

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

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.) [x] 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: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 02/27/1993
2a Plan sponsor's name (employer, if for a single-employer plan): CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST
2b Employer Identification Number (EIN): 84-1232395
2c Plan Sponsor's telephone number: 719-744-0043
2d Business code (see instructions): 525100

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	966
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)	
	6a(2)	
	6b	631
	6c	214
	6d	845
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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 4L

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CF&I RETIREES VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST</p>	<p>D Employer Identification Number (EIN) 84-1232395</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	522	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.

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
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	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	1709955
	(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)	1709955
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CF&I RETIREES VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST</p>	<p>D Employer Identification Number (EIN) 84-1232395</p>	

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

1 Coverage Information:

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

(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
84-0591617	95669	49492	167	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
0	0

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	717708
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 CF&I RETIREES VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST	D Employer Identification Number (EIN) 84-1232395	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

DISCIPLINED BENEFIT SERVICES, INC.

84-1215883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	223181	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CALIBRE CPA GROUP, LLC

20-8078757

(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	30685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INNOVEST PORTFOLIO SOLUTIONS

84-1612955

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	27434	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CHARLES SCHWAB & CO

P.O. OX 3190
PUEBLO, CO 81005

94-0737782

(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?
		25477	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RICHMOND CAPITAL MANAGEMENT

54-1288566

(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 50	NONE	25252	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUCK GLOBAL LLC

11 STANWIX STREET
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VECTRA BANK

91-1943623

(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?
18	NONE	5668	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 CF&I RETIREES VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST	D Employer Identification Number (EIN) 84-1232395

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	103641	55528
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	77921	87814
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	108208	219203
(2) U.S. Government securities	1c(2)	4484584	1036219
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4018211	7076882
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19389700	17699418
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	28182265	26175064
Liabilities			
g Benefit claims payable.....	1g	31500	31500
h Operating payables.....	1h	6495	38670
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	37995	70170
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28144270	26104894

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)		
(B) Participants.....	2a(1)(B)	234067	
(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)		234067
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	277493	
(B) U.S. Government securities.....	2b(1)(B)	23315	
(C) Corporate debt instruments.....	2b(1)(C)	42574	
(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)		343382
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	768552	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		768552
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7574	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		418333
c Other income	2c		2769
d Total income. Add all income amounts in column (b) and enter total.....	2d		1774677

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1009738	
(2) To insurance carriers for the provision of benefits	2e(2)	2430620	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3440358
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	223181	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	30685	
(5) Investment advisory and investment management fees	2i(5)	52682	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	18000	
(8) Legal fees	2i(8)	3930	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	45217	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		373695
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3814053

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2039376
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: CALIBRE CPA GROUP

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.



**CF&I RETIREES' VOLUNTARY EMPLOYEE
BENEFICIARY ASSOCIATION TRUST**

FINANCIAL STATEMENTS

DECEMBER 31, 2024





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
CF&I Retirees' Voluntary Employee
Beneficiary Association Trust
Pueblo, Colorado

Opinion

We have audited the accompanying financial statements of CF&I Retirees' Voluntary Employee Beneficiary Association Trust (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 CF&I Retirees' Voluntary Employee Beneficiary Association Trust 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 (GAAS). Our responsibilities under those standards are further described in the Auditors 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 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 within one year after the date that the financial statements are available to be issued.

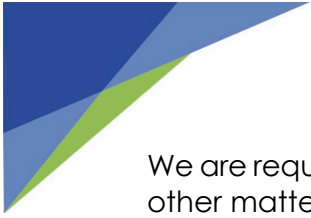
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of general and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
August 29, 2025



**CF&I RETIREES' VOLUNTARY EMPLOYEE
BENEFICIARY ASSOCIATION TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value	\$ 26,031,722	\$ 28,000,703
Receivables		
Accrued interest and dividends	65,889	61,981
Other assets		
Prepaid expenses	21,925	15,940
Cash	<u>55,528</u>	<u>103,641</u>
Total assets	<u>26,175,064</u>	<u>28,182,265</u>
Liabilities		
Accrued expenses	<u>38,670</u>	<u>6,495</u>
Total liabilities	<u>38,670</u>	<u>6,495</u>
Net assets available for benefits	<u>\$ 26,136,394</u>	<u>\$ 28,175,770</u>

See accompanying notes to financial statements.



**CF&I RETIREES' VOLUNTARY EMPLOYEE
BENEFICIARY ASSOCIATION TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Contributions		
Participants	\$ 234,067	\$ 406,213
Investment income		
Net appreciation in fair value		
of investments	425,907	1,907,612
Dividends and interest	1,111,934	992,051
	1,537,841	2,899,663
Less: investment expenses	(52,682)	(54,120)
Net investment income	1,485,159	2,845,543
Other additions		
Rebates and discounts	2,769	-
Total additions	1,721,995	3,251,756
Deductions		
Benefit paid to, or on behalf of, participants	3,440,358	3,761,744
General and administrative expenses	321,013	306,266
Total deductions	3,761,371	4,068,010
Net change	(2,039,376)	(816,254)
Net assets available for benefits		
Beginning of year	28,175,770	28,992,024
End of year	\$ 26,136,394	\$ 28,175,770

See accompanying notes to financial statements.



**CF&I RETIREES' VOLUNTARY EMPLOYEE
BENEFICIARY ASSOCIATION TRUST**

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants		
Death benefits payable	<u>\$ 31,500</u>	<u>\$ 31,500</u>
Total obligations other than postretirement benefit obligations	31,500	31,500
Postretirement benefit obligations, net of amounts currently payable		
Current retirees, beneficiaries, and dependents	<u>24,352,557</u>	<u>21,386,929</u>
Total benefit obligations	<u>\$ 24,384,057</u>	<u>\$ 21,418,429</u>

See accompanying notes to financial statements.



**CF&I RETIREES' VOLUNTARY EMPLOYEE
BENEFICIARY ASSOCIATION TRUST**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants		
Balance at beginning of year	\$ 31,500	\$ 39,000
Claims reported and approved for payment, including insurance premiums and claims	3,440,358	3,754,245
Claims paid	<u>(3,440,358)</u>	<u>(3,761,745)</u>
Balance at end of year	<u>31,500</u>	<u>31,500</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	21,386,929	21,270,433
Change in postretirement benefits attributable to		
Benefits earned and other changes	2,732,988	(315,907)
Changes in actuarial assumptions	<u>232,640</u>	<u>432,403</u>
Balance at end of year	<u>24,352,557</u>	<u>21,386,929</u>
Total benefit obligations at end of year	<u>\$ 24,384,057</u>	<u>\$ 21,418,429</u>

See accompanying notes to financial statements.



CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the CF&I Retirees' Voluntary Employee Beneficiary Association Trust (VEBA or Plan) is provided for general information purposes only. Participants should refer to the Trust Agreement and Plan documents for more complete information.

General - The VEBA was established as of February 27, 1993, pursuant to the Joint Plan of Reorganization of CF&I Steel Corporation (CF&I) as confirmed by the United States Bankruptcy Court. The Plan is administered by a six-member Board of Trustees (Trustees). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits - The Plan provides comprehensive medical coverage for all eligible participants, medical coverage for their dependents, and limited death benefits for participants. For participants eligible for Medicare, medical coverage is provided by a fully insured health maintenance organization (HMO) (Kaiser Permanente) or fully insured Medicare Advantage Preferred Provider Organization (PPO) Plan (United Healthcare). Participants not eligible for Medicare are covered by a fully insured PPO plan (Highmark Blue Cross Blue Shield PPO) under a participation agreement the Plan entered into with the Steelworkers Health and Welfare Fund. All death benefits are funded by the VEBA directly. In addition, the VEBA pays monthly premiums to the HMO and Medicare Advantage PPO plan.

Eligibility - The following individuals are eligible participants in the VEBA: (i) former employees of CF&I who retired under one of the pension plans of CF&I and certain subsidiaries on or before March 3, 1993, and their eligible dependents; and (ii) former employees of CF&I who were eligible to retire under the terms of one of the pension plans of CF&I and certain subsidiaries on or before March 3, 1993, and who retired under such pension plans within three years after March 3, 1993, and their eligible dependents; and (iii) surviving spouses, as defined by the applicable pension plan.

Participant Contributions - Participants contribute to the Plan based on various predetermined rates. Rates are determined based upon the status (Medicare/Non-Medicare) of the participant and his or her spouse, if any, and the applicable Plan option.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Administration - Disciplined Benefit Services, Inc. provides administrative services to the VEBA for which it is compensated on a monthly basis. Medical and prescription drug coverage for all non-Medicare participants is administered by Highmark Blue Cross Blue Shield PPO through a participation agreement the Plan entered into with the Steelworkers Health and Welfare Fund. Medical and prescription drug coverage for all Medicare participants is administered by either Kaiser Permanente HMO plan or United Healthcare Medicare Advantage PPO plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Claims Paid - Claims and insurance premiums are recorded when paid.

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, incurred but not reported (IBNR), eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Cash - All liquid investments with a maturity of three months or less when purchased are considered cash. The Plan maintains its cash balances with a financial institution that is insured with the Federal Deposit Insurance Corporation (FDIC). All accounts are insured up to \$250,000 by the FDIC.

Investment Valuation and Income Recognition - Investments are carried at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by its investment advisers. See Note 6 for a discussion of fair value measurements.

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

Administrative Expenses - Administrative expenses are paid by the Plan.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reclassifications - Certain reclassifications may have been made to conform to current year financial statement presentation. These reclassifications had no effect on the net assets available for benefits.

NOTE 3. POSTRETIREMENT BENEFITS

The postretirement benefit obligation included in the statements of benefit obligations represents the actuarial present value of those estimated future benefits for eligible participants and beneficiaries at year-end. The amount is determined by the VEBA's consulting actuary, Gallagher, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future participant claims 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) between the valuation date and the expected date of payment.

For measurement purposes, the health care cost trend rates assumed in the valuations as of December 31, 2024 were Pre-65 Medical of 8.50% graded to an ultimate ratio of 4.75% and Post-65 Medical of 7.80% graded to an ultimate ratio of 4.75%.

The effect of a 1% increase in the assumed health care cost trend rates would cause the postretirement benefit obligations at December 31, 2024 and 2023 to increase by \$848,142 and \$810,247, respectively.

The following were assumptions used in the valuations as of December 31, 2024 and 2023:

Discount rate:	5.25% for 2024, 5.00% for 2023.
Administrative expense increase rate:	3.00% per annum - 2024 and 2023.
Postretirement mortality rate:	PRI-2012 headcount weighted blue collar mortality table (base year 2012) with fully generational projection according to the Buck Modified 2021 Projection Scale. Contingent survivor PRI-2012 headcount weighted blue collar mortality table (base year 2012) with fully generational projection according to the Conduent Modified 2021 Projection Scale.

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



NOTE 4. PLAN CONTINUATION

The Trustees of the VEBA reserve the right to amend, suspend, withdraw, modify, or terminate any benefits provided by the Plan, in whole or in part at any time, and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the Trustees shall hold and/or dispose of the Plan assets as they determine. Any such action must (i) not result in any part of the Plan assets being used for or diverted to purposes other than those provided by the Trust Agreement; (ii) be in accordance with ERISA and any other applicable laws; and (iii) not result in a prohibited transaction. The Trustees may reserve such sum of money as they deem advisable for payment of fees and expenses in connection with the administration of the Plan or for payment of taxes that may be assessed on or in respect of the Plan assets or the income thereof.

NOTE 5. TAX STATUS

The Plan is exempt for federal income taxes under Section 501(c)(9) of the Internal Revenue Code (IRC). The Plan has received an exemption letter dated December 14, 1993, in which the Internal Revenue Service (IRS) stated that the Trust, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the date of the exemption letter. However, the Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

NOTE 6. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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



NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

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

Following are descriptions 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.

Short-term investments: Valued at the daily closing price reported in the active market in which the individual security is traded.

U.S. Government obligations: Treasury securities are valued at the closing price reported in the active market in which the individual security is traded. Other securities traded in the over-the-counter market are valued at the average of the last reported bid and asked prices.

Corporate debt: Traded in the over-the-counter market and are valued at the average of the last reported bid and asked prices.

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

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	Assets at Fair Value as of December 31, 2024			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 219,203	\$ 219,203	\$ -	\$ -
U.S. Government obligations	4,073,717	986,163	3,087,554	-
Corporate debt	4,039,384	-	4,039,384	-
Mutual funds	<u>17,699,418</u>	<u>17,699,418</u>	-	-
Total assets in the fair value hierarchy	<u>\$ 26,031,722</u>	<u>\$ 18,904,784</u>	<u>\$ 7,126,938</u>	<u>\$ -</u>

Description	Assets at Fair Value as of December 31, 2023			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 108,208	\$ 108,208	\$ -	\$ -
U.S. Government obligations	4,002,217	902,008	3,100,209	-
Corporate debt	4,500,578	-	4,500,578	-
Mutual funds	<u>19,389,700</u>	<u>19,389,700</u>	-	-
Total assets in the fair value hierarchy	<u>\$ 28,000,703</u>	<u>\$ 20,399,916</u>	<u>\$ 7,600,787</u>	<u>\$ -</u>

The Trustees determine the fair value measurement policies and procedures, based on information provided by the Plan's custodian bank and investment advisor. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 26,136,394	\$ 28,175,770
Benefit obligations currently payable	<u>(31,500)</u>	<u>(31,500)</u>
Net assets available for benefits per the Form 5500	<u>\$ 26,104,894</u>	<u>\$ 28,144,270</u>



NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits paid to participants per the financial statements	\$ 3,440,358
Add: amounts currently payable at December 31, 2024	31,500
Less: amounts currently payable at December 31, 2023	<u>(31,500)</u>
Benefits paid to participants per the Form 5500	<u>\$ 3,440,358</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under U.S. generally accepted accounting principles and, therefore, are not presented as liabilities or claims and premiums paid in the accompanying financial statements but are recorded on the Form 5500 as a liability.

The following is a reconciliation for additions and deductions per the financial statements to expenses per Form 5500 for the year ended December 31, 2024:

Additions per financial statements	\$ 1,721,995
Add: investment expenses	<u>52,682</u>
Income per Form 5500	<u>\$ 1,774,677</u>
Deductions per financial statements	\$ 3,761,371
Add: investment expenses	<u>52,682</u>
Expenses per Form 5500	<u>\$ 3,814,053</u>

NOTE 8. RISKS AND UNCERTAINTIES

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

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



NOTE 9. PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 10. SIGNIFICANT PLAN AMENDMENTS

September 2024 motion passed - Effective January 1, 2025, the Trustees increased the Medicare part B to \$150 per person per month.

Effective June 1, 2023, the Trustees increased the Medicare part B to \$100 per person per month.

NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 29, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 84-1232395
Plan No. 501

(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
<u>Short-Term Investment Funds</u>							
	Schwab ADV CASH RESV PREMIUM	Money Market	N/A	N/A	40,317	\$ 40,317	\$ 40,317
	Schwab Bank Sweep	Money Market	N/A	N/A	178,886	178,886	178,886
	Total short-term investment funds					219,203	219,203
<u>U.S. Government Obligations</u>							
	FHLMC	Bond	9/1/2040	4.50%	230,000	4,287	3,863
	FHLMC	Bond	11/1/2027	6.50%	206,684	97	92
	FHLMC	Bond	9/1/2028	8.00%	202,135	1,495	1,382
	FHLMC	Bond	5/1/2042	3.50%	60,000	11,406	9,535
	FHLMC	Bond	12/1/2028	6.50%	280,230	2,023	1,951
	FHLMC	Bond	7/1/2025	8.00%	230,638	17	12
	FHLMC	Bond	3/1/2026	6.50%	45,900	23	21
	FHLMC	Bond	4/1/2041	4.00%	185,000	18,580	17,338
	FHLMC	Bond	5/1/2052	3.50%	130,000	108,504	97,042
	FHLMC	Bond	5/1/2027	7.00%	59,444	15	16
	FHLMC	Bond	5/1/2039	4.50%	1,000,000	18,037	15,607
	FHLMC	Bond	2/1/1944	4.00%	100,000	14,814	13,241
	FHLMC	Bond	2/1/2046	4.00%	140,000	18,733	16,017
	FHLMC	Bond	3/1/2052	3.50%	155,000	116,940	110,137
	FHLMC	Bond	7/1/2052	4.00%	275,000	220,974	217,633
	FHLMC	Bond	12/25/2052	4.50%	140,000	126,584	123,040
	FHLMC	Bond	7/1/2053	5.00%	230,000	208,487	210,943
	FHLMC	Bond	10/1/2054	5.00%	130,000	127,750	125,528
	FNMA	Bond	2/1/2028	8.00%	153,419	155	144
	FNMA	Bond	5/1/2028	6.50%	80,000	306	311
	FNMA	Bond	12/1/2034	5.50%	170,000	4,766	4,626
	FNMA	Bond	6/1/2040	5.00%	275,000	11,243	10,003
	FNMA	Bond	9/1/2044	4.00%	225,000	32,321	28,835
	FNMA	Bond	10/1/2046	3.00%	130,000	35,667	29,916
	FNMA	Bond	5/1/2052	3.50%	100,000	83,593	75,725
	FNMA	Bond	10/1/2052	4.00%	200,000	163,030	159,682
	FNMA	Bond	8/1/2051	2.50%	405,000	319,988	252,240
	FNMA	Bond	5/1/2052	2.00%	240,000	197,734	158,629
	FNMA	Bond	3/1/1952	3.50%	160,000	120,058	113,076
	FNMA	Bond	1/1/2054	5.00%	200,000	183,809	180,382
	FNMA	Bond	12/1/2052	4.50%	360,000	337,477	329,900
	FNMA	Bond	5/1/2052	2.00%	215,000	168,527	138,192
	FNMA	Bond	5/1/2052	2.00%	285,000	231,274	183,710
	GMNA	Bond	12/16/2062	1.10%	245,000	179,003	152,006
	GMNA	Bond	4/15/2029	6.00%	905,000	1,562	1,350
	GMNA	Bond	12/15/2026	7.50%	74,250	44	41
	GMNA	Bond	04/230/2053	5.00%	120,000	101,827	100,240
	GMNA	Bond	4/20/2028	3.00%	135,000	6,145	5,204
	GMNA	Bond	3/20/2045	4.00%	115,000	13,947	11,966
	GMNA	Bond	12/20/2035	2.50%	235,000	107,671	91,674
	GMNA	Bond	4/20/2036	2.00%	200,000	113,923	96,304

**CF&I RETIREES' VOLUNTARY EMPLOYEE
BENEFICIARY ASSOCIATION TRUST**

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 84-1232395
Plan No. 501

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares			(d) Cost	(e) Current Value	
		Description	Maturity Date	Rate of Interest			Par/ Maturity Value or Shares
	GNMA	Bond	5/15/2026	7.00%	585,000	\$ 278	\$ 198
	US Treasury Note	Note	10/31/2029	4.00%	130,000	127,875	128,253
	US Treasury Note	Note	10/31/2029	4.00%	310,000	306,532	302,638
	US Treasury Note	Note	2/15/2053	3.63%	380,000	329,280	308,988
	US Treasury Bond	Bond	5/15/2043	2.88%	325,000	277,129	246,086
	Total U.S. Government obligations					4,453,930	4,073,717
	<u>Corporate Bonds</u>						
	Abbott Labs	Bond	5/27/2040	5.30%	20,000	25,689	19,909
	AFLAC	Bond	8/15/2040	6.45%	15,000	22,410	16,092
	Aflac Inc Note	Bond	12/17/1939	6.90%	10,000	10,574	11,108
	Alabama Pwr Co	Bond	3/15/2041	5.50%	20,000	20,257	19,566
	ALTRIA GROUP INC	Bond	2/14/2029	4.80%	20,000	23,937	19,786
	American Express Co Note	Bond	5/1/2034	5.04%	30,000	28,459	29,520
	Amgen Inc	Bond	2/22/2052	4.20%	15,000	15,413	11,491
	Amgen Incorporat	Bond	6/15/2042	5.65%	10,000	12,463	9,685
	Anheuser Busch inbev fin inc Gtd Note	Bond	2/1/1946	4.90%	15,000	15,133	13,667
	AON Corp/AON Globe	Bond	9/12/1932	5.00%	20,000	20,089	19,685
	Aon Pic	Bond	5/24/2043	4.45%	15,000	12,671	12,147
	Appalachian Power Co Bond	Bond	8/15/1937	6.70%	20,000	21,462	21,147
	Archer Daniels Midland Co	Bond	3/27/2030	3.25%	40,000	43,936	36,852
	AT&T Inc	Bond	2/1/2028	1.65%	5,000	4,634	4,541
	AT&T Inc Note Call Make Whole	Bond	11/15/2046	5.15%	15,000	19,460	13,788
	Baltimore Gas & Elec Co Sr Nt	Bond	6/1/1953	5.40%	10,000	9,783	9,583
	Bank Amer Corp	Bond	4/23/2027	3.56%	70,000	75,844	68,844
	Bank Amer Corp Call Make Whole	Bond	3/5/2029	3.97%	20,000	22,215	19,397
	Bank Amer Corp Ser N Mtn	Bond	2/4/2033	2.97%	15,000	14,056	12,898
	Bell Canada	Bond	3/17/2051	3.65%	25,000	22,720	17,276
	Bestfoods Medium Term Nts Book	Bond	4/15/2028	6.63%	30,000	27,255	31,755
	Broadcom Inc	Bond	4/15/2029	4.75%	30,000	35,201	29,767
	Burlington No San	Bond	5/1/2037	6.15%	20,000	22,202	21,386
	Camden Property Tr	Bond	7/1/2029	3.15%	15,000	15,351	13,922
	Campbell Soup Co	Bond	4/24/2050	3.13%	30,000	21,076	19,255
	Capital One Finl	Bond	3/1/2030	3.27%	25,000	24,852	23,075
	Capital One Finl Corp Sr Nt	Bond	2/1/2034	5.82%	10,000	9,426	10,037
	Charles Schwab Corp	Bond	5/22/2029	3.25%	50,000	44,511	46,631
	Citigroup inc	Bond	1/15/2028	6.63%	55,000	72,772	57,728
	Citigroup Inc Note Call Make Whole	Bond	1/25/2033	3.06%	50,000	42,283	42,977
	Clorox Co	Bond	5/15/2030	1.80%	10,000	8,796	8,493
	CME Group Inc Bond	Bond	3/15/2025	3.00%	50,000	49,865	49,798
	Comcast Corp	Bond	10/15/2025	3.95%	90,000	103,235	89,538
	Comm 2015-core23	Bond	5/10/2048	3.50%	30,000	31,613	29,850
	Commonwealth Edison CO	Bond	11/15/2045	4.35%	25,000	31,729	21,094
	Conocophillips	Bond	11/15/2044	4.30%	10,000	10,832	8,325
	Consolidated Edison CO	Bond	3/1/2043	3.95%	15,000	14,371	12,079
	Consolidated Edison CO	Bond	12/1/2039	5.50%	30,000	33,583	29,809
	Csx Corp Bond Call Make Whole	Bond	5/1/2037	6.15%	25,000	31,065	26,505
	CVS Health Corp	Bond	3/25/2048	5.05%	15,000	16,701	12,276

CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 84-1232395
Plan No. 501

(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Deere John Cap Corp	Bond	6/12/2034	5.05%	40,000	\$ 39,531	\$ 39,761
	Diageo Cap Plc	Bond	9/30/2036	5.88%	35,000	50,243	36,855
	Duke Energy FL Llc	Bond	1/15/2027	3.20%	65,000	61,755	63,234
	Eaton Corp	Bond	11/15/2029	7.65%	20,000	18,329	22,519
	Eaton Corp Plc	Bond	5/18/2028	4.35%	40,000	39,627	39,634
	Enterprise Produc	Bond	2/15/2045	5.10%	30,000	26,060	27,557
	Equitable Cos	Bond	4/1/2028	7.00%	45,000	56,974	47,485
	Erp Oper LTD Partnership Senio R Note Callable	Bond	7/1/2029	3.00%	25,000	25,920	23,273
	Fedex Corp Note	Bond	1/15/2044	5.10%	25,000	28,656	22,763
	Fiserv Inv	Bond	10.01/2028	4.20%	55,000	63,206	53,429
	Genuine Parts CO	Bond	2/1/2032	2.75%	60,000	52,922	50,518
	Goldman Sachs Group Inc	Bond	1/26/2027	3.85%	75,000	80,734	73,664
	Goldman Sachs Group Inc SR	Bond	4/23/2029	3.81%	30,000	33,580	28,831
	Goldman Sachs Inter	Bond	2/24/2033	0.00%	20,000	18,965	17,159
	Interstate Pwr & Lt CO	Bond	7/15/2039	6.25%	10,000	13,493	10,510
	JP Morgan Chase & CO	Bond	7/15/2025	3.90%	65,000	70,202	64,772
	JP Morgan Chase & Var	Bond	10/15/2030	VAR	45,000	46,011	40,311
	Jpmorgan Chase & CO Fxd to Fltg Rt	Bond	1/23/2029	3.51%	45,000	49,276	43,001
	Keycorp Medium Term	Bond	4/6/2027	2.25%	15,000	13,495	14,158
	Kimberly Clark Corp	Bond	5/4/2047	3.90%	15,000	16,777	11,591
	Kraft Foods Inc Bd	Bond	8/11/2037	7.00%	35,000	40,815	38,499
	Kraft Heinz Food Co	Bond	10/1/2049	4.88%	25,000	22,342	21,439
	Kroger CO	Bond	10/15/1946	3.88%	15,000	14,983	11,215
	Lincoln Natl Cp	Bond	3/1/2032	3.40%	40,000	34,254	35,018
	Lockheed Martin Corp	Bond	2/15/2055	3.40%	10,000	10,021	9,431
	Lockheed Martin Corp	Bond	5/15/2036	4.50%	15,000	19,025	14,025
	Markel Corp	Bond	9/17/2029	3.35%	50,000	43,140	46,527
	Mastercard Inc	Bond	6/1/2029	2.95%	10,000	10,985	9,318
	McDonald's	Bond	9/9/1952	5.15%	20,000	19,835	18,202
	Mckesson Corp	Bond	7/15/2033	5.10%	45,000	45,337	44,633
	MetLife Inc	Bond	7/15/2052	5.00%	15,000	15,208	13,505
	MetLife Inc	Bond	3/1/2025	3.00%	35,000	33,753	34,897
	Metlife Inc Sr Nt	Bond	7/15/2033	5.38%	10,000	10,341	10,114
	Morgan Stanley	Bond	1/24/2029	3.77%	35,000	38,482	33,733
	Morgan Stanley	Bond	4/1/2032	7.25%	10,000	14,263	11,213
	Morgan Stanley	Bond	2/13/2032	VAR	15,000	14,464	12,248
	Morgan Stanley	Bond	5/4/2027	VAR	40,000	40,375	38,344
	Norfolk southn Corp	Bond	5/1/2037	7.05%	20,000	23,790	22,157
	Nutrien LTD Sr	Bond	3/27/2053	5.80%	25,000	25,148	24,626
	Oneok Inc	Bond	9/15/2046	4.25%	30,000	23,666	23,195
	Oracle Corp Note	Bond	4/1/2050	3.60%	25,000	25,376	17,394
	Parker Hannifin	Bond	11/21/2034	4.20%	20,000	19,179	18,478
	Parker Hannifin	Bond	5/15/2038	6.25%	15,000	18,483	16,033
	Pfizer	Bond	3/15/2039	7.20%	30,000	46,533	34,726
	Phillips	Bond	5/1/2042	5.88%	20,000	23,507	19,862
	Phillips 66 Co	Bond	12/1/2027	4.95%	15,000	15,035	15,112
	PNC Finl Svcs Group	Bond	5/19/2027	3.15%	80,000	77,758	76,950
	PNC Finl Svcs Group	Bond	10/28/2033	6.04%	25,000	25,047	25,854
	Prudential Finl	Bond	12/1/2037	6.63%	35,000	52,313	38,295

**CF&I RETIREES' VOLUNTARY EMPLOYEE
BENEFICIARY ASSOCIATION TRUST**

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 84-1232395
Plan No. 501

(c) Description of investment, including maturity date, rate of interest, par/maturity value or shares							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(d) Cost	(e) Current Value
	Schwab Charles Corp New SR Nt	Bond	8/24/2034	6.14%	10,000	\$ 9,382	\$ 10,469
	Spectra Energy Partners	Bond	10/15/2026	3.38%	80,000	87,369	78,114
	Sysco Corp	Bond	3/15/2048	4.45%	20,000	22,875	16,279
	Sysco Corp	Bond	9/21/2035	5.38%	10,000	10,436	10,033
	Tampa Elec CO	Bond	5/15/2037	6.15%	35,000	49,610	36,215
	Targa Resources Partners LP Ser	Bond	1/15/2032	4.00%	65,000	58,227	58,982
	The Hartford Fin Services	Bond	8/19/2029	2.80%	45,000	48,004	41,014
	The Kroger Co	Bond	4/15/2038	6.90%	10,000	14,467	10,981
	T-mobile USA Inc	Bond	4/15/2040	4.38%	35,000	37,547	30,218
	Thomson Reuters Corp	Bond	8/15/2035	5.50%	30,000	30,351	30,011
	Travelers Companies Inc	Bond	11/1/2040	5.35%	15,000	21,039	14,684
	Trust Finl Corp Sr	Bond	10/28/2033	6.12%	50,000	50,845	51,746
	Union Pacific	Bond	1/15/2045	4.15%	20,000	22,149	15,869
	Union Pac Corp	Bond	2/1/2029	6.63%	25,000	27,734	26,778
	United Parcel Service Inc	Bond	1/15/2038	6.20%	15,000	20,808	16,068
	United Parcel Service amer inc	Bond	4/1/2030	8.38%	25,000	36,901	28,047
	US Bancorp	Bond	10/21/2033	0.00%	60,000	60,461	61,203
	Verizon Communications	Bond	11/1/2034	4.40%	45,000	49,928	41,697
	Virginia Elec &	Bond	11/15/2038	8.88%	15,000	22,158	19,558
	Virginia electric & Power Co Ser C	Bond	5/15/1952	4.63%	15,000	14,774	12,750
	Wells Fargo Bank	Bond	5/22/2028	3.58%	20,000	21,979	19,292
	Wells Fargo Co	Bond	4/25/2053	4.61%	25,000	23,577	20,961
	Westlake Chem corp	Bond	8/15/2046	5.00%	15,000	19,120	13,051
	Williams Cos Inc Sr Gtbl	Bond	3/15/2031	2.60%	50,000	42,270	43,105
	Williams Partners LP	Bond	3/1/2048	4.85%	5,000	5,056	4,248
	Wisconsin Elec Pw	Bond	6/1/2028	6.50%	75,000	79,757	78,927
	Wisconsin Pwr & Lt Co	Bond	8/15/2037	6.38%	15,000	19,381	16,051
	Wyeth Notes	Bond	4/1/2037	5.95%	10,000	10,856	10,420
	Americredit Auto	Bond	2/18/2028	5.75%	110,000	89,955	90,225
	Bank5 2024 5yr10	Bond	10/15/2057	4.83%	85,000	85,873	85,062
	Bmw Veh Lease Tr	Bond	3/25/2027	4.98%	125,000	124,366	125,573
	Carmax Auto Owner	Bond	7/17/2028	6.00%	80,000	81,700	81,424
	Fannie Mae Pool Fn	Bond	1/1/2053	4.50%	25,000	21,444	21,132
	Morgan Stanley Cap	Bond	8/17/2049	2.78%	50,000	53,414	48,059
	Morgan Stanley Cap	Bond	12/17/2048	3.54%	200,000	155,614	147,378
	Nissan Auto Race	Bond	3/15/2028	5.93%	100,000	101,470	101,420
	Wells Fargo Coml Mtg	Bond	6/15/2048	3.64%	35,000	37,109	34,735
	New Jersey St Tpk Auth	Bond	1/1/2041	7.10%	45,000	54,142	50,255
	Total corporate bonds					<u>4,419,286</u>	<u>4,039,384</u>
	<u>Mutual Funds</u>						
	METRO WEST TOTAL RETURN BOND FUND	Mutual Funds	N/A	N/A	923,753	8,927,495	7,685,624
	Pimco Income Fund Instl (PIMIX)	Mutual Funds	N/A	N/A	132,099	1,379,343	1,389,685
	VANGUARD INTL GROWTH FUND	Mutual Funds	N/A	N/A	10,069	873,708	1,022,691
	DODGE & COX INTL STOCK	Mutual Funds	N/A	N/A	20,025	581,976	999,227
	VANGUARD Total Stock Market (VTSAX)	Mutual Funds	N/A	N/A	25,494	1,257,638	3,595,426
	JP MORGAN STRATEGIC	Mutual Funds	N/A	N/A	262,829	2,988,408	3,006,765
	Total mutual funds					<u>16,008,568</u>	<u>17,699,418</u>
	Total assets (held at end of year)					<u>\$ 25,100,987</u>	<u>\$ 26,031,722</u>

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

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 CF&I RETIREES' VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION TRUST	1b Three-digit plan number (PN) ►	501
	1c Effective date of plan	02/27/1993
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) CF&I RETIREES VOLUNTARY EMPLOYEE BENEFICIARY ASSOCI	2b Employer Identification Number (EIN)	84-1232395
	2c Plan Sponsor's telephone number	719-744-0043
200 WEST B STREET, SUITE 234 PUEBLO CO 81003	2d Business code (see instructions)	525100

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

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

SIGN HERE	<i>Frank Papish</i>	9/24/25	FRANK PAPISH, JR
	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

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

**Form 5500 (2024)
v. 240311**

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

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

5 Total number of participants at the beginning of the plan year	5	966
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	
a (2) Total number of active participants at the end of the plan year	6a(2)	
b Retired or separated participants receiving benefits	6b	631
c Other retired or separated participants entitled to future benefits	6c	214
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	845
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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 4L

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____