corporation	46,364	34,602
1,755	Jfrog LTD Ord Shs	51,615	39,195
758	Flex LTD	29,100	10,818
421	Aci Worldwide Inc Com	21,854	18,598
585	Aci Worldwide Inc Com	30,367	15,442
471	Advanced Energy Inds Inc Com	54,462	35,633
568	Allegro Microsystems Inc Com	12,416	12,922
823	Amphenol Corp Cl A	57,157	52,701
3,695	Apple Inc Com	925,302	843,206
1,477	Applied Matls Inc Com	240,205	200,621
145	Applovin Corp Com Cl A	46,955	41,314
984	Arista Networks Inc Com New	108,762	89,161
272	Belden Inc New Com	30,630	22,504
235	Bill Holdings Inc Com	19,907	20,210
534	Braze Inc Com Cl A	22,364	28,474
1,208	Broadcom Inc Com	280,063	201,300
3,360	Cisco Sys Inc Com	198,912	149,162
262	CIRRUS Logic Inc Com	26,090	19,823
1,128	Confluent Inc Class A Com	31,539	27,837
6,172	Corning Inc Com	293,293	201,704
384	Diodes Inc Com	23,681	26,954
453	Dolby Laboratories Inc Com	35,379	32,887
1,416	Epam Sys Inc Com	331,089	282,554
29	Fair Isaac Corporation Com	57,291	53,982
1,165	Gitlab Inc Class A Com	65,648	62,314
68	Hubshot Inc Com	47,247	33,845
224	Ipg Photonics Corp Com	16,289	31,328
432	International Business Machs Corp COM	94,967	95,296
122	Intuit Com	76,677	79,922
432	Lam Research Corp Com New	31,203	33,273
810	Lattice Semiconductor Corp Com	45,887	40,333
217	Manhattan Assocs Inc Com	58,642	52,462
1,525	Microsoft Corp Com	642,788	485,582
7,119	Nvidia Corp Com	956,011	845,576
	<u>Forward</u>	\$ 18,678,511	\$ 15,548,114

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

No. of Shares	Common Stock (Continued)	Fair Value	Cost
	<u>Forwarded</u>	\$ 18,678,511	\$ 15,548,114
1,049	Oracle Corp Com	174,805	147,273
304	Palo Alto Networks Inc Com	55,316	52,700
454	Power Integrations Inc Com	28,012	32,951
567	Procore Technologies Inc Com	42,485	41,957
1,146	Qualcomm Inc Com	176,049	157,547
450	Ringcentral Inc Cl A	15,755	18,035
289	Salesforce Inc	96,621	100,833
193	Servicenow Inc Com	204,603	107,419
545	Shopify Inc Cl A	57,950	45,878
46	Synopsys Inc Com	22,397	22,712
224	TD Synnex Corporation	26,271	21,195
1,437	TTM Technologies Inc Com	35,566	18,338
424	Taiwan Semiconductor MFG Co LTD Sponsored ADR	83,736	73,193
598	Tenable Hldgs Inc Com	23,549	27,526
4,854	Teradata Corp Del Com	151,202	185,667
1,053	Constellium SE Cl A Shs	10,814	22,550
215	Ashland Inc	15,364	21,109
699	Avient Corporation Com	28,561	28,009
663	Avient Corporation Com	27,090	25,686
246	Balchem Corp Com	40,097	42,893
11,756	Barrick Gold Corp Com	182,218	193,513
421	Berry Global Group Inc.	27,226	21,623
204	Cabot Corp Com	18,627	20,289
6,828	Freeport-McMoran Inc Cl B	260,010	214,488
357	Fuller H B Co Com	24,090	22,920
781	Huntsman Corp Com	14,081	22,379
223	Knife Riv Hldg Co Common Stock	22,666	13,016
376	Louisiana Pac Corp Com	38,935	22,835
407	Materion Corp Com	40,244	29,547
519	Ryerson Hldg Corp Com	9,607	18,086
729	Summit Matls Inc Cl A	36,887	20,338
245	Spotify Technology S A Shs	109,608	83,814
2,791	Alphabet Inc Cap Stk Cl C	531,518	329,778
1,766	Alphabet Inc Cap Stk Cl A	334,304	170,098
945	Meta Platform, Inc.	553,307	495,369
347	Netflix Inc Com	309,288	70,106
983	New York Times Co Cl A	51,165	29,485
359	The Trade Desk Inc Com Cl A	42,193	38,268
9,615	Verizon Communications Inc Com	384,504	430,469
23,230	AES Corp Com	298,970	415,963
470	Black Hills Corp Com	27,504	30,856
5,935	Firstenergy Corp Com	236,094	222,567
	<u>Forward</u>	\$ 23,547,800	\$ 19,657,392

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN
CALIFORNIA, ARIZONA AND NEVADA**

FORM 5500

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

E.I.N. 95-6052259; PLAN NO. 501

DECEMBER 31, 2024

<u>No. of Shares</u>	<u>Common Stock</u> (Continued)	<u>Fair Value</u>	<u>Cost</u>
	<u>Forwarded</u>	\$ 23,547,800	\$ 19,657,392
1,523	Mdu Res Group Inc Com	27,444	23,294
927	Oge Energy Corp Com	38,239	34,164
15,725	PG&E Corp Com	317,331	173,875
474	Southwest Gas Holdings, Inc.	33,517	35,408
1,837	Enlink Midstream LLC Com Unit Rep	25,994	21,944
582	Agree Realty Corp Com	41,002	37,275
1,447	American Tower Corporation	265,394	287,242
2,263	Apple Hospitality REIT Inc Com New	34,737	34,618
278	Centerspace Com	18,390	19,401
481	Community Healthcare Tr Inc Com	9,240	12,853
2,129	Independence Rlty Tr Inc Com	42,239	38,876
1,444	Kite Rlty Group Tr Com New	36,447	29,143
3,920	Lxp Industrial Trust	31,830	40,218
502	National Health Invs Inc Com	34,789	30,291
759	Plymouth Indl REIT Inc Com	13,507	16,480
	<u>TOTAL - COMMON STOCK</u>	<u>\$ 24,517,900</u>	<u>\$ 20,492,474</u>
	<u>Short Term Investment Funds</u>		
1,461,047	Bank Deposits Program Morgan Stanley Citigroup	\$ 1,461,047	\$ 1,461,047
304,000	US Treasury Bill Due	297,518	297,333
9,594,969	GS Fin Sq Gov	9,594,969	9,594,969
	<u>TOTAL - SHORT TERM INVESTMENT FUNDS</u>	<u>\$ 11,353,534</u>	<u>\$ 11,353,349</u>