

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH & WELFARE PLAN
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/2006
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) BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE PLAN 5910 E. 86TH STREET KANSAS CITY, MO 64138
2b Employer Identification Number (EIN) 20-5130170
2c Plan Sponsor's telephone number 816-523-8300
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, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/13/2025, CASEY JENSEN (plan administrator); 2. Filed with authorized/valid electronic signature, 10/13/2025, CASEY JENSEN (employer/plan sponsor); 3. 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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5684
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)	5524
	6a(2)	5524
	6b	168
	6c	0
	6d	5692
	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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 _____

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 BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 20-5130170	

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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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)

NBPC

43-1122456

(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	ACCOUNTANT	20480	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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?
23	LIABILITY INSURANCE	22488	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)

TIC INTERNATIONAL

13-2600875

(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 12 10 14	THIRD PARTY ADMINISTRATOR	45200	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)

BANK OF LABOR

48-0150325

(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	INVESTMENT MANAGER	40135	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

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(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 BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE PLAN	D Employer Identification Number (EIN) 20-5130170

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash	1a	260687	126720
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	-29380	-30888
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16251	18013
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1148153	349103
(2) U.S. Government securities	1c(2)	105190	404500
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3831554	4793196
(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)	2361352	3102538
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	5305450	4938429

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	12999257	13701611
Liabilities			
g Benefit claims payable.....	1g	378208	321008
h Operating payables.....	1h	11912	6143
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	390120	327151
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12609137	13374460

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)	549111	
(B) Participants.....	2a(1)(B)		
(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)		549111
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	40179	
(B) U.S. Government securities.....	2b(1)(B)	7363	
(C) Corporate debt instruments.....	2b(1)(C)	145397	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	232206	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		425145
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2758132	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2717788	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		40344
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	105505	
(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)		480740
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1600845

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	698048	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		698048
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)	45200	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20480	
(5) Investment advisory and investment management fees	2i(5)	40135	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2115	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	29544	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		137474
j Total expenses. Add all expense amounts in column (b) and enter total	2j		835522

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		765323
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK BIRKS, P.C.**

(2) EIN: **43-1122456**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

**BOILERMAKERS LOCAL 83
SUPPLEMENTAL HEALTH AND WELFARE FUND**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

December 31, 2024 AND 2023

**BOILERMAKERS LOCAL 83
SUPPLEMENTAL HEALTH AND WELFARE FUND**

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
The Boilermakers Local 83 Supplemental Health & Welfare Fund

Opinion

We have audited the accompanying financial statements of Boilermakers Local 83 Supplemental Health & Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Boilermakers Local 83 Supplemental Health & Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Boilermakers Local 83 Supplemental Health & Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Boilermakers Local 83 Supplemental Health & Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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 Boilermakers Local 83 Supplemental Health & Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Boilermakers Local 83 Supplemental Health & Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of the Schedule of Assets Held for Investment Purposes at the end of the Year are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 auditing standards generally accepted in the United States of America.

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

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

Novak Birk P.C.

Kansas City, MO
September 10, 2025

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<u>Assets</u>		
Investments, at fair value		
Municipal bonds	\$ 4,938,429	\$ 5,305,450
Corporate bonds	4,793,196	3,831,554
Government securities	404,500	105,190
Mutual funds	3,102,538	2,361,352
Total investments	<u>13,238,663</u>	<u>11,603,546</u>
Receivables:		
Employer contributions	<u>(30,888)</u>	<u>(29,380)</u>
Total receivables	<u>(30,888)</u>	<u>(29,380)</u>
Other assets:		
Prepaid insurance premiums	<u>18,013</u>	<u>16,251</u>
Total other assets	<u>18,013</u>	<u>16,251</u>
Cash and equivalents	<u>475,823</u>	<u>1,408,840</u>
Total assets	<u>13,701,611</u>	<u>12,999,257</u>
<u>Liabilities</u>		
Accounts payable	6,143	11,912
Accrued member benefits	<u>321,008</u>	<u>378,208</u>
Total liabilities	<u>327,151</u>	<u>390,120</u>
Net assets available for benefits	<u>\$ 13,374,460</u>	<u>\$ 12,609,137</u>

The accompanying notes are an integral part
of the financial statements.

B E P O S I  I V E .

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<u>Additions</u>		
Contributions:		
Employer	\$ 549,111	\$ 308,368
Total contributions	<u>549,111</u>	<u>308,368</u>
Investment income:		
Net appreciation (depreciation) in fair value of investments	626,589	624,015
Interest and dividends	<u>425,145</u>	<u>391,580</u>
Total investment income	<u>1,051,734</u>	<u>1,015,595</u>
Total additions	<u>1,600,845</u>	<u>1,323,963</u>
<u>Deductions</u>		
Benefits paid to participants	698,048	807,332
Administrative expenses	<u>137,474</u>	<u>144,836</u>
Total deductions	<u>835,522</u>	<u>952,168</u>
Net increase (decrease)	765,323	371,795
Net assets available for benefits		
Beginning of year	<u>12,609,137</u>	<u>12,237,342</u>
End of year	<u>\$ 13,374,460</u>	<u>\$ 12,609,137</u>

The accompanying notes are an integral part
of the financial statements.

B E P O S I  I V E .

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE A – DESCRIPTION OF THE FUND

The following description of the Boilermakers Local 83 Supplemental Health and Welfare Fund (the Fund) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a complete description of the Fund's provisions.

General – The Fund provides supplemental benefits to retired members of the Boilermakers Local Union 83 and, in certain cases, to retired members of other Boilermakers Local Unions working within the jurisdiction of the Boilermakers Local Union 83 who qualify for benefits. The Fund is sponsored by the Board of Trustees.

Funding - The Fund is funded by employer contributions at a negotiated hourly contribution rate applicable to all hours paid to the employees of each contractor covered by the Collective Bargaining Agreement.

Eligibility – In order to participate in the Fund assets, the retired member must meet certain requirements. The participant must:

1. Have retired on or after January 1, 2007.
2. Be receiving monthly benefit from the Boilermaker-Blacksmith National Pension Trust.
3. Be at least 55 years of age.
4. Meet certain levels of hours worked within the jurisdiction of Local 83.
5. No longer be eligible for active plan benefits, unless extended by COBRA, in the Boilermakers National Health and Welfare Plan.
6. Have reimbursable expenses as defined within the Summary Plan Description.

Payment of Benefits – Benefits available to retired members consist primarily of reimbursement of all or a portion of the expenses for self-payments for coverage under the Boilermakers National Health and Welfare Fund or premiums to a bona fide health insurance company or self-funded medical plan for health care coverage. There will be two benefit periods each year, January 1st through June 30th and July 1st through December 31st each year. Benefits will be paid within a reasonable time after the end of each benefit period.

Amendment and Termination – The Trustees of the Fund reserve the right to amend, terminate or merge all or a part of the Fund at any time and provide for distribution of the Fund to eligible participants.

NOTE B – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Fund are prepared under accrual method of accounting.

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE B – SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Fund's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Accrued Member Benefits – Accrued member benefits are estimated based on the total claims paid to participants during the latest benefit claims period available.

Claims Incurred but not Reported – The Fund does not have any claims incurred by participants but not reported at December 31, 2024 and 2023 because all claims paid by the Fund are current. Participants are required to submit a claim reimbursement form within 60 days of the end of the claim benefit period.

Subsequent Events - Management has evaluated subsequent events through September 10, 2025, the date when the financial statements were available to be issued.

**BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE C – FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.
- Level 2 Inputs to the valuation methodology include
- quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

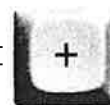
The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Equity Mutual Funds: Valued at the closing price reported in the active market in which the individual security is traded.

U.S. government securities, municipal bonds and corporate bonds: The bonds traded in the over-the-counter market and listed securities for which no sale was reported on the last business day of the Fund year are valued at the average of the last reported bid and asked prices.

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



**BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE C – FAIR VALUE MEASUREMENTS (Continued)

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Municipal Obligations	\$ -	\$ 4,938,429	\$ -	\$ 4,938,429
Corporate Obligations	-	4,793,196	-	4,793,196
U.S. Government Securities	-	404,500	-	404,500
Equity Mutual Funds	3,102,538	-	-	3,102,538
Total	\$ 3,102,538	\$10,136,125	\$ -	\$13,238,663

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Municipal Obligations	\$ -	\$ 5,305,450	\$ -	\$ 5,305,450
Corporate Obligations	-	3,831,554	-	3,831,554
U.S. Government Securities	-	105,190	-	105,190
Equity Mutual Funds	2,361,352	-	-	2,361,352
Total	\$ 2,361,352	\$ 9,242,194	\$ -	\$11,603,546

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

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

NOTE D – ADMINISTRATIVE EXPENSES

Administrative expenses of the Fund for the years ended December 31, 2024 and 2023 were comprised of the following:

	2024	2023
Accounting and audit	\$ 20,480	\$ 25,018
Insurance	22,488	24,184
Investment expenses	40,135	43,747
Legal fees	2,116	5,231
Postage	-	742
Printing and miscellaneous	1,189	529
Member communications	975	3,145
Room and meeting expenses	3,696	-
Dues and subscriptions	1,195	-
Administrative management expenses	45,200	42,240
Total administrative expenses	\$ 137,474	\$ 144,836

**BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE E – TAX STATUS

The Fund is an organization described in Section 501(c) (9) of the Internal Revenue Code and is exempt from Federal income taxes on its primary operations pursuant to Section 501(a) of the Internal Revenue Code and is classified by the Internal Revenue Service as other than a private foundation. The Fund has obtained a favorable tax determination letter from the Internal Revenue Service, and the plan sponsor believes that the Fund continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Fund and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Fund is no longer subject to income tax examinations for years prior to 2018.

NOTE F – RISKS AND UNCERTAINTIES

The Fund 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 Fund's ability to reimburse participant's claims and the amount reported in the statement of net assets available for benefits.

SUPPLEMENTARY INFORMATION

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
 EIN: 20-5130170
 PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
MUNICIPAL OBLIGATIONS:					
	CALIFORNIA ST.	MUNICIPAL OBLIGATION 3.375% DUE 04/01/2025	50,000	49,975	49,878
	PITT CNTY N C	MUNICIPAL OBLIGATION 0.975% DUE 04/01/2025	55,000	50,455	54,550
	FAIRFIELD CA OBLIG	MUNICIPAL OBLIGATION 3.750% DUE 06/01/2025	200,000	197,592	199,306
	COUNCIL BLUFFS IA S/D	MUNICIPAL OBLIGATION 2.600% DUE 07/01/2025	250,000	243,193	247,708
	NEW HOPE CULTURAL ED	MUNICIPAL OBLIGATION 4.250% DUE 07/01/2025	35,000	36,692	28,221
	HAWTHORNE CA CTFS PAR	MUNICIPAL OBLIGATION 3.250% DUE 08/01/2025	30,000	31,561	29,797
	EL PASO TX S/D	MUNICIPAL OBLIGATION 1.550% DUE 08/15/2025	10,000	9,098	9,827
	HIGH POINT, NC	MUNICIPAL OBLIGATION 3.090% DUE 10/01/2025	15,000	14,705	14,855
	RAYNHAM MA WTR DIST	MUNICIPAL OBLIGATION 3.375% DUE 10/15/2025	40,000	38,088	40,002
	MAINE ST HSG AUTH	MUNICIPAL OBLIGATION 2.539% DUE 11/15/2025	35,000	32,808	34,470
	IOWA ST STUDENT LN	MUNICIPAL OBLIGATION 4.021% DUE 12/01/2025	25,000	24,197	24,842
	MADISON & JERSEY CNTY	MUNICIPAL OBLIGATION 3.850% DUE 12/01/2025	70,000	69,615	69,580
	ROCK ISLAND ILL	MUNICIPAL OBLIGATION 3.300% DUE 12/01/2025	80,000	81,071	79,166
	ST CLAIR CNTY IL	MUNICIPAL OBLIGATION 4.950% DUE 12/30/2025	10,000	10,631	10,005
	CHAMPAIGN CNTY ILL	MUNICIPAL OBLIGATION 3.450% DUE 01/01/2026	40,000	40,761	39,672
	CA EDL FACS AUTH REV	MUNICIPAL OBLIGATION 4.063% DUE 04/01/2026	260,000	260,000	257,169
	PIMA CNTY AZ	MUNICIPAL OBLIGATION 1.400% DUE 04/01/2026	50,000	45,155	48,099
	KENTUCKY ST PPTY	MUNICIPAL OBLIGATION 3.407% DUE 05/01/2026	70,000	72,300	69,030
	IOWA FIN AUTH	MUNICIPAL OBLIGATION 1.500% DUE 07/01/2026	100,000	100,504	95,784
	NEW HAMPSHIRE ST HSG	MUNICIPAL OBLIGATION 3.639% DUE 07/01/2026	35,000	35,284	34,622
	MURRIETA CALIF REDEV	MUNICIPAL OBLIGATION 3.125% DUE 08/01/2026	55,000	55,000	53,689
	WICHITA KANS REV	MUNICIPAL OBLIGATION 5.000% DUE 09/01/2026	50,000	56,714	51,510
	CHAMPAIGN CNTY ILL	MUNICIPAL OBLIGATION 4.300% DUE 12/01/2026	35,000	36,050	34,877
		SUBTOTAL		<u>1,591,450</u>	<u>1,576,657</u>

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
EIN: 20-5130170
PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
		SUBTOTAL		\$ 1,591,450	\$ 1,576,657
MUNICIPAL OBLIGATIONS (Continued):					
	NEW YORK CITY	MUNICIPAL OBLIGATION 1.350% DUE 05/01/2027	35,000	34,678	32,564
	WISCONSIN ST GEN FD	MUNICIPAL OBLIGATION 3.154% DUE 05/01/2027	100,000	99,923	97,058
	KENTUCKY HIGHER ED	MUNICIPAL OBLIGATION 3.992% DUE 06/01/2027	60,000	57,600	59,175
	PATRIOTS ENERGY GROUP	MUNICIPAL OBLIGATION 1.6% DUE 06/01/2027	50,000	41,311	46,114
	VICTOR VALLEY CA GO	MUNICIPAL OBLIGATION 3.078% DUE 08/01/2027	50,000	50,313	48,264
	GEARY CNTY KANS	MUNICIPAL OBLIGATION 3.211% DUE 09/01/2027	30,000	30,431	29,765
	JUNCTION CITY KS GO	MUNICIPAL OBLIGATION 3.000% DUE 09/01/2027	40,000	39,900	38,413
	NORTH AUGUSTA CORP	MUNICIPAL OBLIGATION 3.743% DUE 11/01/2027	75,000	77,121	72,947
	RIVERSIDE PUB CA	MUNICIPAL OBLIGATION 3.125% DUE 11/01/2027	80,000	78,480	76,396
	ALLEN COUNTY KS REV	MUNICIPAL OBLIGATION 3.350% DUE 12/01/2027	50,000	50,173	47,950
	WYANDOTTE CNTY/ KANS	MUNICIPAL OBLIGATION 6.750% DUE 12/01/2027	150,000	151,359	151,958
	OWENSBORO KY	MUNICIPAL OBLIGATION 2.625% DUE 04/01/2028	60,000	60,086	56,377
	VISALIA CA SCH DIST	MUNICIPAL OBLIGATION 3.000% DUE 08/01/2028	50,000	51,769	47,376
	EL PASO TX DOWNTOWN	MUNICIPAL OBLIGATION 1.78% DUE 08/15/2028	25,000	21,023	22,188
	HARLINGEN TEX	MUNICIPAL OBLIGATION 3.650% DUE 08/15/2028	110,000	114,005	106,083
	ILLINOIS HSG DEV REV	MUNICIPAL OBLIGATION 3.650% DUE 10/01/2028	25,000	25,214	24,134
	SAINT CLAIR CNTY IL	MUNICIPAL OBLIGATION 2.246% DUE 10/01/2028	50,000	50,433	46,086
	VIRGINIA ST HSG	MUNICIPAL OBLIGATION 2.212% DUE 11/01/2028	75,000	75,370	65,200
	ERIE PA WTR REV	MUNICIPAL OBLIGATION 1.761% DUE 12/01/2028	50,000	50,313	45,147
	PORT CLINTON OHIO	MUNICIPAL OBLIGATION 4.000% DUE 12/01/2028	25,000	28,178	24,509
	PORT CORPUS CHRISTI	MUNICIPAL OBLIGATION 4.037% DUE 12/01/2028	150,000	156,750	146,247
	DALLAS TX	MUNICIPAL OBLIGATION 5.563% DUE 2/15/2029	50,000	51,410	50,733
	EXCELSIOR SPRINGS MO	MUNICIPAL OBLIGATION 2.137% DUE 03/01/2029	100,000	87,176	89,719
	ST MARY PARISH LA	MUNICIPAL OBLIGATION 1.850% DUE 03/01/2029	125,000	126,301	111,379
	EASTERN ILL REV	MUNICIPAL OBLIGATION 6.200% DUE 04/01/2029	10,000	10,100	10,015
	ST LOUIS MO SPL ADMIN	MUNICIPAL OBLIGATION 4.750% DUE 04/01/2029	75,000	76,667	75,185
	TEXAS A&M UNIV REV	MUNICIPAL OBLIGATION 4.000% DUE 05/15/2029	50,000	53,459	48,966
	BI-STATE DEV AGY	MUNICIPAL OBLIGATION 1.970% DUE 10/01/2029	50,000	51,493	44,386
	TOMPKINS CNTY NY	MUNICIPAL OBLIGATION 2.300% DUE 10/01/2029	75,000	72,790	62,386
	CONNECTICUT ST	MUNICIPAL OBLIGATION 2.05% DUE 11/01/2029	70,000	70,272	61,787
	MISSOURI ST DEV FIN	MUNICIPAL OBLIGATION 2.172% DUE 11/01/2029	40,000	40,360	35,404
	SPRINGDALE ARK	MUNICIPAL OBLIGATION 2.200% DUE 11/01/2029	35,000	35,996	34,314
	TWIN LAKES SWR DIST	MUNICIPAL OBLIGATION 1.85% DUE 01/01/2030	50,000	47,261	43,731
	KANSAS CITY MO OBLIG	MUNICIPAL OBLIGATION 3.984% DUE 04/01/2030	60,000	60,600	57,164
	UKIAH CA AUTH REV	MUNICIPAL OBLIGATION 3.076% DUE 04/01/2030	50,000	52,360	45,591
	FLORIDA ST REV	MUNICIPAL OBLIGATION 2.154% DUE 07/01/2030	120,000	120,000	103,440
		SUBTOTAL		3,892,124	3,734,800

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
EIN: 20-5130170
PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
MUNICIPAL OBLIGATIONS (Continued):		SUBTOTAL		\$ 3,892,124	\$ 3,734,800
	WATERBURY CONN	MUNICIPAL OBLIGATION 2.422% DUE 09/01/2030	100,000	105,224	87,922
	ST CLAIR CNTY ILL	MUNICIPAL OBLIGATION 2.366% DUE 10/01/2030	25,000	26,449	22,059
	LOVE CNTY OK JUSTICE	MUNICIPAL OBLIGATION 3.000% DUE 12/01/2030	50,000	50,000	46,282
	SULPHUR SPRINGS CA	MUNICIPAL OBLIGATION 2.301% DUE 12/01/2030	75,000	77,431	64,670
	EL PASO TEX DEV	MUNICIPAL OBLIGATION 2.21% DUE 08/15/2031	100,000	76,043	81,740
	MCHENRY & LAKE CNTYS	MUNICIPAL OBLIGATION 1.500% DUE 12/30/2031	85,000	84,532	68,352
	LAREDO TEX	MUNICIPAL OBLIGATION 2.200% DUE 02/15/2032	60,000	61,040	50,416
	CALIFORNIA AUTHORITY	MUNICIPAL OBLIGATION 3.464% DUE 04/01/2032	50,000	51,557	45,431
	OKLA ST CAPITOL	MUNICIPAL OBLIGATION 2.271% DUE 07/01/2032	100,000	101,405	83,002
	BEXAR COUNTY TX REV	MUNICIPAL OBLIGATION 2.284% DUE 08/15/2032	50,000	50,593	40,878
	MARYLAND ST CMNTY	MUNICIPAL OBLIGATION 5.419% DUE 09/01/2032	165,000	166,840	166,429
	NASHUA NH GEN OB	MUNICIPAL OBLIGATION 1.400% DUE 01/15/2033	50,000	46,768	38,518
	WILL CNTY ILL	MUNICIPAL OBLIGATION 2.147% DUE 11/15/2033	90,000	90,778	72,005
	COPPELL TEX SCH DIST	MUNICIPAL OBLIGATION 5% DUE 8/15/2034	100,000	96,741	99,416
	BULLHEAD AZ FIRE	MUNICIPAL OBLIGATION 2.782% DUE 07/01/2035	100,000	100,941	79,617
	YOLO CNTY CA CTF PART	MUNICIPAL OBLIGATION 5.500% DUE 12/01/2035	150,000	155,931	151,890
	DOWNTOWN DALLAS	MUNICIPAL OBLIGATION 6.210% DUE 08/15/2036	5,000	5,018	5,002
		TOTAL MUNICIPAL OBLIGATIONS		5,239,415	4,938,429
CORPORATE OBLIGATIONS:					
	JPM CHASE FINANCIAL	CORPORATE OBLIGATION 1.200% DUE 04/30/2026	45,000	45,000	42,844
	GOLDMAN SACHS GRP MTN	CORPORATE OBLIGATION 3.250% DUE 12/15/2025	10,000	9,425	9,690
	GOLDMAN SACHS	CORPORATE OBLIGATION 4.300% DUE 08/15/2025	75,000	75,000	74,690
	GEORGIA PAC CORP	CORPORATE OBLIGATION 3.600% DUE 03/01/2025	35,000	34,021	34,923
	AMGEN INC	CORPORATE OBLIGATION 5.2% DUE 03/02/2025	50,000	50,406	50,027
	CITIGROUP GLOBAL MKTS	CORPORATE OBLIGATION 4% DUE 05/13/2025	100,000	96,750	99,451
	PFIZER INVT ENTERPRISE	CORPORATE OBLIGATION 4.65% DUE 05/19/2025	100,000	99,320	100,039
		SUBTOTAL		409,922	411,664

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
 EIN: 20-5130170
 PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
CORPORATE OBLIGATIONS (Continued):		SUBTOTAL		\$ 409,922	\$ 411,664
	CITIGROUP	CORPORATE OBLIGATION 1.000% DUE 11/18/2025	100,000	100,000	96,611
	GOLDMAN SACHS	CORPORATE OBLIGATION 0.800% DUE 11/24/2025	30,000	30,000	29,103
	BOEING CO.	CORPORATE OBLIGATION 2.750% DUE 02/01/2026	100,000	105,981	97,554
	CAPITAL IMPACT PTRN	CORPORATE OBLIGATION 1.25% DUE 03/15/2026	50,000	44,603	47,452
	JEFFERIES GROUP	CORPORATE OBLIGATION 3.000% DUE 03/25/2026	50,000	50,000	48,548
	HANOVER INS GROUP	CORPORATE OBLIGATION 4.500% DUE 04/15/2026	150,000	163,800	149,024
	GOLDMAN SACHS GROUP	CORPORATE OBLIGATION 1.500% DUE 04/30/2026	75,000	75,000	71,786
	PNC FINANCIAL SER	CORPORATE OBLIGATION 5.812% DUE 06/12/2026	100,000	100,330	100,418
	MORGAN STANLEY	CORPORATE OBLIGATION 4.350% DUE 09/08/2026	30,000	34,241	29,769
	SOCIETE GENERALE	CORPORATE OBLIGATION 1.300% DUE 10/20/2026	50,000	48,738	45,871
	COCA-COLA REFRESH	CORPORATE OBLIGATION 6.950% DUE 11/15/2026	50,000	52,430	52,024
	CITIGROUP	CORPORATE OBLIGATION 2.600% DUE 11/27/2026	25,000	25,000	23,981
	MORGAN STANLEY	CORPORATE OBLIGATION 3.95% DUE 04/23/2027	50,000	49,029	49,001
	SEMPRA ENERGY	CORPORATE OBLIGATION 3.250% DUE 06/15/2027	40,000	40,272	38,512
	GOLDMAN SACHS GROUP	CORPORATE OBLIGATION 1.6% DUE 06/29/2027	25,000	21,718	22,723
	WEYERHAEUSER CO	CORPORATE OBLIGATION 6.950% DUE 10/01/2027	100,000	127,300	105,620
	APPLE INC	CORPORATE OBLIGATION 3.000% DUE 11/13/2027	50,000	56,198	48,278
	SOUTHWEST AIRLS	CORPORATE OBLIGATION 3.4500% DUE 11/16/2027	50,000	51,906	48,101
	COX COMM INC	CORPORATE OBLIGATION 6.950% DUE 01/15/2028	150,000	160,035	154,263
	MCKESSON CORP	CORPORATE OBLIGATION 3.950% DUE 02/16/2028	75,000	79,763	73,076
	CITIGROUP GLOBAL	CORPORATE OBLIGATION V/R% DUE 03/06/2028	25,000	25,000	23,999
	STANLEY BLACK & DECKER	CORPORATE OBLIGATION 6% DUE 03/06/2028	150,000	157,023	155,213
	ORACLE CORP	CORPORATE OBLIGATION 2.300% DUE 03/25/2028	75,000	77,128	69,337
	GOLDMAN SACHS	CORPORATE OBLIGATION 2.000% DUE 05/28/2028	90,000	90,000	80,459
	JPMORGAN CHASE	CORPORATE OBLIGATION 3.000% DUE 06/16/2028	75,000	75,000	59,655
	ST BARNABAS HEALTH CARE	CORPORATE OBLIGATION 4% DUE 07/01/2028	100,000	92,500	97,105
	ONEOK INC	CORPORATE OBLIGATION 4.550% DUE 07/15/2028	20,000	19,945	19,709
	MIDAMERICAN FDG INC	CORPORATE OBLIGATION 6.927% DUE 03/01/2029	50,000	53,972	53,198
	REESE FARMS DEV 144a	CORPORATE OBLIGATION 8.500% DUE 07/15/2029	250,000	250,000	250,000
	GOLDMAN SACHS INC	CORPORATE OBLIGATION 2.000% DUE 07/30/2029	75,000	75,000	64,633
	FEDEX CORP	CORPORATE OBLIGATION 3.105% DUE 08/05/2029	30,000	32,510	27,802
	BB&T BRH BKG & TR CO	CORPORATE OBLIGATION 2.636% DUE 09/17/2029	75,000	73,500	73,126
	CITIGROUP	CORPORATE OBLIGATION 2.600% DUE 10/30/2029	100,000	100,000	92,587
	CITIGROUP	CORPORATE OBLIGATION 2.750% DUE 12/27/2029	45,000	45,000	40,706
	MORGAN STANLEY	CORPORATE OBLIGATION 5.173% DUE 01/16/2030	150,000	150,390	150,215
	MCDONALDS CORP	CORPORATE OBLIGATION 2.125% DUE 03/01/2030	50,000	50,701	43,705
SUBTOTAL				<u>3,193,934</u>	<u>3,044,821</u>

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
EIN: 20-5130170
PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
CORPORATE OBLIGATIONS (Continued):		SUBTOTAL		3,193,934	3,044,821
	FIRST CTZNS BANCSHAR	CORPORATE OBLIGATION 3.375% DUE 03/15/2030	25,000	25,500	24,852
	WELLS FARGO & CO	CORPORATE OBLIGATION 4.100% DUE 04/02/2030	100,000	105,250	94,531
	BLOCK FINL CORP	CORPORATE OBLIGATION 3.875% DUE 08/15/2030	50,000	51,335	46,132
	SERVICENOW INC	CORPORATE OBLIGATION 1.400% DUE 09/01/2030	50,000	47,265	41,556
	JEFFERIES GROUP LLC	CORPORATE OBLIGATION 2.000% DUE 09/14/2030	50,000	50,000	44,155
	CITIGROUP	CORPORATE OBLIGATION 1.500% DUE 12/18/2030	30,000	30,000	24,356
	MORGAN STANLEY	CORPORATE OBLIGATION 2.000% DUE 12/19/2030	105,000	104,948	83,612
	CONCHO RES INC.	CORPORATE OBLIGATION 2.400% DUE 02/15/2031	50,000	47,352	42,683
	NORFOLK SOUTHN CORP	CORPORATE OBLIGATION 7.250% DUE 02/15/2031	50,000	55,800	55,302
	PACIFICORP	CORPORATE OBLIGATION 5.300% DUE 02/15/2031	75,000	77,735	75,660
	FIDELITY NATIONAL	CORPORATE OBLIGATION 2.450% DUE 03/15/2031	65,000	64,917	54,826
	GS FINANCE CORP	CORPORATE OBLIGATION 1.000% DUE 03/24/2031	40,000	40,000	30,217
	GS FINANCE CORP	CORPORATE OBLIGATION 7.000% DUE 04/09/2031	50,000	50,000	34,500
	CITIGROUP	CORPORATE OBLIGATION 3.000% DUE 07/31/2031	35,000	35,000	31,140
	JPMORGAN CHASE	CORPORATE OBLIGATION 4.000% DUE 11/17/2031	50,000	50,000	36,625
	BK OF AMERICA	CORPORATE OBLIGATION 2.000% DUE 11/19/2031	50,000	50,000	42,737
	GENUINE PARTS CO	CORPORATE OBLIGATION 2.750% DUE 02/01/2032	75,000	64,088	63,245
	GOLDMAN SACHS GRP	CORPORATE OBLIGATION 5.350% DUE 02/15/2032	5,000	5,776	4,985
	ARCHER DANIELS MIDLAND	CORPORATE OBLIGATION 2.900% DUE 03/01/2032	100,000	86,307	86,361
	GOLDMAN SACHS GROUP	CORPORATE OBLIGATION 4.250% DUE 11/15/2032	70,000	79,022	66,068
	BK NEW YORK MELLON	CORPORATE OBLIGATION 5.225% DUE 11/20/2035	100,000	100,890	99,521
	BANK OF MONTREAL	GOVERNMENT OBLIGATION 2.000% DUE 02/28/2025	50,000	46,869	49,771
	BANK MONTREAL QUE	GOVERNMENT OBLIGATION 3.700% DUE 06/07/2025	100,000	98,845	99,539
	NATIONAL BK OF CANADA	GOVERNMENT OBLIGATION 5.375% DUE 01/22/2026	45,000	45,000	44,654
	CANADIAN IMP BK	GOVERNMENT OBLIGATION 1.000% DUE 08/19/2026	50,000	49,900	46,355
	BARCLAYS BANK PLC	GOVERNMENT OBLIGATION 4.250% DUE 08/25/2026	90,000	90,000	89,293
	DEUTSCHE BK AG	GOVERNMENT OBLIGATION 5.250% DUE 01/23/2029	45,000	45,000	44,845
	TRANE TECHNOLOGIES	GOVERNMENT OBLIGATION 3.800% DUE 03/21/2029	150,000	145,017	143,856
	BARCLAYS BANK PLC	GOVERNMENT OBLIGATION 5.500% DUE 05/01/2029	150,000	150,000	147,002
		TOTAL CORPORATE OBLIGATIONS		5,085,750	4,793,196
EQUITY MUTUAL FUNDS:					
	FIDELITY CONTRAFUND	MUTUAL FUND	5,938	125,000	124,881
	HARBOR LONG-TERM GROWERS	MUTUAL FUND	4,500	126,020	122,445
	ISHARES RUSSELL MIDCAP GROWTH	MUTUAL FUND	2,660	71,872	337,155
	ISHARES RUSSELL MIDCAP VALUE	MUTUAL FUND	2,515	162,600	325,290
	ISHARES RUSSELL 1000 GROWTH	MUTUAL FUND	1,095	66,645	439,730
	ISHARES RUSSELL 1000 VALUE	MUTUAL FUND	1,700	108,221	314,721
	JPMORGAN LARGE CAP GROWTH CL I	MUTUAL FUND	2,783	131,497	221,843
	SCHWAB FUNDAMENTAL US LARGE VALUE	MUTUAL FUND	17,806	391,421	496,066
	TOUCHSTONE FOCUSED FUND	MUTUAL FUND	1,676	102,617	124,266
	VANGUARD GROWTH ETF	MUTUAL FUND	750	199,323	307,830
	VANGUARD TOTAL STOCK MARKET ETF	MUTUAL FUND	250	48,709	72,453
	VANGUARD VALUE ETF	MUTUAL FUND	1,275	159,431	215,858
		TOTAL EQUITY MUTUAL FUNDS		1,693,356	3,102,538

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
 EIN: 20-5130170
 PLAN NUMBER: 501

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 AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
GOVERNMENT OBLIGATIONS					
	FHLM REMIC	GOVERNMENT OBLIGATION 3.500% DUE 01/15/2026	52,579	51,928	52,170
	SBA POOL #530455	GOVERNMENT OBLIGATION 6.150% DUE 11/25/2033	59,840	60,140	60,140
	SBA POOL #530527	GOVERNMENT OBLIGATION 7.500% DUE 01/25/2034	242,789	252,652	250,665
	SBA POOL #508999	GOVERNMENT OBLIGATION 7.325% DUE 04/25/2036	36,599	37,148	36,599
	GNMA II POOL #MA5468	GOVERNMENT OBLIGATION 5.000% DUE 09/20/2048	5,008	5,242	4,926
		TOTAL GOVERNMENT OBLIGATION		407,109	404,500
		TOTAL ASSETS HELD FOR INVESTMENT		\$ 12,425,630	\$ 13,238,663

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here the DFVC program
- D** Check box if filing under: Form 5558 automatic extension special extension (enter description) the DFVC program
- 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 BOILERMAKERS LOCAL #83 SUPPLEMENTAL HEALTH & WELFARE PLAN	1b Three-digit plan number (PN) ▶	501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE PLAN 5910 E. 86TH STREET KANSAS CITY MO 64138	1c Effective date of plan 01/01/2006	2b Employer Identification Number (EIN) 20-5130170
	2c Plan Sponsor's telephone number 816-523-8300	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		10/10/25	CASEY JENSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/25	CASEY JENSEN
	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)

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 5684																				
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).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%;">6a(1) Total number of active participants at the beginning of the plan year</td> <td style="width:25%; text-align: right;">5524</td> </tr> <tr> <td>6a(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right;">5524</td> </tr> <tr> <td>6b Retired or separated participants receiving benefits</td> <td style="text-align: right;">168</td> </tr> <tr> <td>6c Other retired or separated participants entitled to future benefits</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">5692</td> </tr> <tr> <td>6e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td></td> </tr> <tr> <td>6f Total. Add lines 6d and 6e.</td> <td></td> </tr> <tr> <td>6g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td></td> </tr> <tr> <td>6g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td></td> </tr> <tr> <td>6h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td></td> </tr> </table>	6a(1) Total number of active participants at the beginning of the plan year	5524	6a(2) Total number of active participants at the end of the plan year	5524	6b Retired or separated participants receiving benefits	168	6c Other retired or separated participants entitled to future benefits	0	6d Subtotal. Add lines 6a(2), 6b, and 6c.	5692	6e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6f Total. Add lines 6d and 6e.		6g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	
6a(1) Total number of active participants at the beginning of the plan year	5524																				
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6h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested																					
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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
 EIN: 20-5130170
 PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
MUNICIPAL OBLIGATIONS:					
	CALIFORNIA ST.	MUNICIPAL OBLIGATION 3.375% DUE 04/01/2025	50,000	49,975	49,878
	PITT CNTY N C	MUNICIPAL OBLIGATION 0.975% DUE 04/01/2025	55,000	50,455	54,550
	FAIRFIELD CA OBLIG	MUNICIPAL OBLIGATION 3.750% DUE 06/01/2025	200,000	197,592	199,306
	COUNCIL BLUFFS IA S/D	MUNICIPAL OBLIGATION 2.600% DUE 07/01/2025	250,000	243,193	247,708
	NEW HOPE CULTURAL ED	MUNICIPAL OBLIGATION 4.250% DUE 07/01/2025	35,000	36,692	28,221
	HAWTHORNE CA CTFS PAR	MUNICIPAL OBLIGATION 3.250% DUE 08/01/2025	30,000	31,561	29,797
	EL PASO TX S/D	MUNICIPAL OBLIGATION 1.550% DUE 08/15/2025	10,000	9,098	9,827
	HIGH POINT, NC	MUNICIPAL OBLIGATION 3.090% DUE 10/01/2025	15,000	14,705	14,855
	RAYNHAM MA WTR DIST	MUNICIPAL OBLIGATION 3.375% DUE 10/15/2025	40,000	38,088	40,002
	MAINE ST HSG AUTH	MUNICIPAL OBLIGATION 2.539% DUE 11/15/2025	35,000	32,808	34,470
	IOWA ST STUDENT LN	MUNICIPAL OBLIGATION 4.021% DUE 12/01/2025	25,000	24,197	24,842
	MADISON & JERSEY CNTY	MUNICIPAL OBLIGATION 3.850% DUE 12/01/2025	70,000	69,615	69,580
	ROCK ISLAND ILL	MUNICIPAL OBLIGATION 3.300% DUE 12/01/2025	80,000	81,071	79,166
	ST CLAIR CNTY IL	MUNICIPAL OBLIGATION 4.950% DUE 12/30/2025	10,000	10,631	10,005
	CHAMPAIGN CNTY ILL	MUNICIPAL OBLIGATION 3.450% DUE 01/01/2026	40,000	40,761	39,672
	CA EDL FACS AUTH REV	MUNICIPAL OBLIGATION 4.063% DUE 04/01/2026	260,000	260,000	257,169
	PIMA CNTY AZ	MUNICIPAL OBLIGATION 1.400% DUE 04/01/2026	50,000	45,155	48,099
	KENTUCKY ST PPTY	MUNICIPAL OBLIGATION 3.407% DUE 05/01/2026	70,000	72,300	69,030
	IOWA FIN AUTH	MUNICIPAL OBLIGATION 1.500% DUE 07/01/2026	100,000	100,504	95,784
	NEW HAMPSHIRE ST HSG	MUNICIPAL OBLIGATION 3.639% DUE 07/01/2026	35,000	35,284	34,622
	MURRIETA CALIF REDEV	MUNICIPAL OBLIGATION 3.125% DUE 08/01/2026	55,000	55,000	53,689
	WICHITA KANS REV	MUNICIPAL OBLIGATION 5.000% DUE 09/01/2026	50,000	56,714	51,510
	CHAMPAIGN CNTY ILL	MUNICIPAL OBLIGATION 4.300% DUE 12/01/2026	35,000	36,050	34,877
		SUBTOTAL		<u>1,591,450</u>	<u>1,576,657</u>

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
 EIN: 20-5130170
 PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
		SUBTOTAL		\$ 1,591,450	\$ 1,576,657
MUNICIPAL OBLIGATIONS (Continued):					
	NEW YORK CITY	MUNICIPAL OBLIGATION 1.350% DUE 05/01/2027	35,000	34,678	32,564
	WISCONSIN ST GEN FD	MUNICIPAL OBLIGATION 3.154% DUE 05/01/2027	100,000	99,923	97,058
	KENTUCKY HIGHER ED	MUNICIPAL OBLIGATION 3.992% DUE 06/01/2027	60,000	57,600	59,175
	PATRIOTS ENERGY GROUP	MUNICIPAL OBLIGATION 1.6% DUE 06/01/2027	50,000	41,311	46,114
	VICTOR VALLEY CA GO	MUNICIPAL OBLIGATION 3.078% DUE 08/01/2027	50,000	50,313	48,264
	GEARY CNTY KANS	MUNICIPAL OBLIGATION 3.211% DUE 09/01/2027	30,000	30,431	29,765
	JUNCTION CITY KS GO	MUNICIPAL OBLIGATION 3.000% DUE 09/01/2027	40,000	39,900	38,413
	NORTH AUGUSTA CORP	MUNICIPAL OBLIGATION 3.743% DUE 11/01/2027	75,000	77,121	72,947
	RIVERSIDE PUB CA	MUNICIPAL OBLIGATION 3.125% DUE 11/01/2027	80,000	78,480	76,396
	ALLEN COUNTY KS REV	MUNICIPAL OBLIGATION 3.350% DUE 12/01/2027	50,000	50,173	47,950
	WYANDOTTE CNTY/ KANS	MUNICIPAL OBLIGATION 6.750% DUE 12/01/2027	150,000	151,359	151,956
	OWENSBORO KY	MUNICIPAL OBLIGATION 2.625% DUE 04/01/2028	60,000	60,086	56,377
	VISALIA CA SCH DIST	MUNICIPAL OBLIGATION 3.000% DUE 08/01/2028	50,000	51,769	47,376
	EL PASO TX DOWNTOWN	MUNICIPAL OBLIGATION 1.78% DUE 08/15/2028	25,000	21,023	22,188
	HARLINGEN TEX	MUNICIPAL OBLIGATION 3.650% DUE 08/15/2028	110,000	114,005	106,083
	ILLINOIS HSG DEV REV	MUNICIPAL OBLIGATION 3.650% DUE 10/01/2028	25,000	25,214	24,134
	SAINT CLAIR CNTY IL	MUNICIPAL OBLIGATION 2.246% DUE 10/01/2028	50,000	50,433	46,086
	VIRGINIA ST HSG	MUNICIPAL OBLIGATION 2.212% DUE 11/01/2028	75,000	75,370	65,200
	ERIE PA WTR REV	MUNICIPAL OBLIGATION 1.761% DUE 12/01/2028	50,000	50,313	45,147
	PORT CLINTON OHIO	MUNICIPAL OBLIGATION 4.000% DUE 12/01/2028	25,000	28,178	24,509
	PORT CORPUS CHRISTI	MUNICIPAL OBLIGATION 4.037% DUE 12/01/2028	150,000	156,750	146,247
	DALLAS TX	MUNICIPAL OBLIGATION 5.563% DUE 2/15/2029	50,000	51,410	50,733
	EXCELSIOR SPRINGS MO	MUNICIPAL OBLIGATION 2.137% DUE 03/01/2029	100,000	87,176	89,719
	ST MARY PARISH LA	MUNICIPAL OBLIGATION 1.850% DUE 03/01/2029	125,000	126,301	111,379
	EASTERN ILL REV	MUNICIPAL OBLIGATION 6.200% DUE 04/01/2029	10,000	10,100	10,015
	ST LOUIS MO SPL ADMIN	MUNICIPAL OBLIGATION 4.750% DUE 04/01/2029	75,000	76,667	75,185
	TEXAS A&M UNIV REV	MUNICIPAL OBLIGATION 4.000% DUE 05/15/2029	50,000	53,459	48,966
	BI-STATE DEV AGY	MUNICIPAL OBLIGATION 1.970% DUE 10/01/2029	50,000	51,493	44,386
	TOMPKINS CNTY NY	MUNICIPAL OBLIGATION 2.300% DUE 10/01/2029	75,000	72,790	62,386
	CONNECTICUT ST	MUNICIPAL OBLIGATION 2.05% DUE 11/01/2029	70,000	70,272	61,787
	MISSOURI ST DEV FIN	MUNICIPAL OBLIGATION 2.172% DUE 11/01/2029	40,000	40,360	35,404
	SPRINGDALE ARK	MUNICIPAL OBLIGATION 2.200% DUE 11/01/2029	35,000	35,996	34,314
	TWIN LAKES SWR DIST	MUNICIPAL OBLIGATION 1.85% DUE 01/01/2030	50,000	47,261	43,731
	KANSAS CITY MO OBLIG	MUNICIPAL OBLIGATION 3.984% DUE 04/01/2030	60,000	60,600	57,164
	UKIAH CA AUTH REV	MUNICIPAL OBLIGATION 3.076% DUE 04/01/2030	50,000	52,360	45,591
	FLORIDA ST REV	MUNICIPAL OBLIGATION 2.154% DUE 07/01/2030	120,000	120,000	103,440
		SUBTOTAL		3,892,124	3,734,800

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
EIN: 20-5130170
PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
		SUBTOTAL		\$ 3,892,124	\$ 3,734,800
MUNICIPAL OBLIGATIONS (Continued):					
	WATERBURY CONN	MUNICIPAL OBLIGATION 2.422% DUE 09/01/2030	100,000	105,224	87,922
	ST CLAIR CNTY ILL	MUNICIPAL OBLIGATION 2.366% DUE 10/01/2030	25,000	26,449	22,059
	LOVE CNTY OK JUSTICE	MUNICIPAL OBLIGATION 3.000% DUE 12/01/2030	50,000	50,000	46,282
	SULPHUR SPRINGS CA	MUNICIPAL OBLIGATION 2.301% DUE 12/01/2030	75,000	77,431	64,670
	EL PASO TEX DEV	MUNICIPAL OBLIGATION 2.21% DUE 08/15/2031	100,000	76,043	81,740
	MCHENRY & LAKE CNTYS	MUNICIPAL OBLIGATION 1.500% DUE 12/30/2031	85,000	84,532	68,352
	LAREDO TEX	MUNICIPAL OBLIGATION 2.200% DUE 02/15/2032	60,000	61,040	50,416
	CALIFORNIA AUTHORITY	MUNICIPAL OBLIGATION 3.464% DUE 04/01/2032	50,000	51,557	45,431
	OKLA ST CAPITOL	MUNICIPAL OBLIGATION 2.271% DUE 07/01/2032	100,000	101,405	83,002
	BEXAR COUNTY TX REV	MUNICIPAL OBLIGATION 2.284% DUE 08/15/2032	50,000	50,593	40,878
	MARYLAND ST CMNTY	MUNICIPAL OBLIGATION 5.419% DUE 09/01/2032	165,000	166,840	166,429
	NASHUA NH GEN OB	MUNICIPAL OBLIGATION 1.400% DUE 01/15/2033	50,000	46,768	38,518
	WILL CNTY ILL	MUNICIPAL OBLIGATION 2.147% DUE 11/15/2033	90,000	90,778	72,005
	COPPELL TEX SCH DIST	MUNICIPAL OBLIGATION 5% DUE 8/15/2034	100,000	96,741	99,416
	BULLHEAD AZ FIRE	MUNICIPAL OBLIGATION 2.782% DUE 07/01/2035	100,000	100,941	79,617
	YOLO CNTY CA CTF PART	MUNICIPAL OBLIGATION 5.500% DUE 12/01/2035	150,000	155,931	151,890
	DOWNTOWN DALLAS	MUNICIPAL OBLIGATION 6.210% DUE 08/15/2036	5,000	5,018	5,002
		TOTAL MUNICIPAL OBLIGATIONS		<u>5,239,415</u>	<u>4,938,429</u>
CORPORATE OBLIGATIONS:					
	JPM CHASE FINANCIAL	CORPORATE OBLIGATION 1.200% DUE 04/30/2026	45,000	45,000	42,844
	GOLDMAN SACHS GRP MTN	CORPORATE OBLIGATION 3.250% DUE 12/15/2025	10,000	9,425	9,690
	GOLDMAN SACHS	CORPORATE OBLIGATION 4.300% DUE 08/15/2025	75,000	75,000	74,690
	GEORGIA PAC CORP	CORPORATE OBLIGATION 3.600% DUE 03/01/2025	35,000	34,021	34,923
	AMGEN INC	CORPORATE OBLIGATION 5.2% DUE 03/02/2025	50,000	50,406	50,027
	CITIGROUP GLOBAL MKTS	CORPORATE OBLIGATION 4% DUE 05/13/2025	100,000	96,750	99,451
	PFIZER INVT ENTERPRISE	CORPORATE OBLIGATION 4.65% DUE 05/19/2025	100,000	99,320	100,039
		SUBTOTAL		<u>409,922</u>	<u>411,664</u>

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
EIN: 20-5130170
PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
CORPORATE OBLIGATIONS (Continued):		SUBTOTAL		\$ 409,922	\$ 411,664
	CITIGROUP	CORPORATE OBLIGATION 1.000% DUE 11/18/2025	100,000	100,000	96,611
	GOLDMAN SACHS	CORPORATE OBLIGATION 0.800% DUE 11/24/2025	30,000	30,000	29,103
	BOEING CO.	CORPORATE OBLIGATION 2.750% DUE 02/01/2026	100,000	105,981	97,554
	CAPITAL IMPACT PTRN	CORPORATE OBLIGATION 1.25% DUE 03/15/2026	50,000	44,603	47,452
	JEFFERIES GROUP	CORPORATE OBLIGATION 3.000% DUE 03/25/2026	50,000	50,000	48,548
	HANOVER INS GROUP	CORPORATE OBLIGATION 4.500% DUE 04/15/2026	150,000	163,800	149,024
	GOLDMAN SACHS GROUP	CORPORATE OBLIGATION 1.500% DUE 04/30/2026	75,000	75,000	71,786
	PNC FINANCIAL SER	CORPORATE OBLIGATION 5.812% DUE 06/12/2026	100,000	100,330	100,418
	MORGAN STANLEY	CORPORATE OBLIGATION 4.350% DUE 09/08/2026	30,000	34,241	29,769
	SOCIETE GENERALE	CORPORATE OBLIGATION 1.300% DUE 10/20/2026	50,000	48,738	45,871
	COCA-COLA REFRESH	CORPORATE OBLIGATION 6.950% DUE 11/15/2026	50,000	52,430	52,024
	CITIGROUP	CORPORATE OBLIGATION 2.600% DUE 11/27/2026	25,000	25,000	23,981
	MORGAN STANLEY	CORPORATE OBLIGATION 3.95% DUE 04/23/2027	50,000	49,029	49,001
	SEMPRA ENERGY	CORPORATE OBLIGATION 3.250% DUE 06/15/2027	40,000	40,272	38,512
	GOLDMAN SACHS GROUP	CORPORATE OBLIGATION 1.6% DUE 06/29/2027	25,000	21,718	22,723
	WEYERHAEUSER CO	CORPORATE OBLIGATION 6.950% DUE 10/01/2027	100,000	127,300	105,620
	APPLE INC	CORPORATE OBLIGATION 3.000% DUE 11/13/2027	50,000	56,198	48,278
	SOUTHWEST AIRLS	CORPORATE OBLIGATION 3.4500% DUE 11/16/2027	50,000	51,906	48,101
	COX COMM INC	CORPORATE OBLIGATION 6.950% DUE 01/15/2028	150,000	160,035	154,263
	MCKESSON CORP	CORPORATE OBLIGATION 3.950% DUE 02/16/2028	75,000	79,763	73,076
	CITIGROUP GLOBAL	CORPORATE OBLIGATION V/R% DUE 03/06/2028	25,000	25,000	23,999
	STANLEY BLACK & DECKER	CORPORATE OBLIGATION 6% DUE 03/06/2028	150,000	157,023	155,213
	ORACLE CORP	CORPORATE OBLIGATION 2.300% DUE 03/25/2028	75,000	77,128	69,337
	GOLDMAN SACHS	CORPORATE OBLIGATION 2.000% DUE 05/28/2028	90,000	90,000	80,459
	JPMORGAN CHASE	CORPORATE OBLIGATION 3.000% DUE 06/16/2028	75,000	75,000	59,655
	ST BARNABAS HEALTH CARE	CORPORATE OBLIGATION 4% DUE 07/01/2028	100,000	92,500	97,105
	ONEOK INC	CORPORATE OBLIGATION 4.550% DUE 07/15/2028	20,000	19,945	19,709
	MIDAMERICAN FDG INC	CORPORATE OBLIGATION 6.927% DUE 03/01/2029	50,000	53,972	53,198
	REESE FARMS DEV 144a	CORPORATE OBLIGATION 8.500% DUE 07/15/2029	250,000	250,000	250,000
	GOLDMAN SACHS INC	CORPORATE OBLIGATION 2.000% DUE 07/30/2029	75,000	75,000	64,633
	FEDEX CORP	CORPORATE OBLIGATION 3.105% DUE 08/05/2029	30,000	32,510	27,802
	BB&T BRH BKG & TR CO	CORPORATE OBLIGATION 2.636% DUE 09/17/2029	75,000	73,500	73,126
	CITIGROUP	CORPORATE OBLIGATION 2.600% DUE 10/30/2029	100,000	100,000	92,587
	CITIGROUP	CORPORATE OBLIGATION 2.750% DUE 12/27/2029	45,000	45,000	40,706
	MORGAN STANLEY	CORPORATE OBLIGATION 5.173% DUE 01/16/2030	150,000	150,390	150,215
	MCDONALDS CORP	CORPORATE OBLIGATION 2.125% DUE 03/01/2030	50,000	50,701	43,705
		SUBTOTAL		<u>3,193,934</u>	<u>3,044,821</u>

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
EIN: 20-5130170
PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
CORPORATE OBLIGATIONS (Continued):		SUBTOTAL		3,193,934	3,044,821
	FIRST CTZNS BANCSTAR	CORPORATE OBLIGATION 3.375% DUE 03/15/2030	25,000	25,500	24,852
	WELLS FARGO & CO	CORPORATE OBLIGATION 4.100% DUE 04/02/2030	100,000	105,250	94,531
	BLOCK FINL CORP	CORPORATE OBLIGATION 3.875% DUE 08/15/2030	50,000	51,335	46,132
	SERVICENOW INC	CORPORATE OBLIGATION 1.400% DUE 09/01/2030	50,000	47,265	41,556
	JEFFERIES GROUP LLC	CORPORATE OBLIGATION 2.000% DUE 09/14/2030	50,000	50,000	44,155
	CITIGROUP	CORPORATE OBLIGATION 1.500% DUE 12/18/2030	30,000	30,000	24,356
	MORGAN STANLEY	CORPORATE OBLIGATION 2.000% DUE 12/19/2030	105,000	104,948	83,612
	CONCHO RES INC.	CORPORATE OBLIGATION 2.400% DUE 02/15/2031	50,000	47,352	42,683
	NORFOLK SOUTHN CORP	CORPORATE OBLIGATION 7.250% DUE 02/15/2031	50,000	55,800	55,302
	PACIFICORP	CORPORATE OBLIGATION 5.300% DUE 02/15/2031	75,000	77,735	75,660
	FIDELITY NATIONAL	CORPORATE OBLIGATION 2.450% DUE 03/15/2031	65,000	64,917	54,826
	GS FINANCE CORP	CORPORATE OBLIGATION 1.000% DUE 03/24/2031	40,000	40,000	30,217
	GS FINANCE CORP	CORPORATE OBLIGATION 7.000% DUE 04/09/2031	50,000	50,000	34,500
	CITIGROUP	CORPORATE OBLIGATION 3.000% DUE 07/31/2031	35,000	35,000	31,140
	JPMORGAN CHASE	CORPORATE OBLIGATION 4.000% DUE 11/17/2031	50,000	50,000	36,625
	BK OF AMERICA	CORPORATE OBLIGATION 2.000% DUE 11/19/2031	50,000	50,000	42,737
	GENUINE PARTS CO	CORPORATE OBLIGATION 2.750% DUE 02/01/2032	75,000	64,088	63,245
	GOLDMAN SACHS GRP	CORPORATE OBLIGATION 5.350% DUE 02/15/2032	5,000	5,776	4,985
	ARCHER DANIELS MIDLAND	CORPORATE OBLIGATION 2.900% DUE 03/01/2032	100,000	86,307	86,361
	GOLDMAN SACHS GROUP	CORPORATE OBLIGATION 4.250% DUE 11/15/2032	70,000	79,022	66,068
	BK NEW YORK MELLON	CORPORATE OBLIGATION 5.225% DUE 11/20/2035	100,000	100,890	99,521
	BANK OF MONTREAL	GOVERNMENT OBLIGATION 2.000% DUE 02/28/2025	50,000	46,869	49,771
	BANK MONTREAL QUE	GOVERNMENT OBLIGATION 3.700% DUE 06/07/2025	100,000	98,845	99,539
	NATIONAL BK OF CANADA	GOVERNMENT OBLIGATION 5.375% DUE 01/22/2026	45,000	45,000	44,654
	CANADIAN IMP BK	GOVERNMENT OBLIGATION 1.000% DUE 08/19/2026	50,000	49,900	46,355
	BARCLAYS BANK PLC	GOVERNMENT OBLIGATION 4.250% DUE 08/25/2026	90,000	90,000	89,293
	DEUTSCHE BK AG	GOVERNMENT OBLIGATION 5.250% DUE 01/23/2029	45,000	45,000	44,845
	TRANE TECHNOLOGIES	GOVERNMENT OBLIGATION 3.800% DUE 03/21/2029	150,000	145,017	143,856
	BARCLAYS BANK PLC	GOVERNMENT OBLIGATION 5.500% DUE 05/01/2029	150,000	150,000	147,002
	TOTAL CORPORATE OBLIGATIONS			<u>5,085,750</u>	<u>4,793,196</u>
EQUITY MUTUAL FUNDS:					
	FIDELITY CONTRAFUND	MUTUAL FUND	5,938	125,000	124,881
	HARBOR LONG-TERM GROWERS	MUTUAL FUND	4,500	126,020	122,445
	ISHARES RUSSELL MIDCAP GROWTH	MUTUAL FUND	2,660	71,872	337,155
	ISHARES RUSSELL MIDCAP VALUE	MUTUAL FUND	2,515	162,600	325,290
	ISHARES RUSSELL 1000 GROWTH	MUTUAL FUND	1,095	66,645	439,730
	ISHARES RUSSELL 1000 VALUE	MUTUAL FUND	1,700	108,221	314,721
	JPMORGAN LARGE CAP GROWTH CL I	MUTUAL FUND	2,783	131,497	221,843
	SCHWAB FUNDAMENTAL US LARGE VALUE	MUTUAL FUND	17,806	391,421	496,066
	TOUCHSTONE FOCUSED FUND	MUTUAL FUND	1,676	102,617	124,266
	VANGUARD GROWTH ETF	MUTUAL FUND	750	199,323	307,830
	VANGUARD TOTAL STOCK MARKET ETF	MUTUAL FUND	250	48,709	72,453
	VANGUARD VALUE ETF	MUTUAL FUND	1,275	159,431	215,858
	TOTAL EQUITY MUTUAL FUNDS			<u>1,693,356</u>	<u>3,102,538</u>

BOILERMAKERS LOCAL 83 SUPPLEMENTAL HEALTH AND WELFARE FUND
 EIN: 20-5130170
 PLAN NUMBER: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 AS OF DECEMBER 31, 2024

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	SHARES/ UNITS	(d) COST	(e) FAIR VALUE
GOVERNMENT OBLIGATIONS					
	FHLM REMIC	GOVERNMENT OBLIGATION 3.500% DUE 01/15/2026	52,579	51,928	52,170
	SBA POOL #530455	GOVERNMENT OBLIGATION 6.150% DUE 11/25/2033	59,840	60,140	60,140
	SBA POOL #530527	GOVERNMENT OBLIGATION 7.500% DUE 01/25/2034	242,789	252,652	250,665
	SBA POOL #508999	GOVERNMENT OBLIGATION 7.325% DUE 04/25/2036	36,599	37,148	36,599
	GNMA II POOL #MA5468	GOVERNMENT OBLIGATION 5.000% DUE 09/20/2048	5,008	5,242	4,926
		TOTAL GOVERNMENT OBLIGATION		407,109	404,500
		TOTAL ASSETS HELD FOR INVESTMENT		\$ 12,425,630	\$ 13,238,663

2024 Form 5500 e-file Signature Authorization

Boilermakers Local 83 Supplemental Health and Welfare Plan
Boilermakers Local #83 Supplemental Health & Welfare Plan 501
5910 E. 86th Street
Kansas City, MO 64138

Employer Identification Number: 20-5130170

Client Identification Number: 13252A

You, as plan administrator, are authorizing that Novak Birks, P.C. electronically file the 2024 Form 5500 for Boilermakers Local #83 Supplemental Health & as an EFAST2 Service Provider.

Authorization

As plan administrator for Boilermakers Local #83 Supplemental Health &, I authorize Novak Birks, P.C. to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization

A handwritten signature in black ink, appearing to be 'S. O.', written over a horizontal line.

Date:

10/10/25