

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 09/21/1949
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) TRUSTEES INSURANCE FUND LOCAL 83 900 COMMERCE DR CLIFTON PARK, NY 12065
2b	Employer Identification Number (EIN) 14-1435258
2c	Plan Sponsor's telephone number 518-489-7144
2d	Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2025	ROBERT MONAHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 380
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) 256 6a(2) 241 6b 122 6c 6d 363 6e 6f 363 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 30

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

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

4A 4B 4D 4E 4F 4L

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83	D Employer Identification Number (EIN) 14-1435258	

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

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G2566/C3777	251	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	88687
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83	D Employer Identification Number (EIN) 14-1435258	

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

1 Coverage Information:

(a) Name of insurance carrier
HM LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-1800302	60213	408346	258	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 35156	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARSHALL&STERLING EMPLOYEE BENEFITS 110 MAIN STREET
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35156			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	912324
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83	D Employer Identification Number (EIN) 14-1435258	

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-2888723	12634	317402	91	01/01/2024	04/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
2552	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARSHALL & STERLING INC. 110 MAIN STREET
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2552			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	122492
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83	D Employer Identification Number (EIN) 14-1435258	

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-1263473	73288	317404	27	01/01/2024	04/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
959	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARSHALL & STERLING INC. 110 MAIN STREET
POUGHKEEPSIE, NY 12601

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
959			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	37093
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83	D Employer Identification Number (EIN) 14-1435258	

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

1 Coverage Information:

(a) Name of insurance carrier
HUMANA INSURANCE COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-2888723	12634	317408	8	01/01/2024	04/30/2024

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

(a) Total amount of commissions paid 200	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARSHALL & STERLING INC. 110 MAIN STREET
POUGHKEEPSIE, NY 12601-6707

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
200			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	10996
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83	D Employer Identification Number (EIN) 14-1435258	

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

1 Coverage Information:

(a) Name of insurance carrier
ANTHEM BLUE CROSS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0781558	28207	NY065GRS	118	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	278697
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83	D Employer Identification Number (EIN) 14-1435258

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72 50	NONE	98556	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MARSHALL & STERLING

14-1747264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	75749	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTHNOW ADMINISTRATIVE SERVICES

16-1105741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	NONE	69073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TEAL, BECKER & CHIARAMONTE CPAS

14-1624930

(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	NONE	41500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES M. SHEPPARD, CPA

14-1753226

(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	NONE	20520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BPAS ACTUARIAL AND PENSION SERVICE

30-0192194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	16900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DELTA DENTAL OF NEW YORK, INC.

11-1980218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	16391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAKOW, SOURIS & LANDRY

04-3363718

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIGHT RX, LLC D/B/A US-RX CARE

81-4177551

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	10658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83				D Employer Identification Number (EIN) 14-1435258	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PROLOAN BOND FUND, LLC					
b Name of sponsor of entity listed in (a): PROLOAN BOND FUND, LLC					
c EIN-PN 26-3436991-001		d Entity code E		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1466010	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MT	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan SHEET METAL WORKERS LOCAL 83 INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES INSURANCE FUND LOCAL 83	D Employer Identification Number (EIN) 14-1435258

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	922964	602627
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	547580	612801
(2) Participant contributions.....	1b(2)	3758	10273
(3) Other	1b(3)	174713	592081
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3259228	2940949
(2) U.S. Government securities	1c(2)	41407	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2842789	2992826
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2611859	2884649
(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)	1436280	1466010
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4939767	5594763
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1892159	2092345

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	18672504	19789324
Liabilities			
g Benefit claims payable	1g	670605	335906
h Operating payables	1h	99106	141422
i Acquisition indebtedness	1i		
j Other liabilities	1j	1814	1210
k Total liabilities (add all amounts in lines 1g through 1j)	1k	771525	478538
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17900979	19310786

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)	5381845	
(B) Participants	2a(1)(B)	718085	
(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)		6099930
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	78837	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	238332	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		317169
(2) Dividends: (A) Preferred stock	2b(2)(A)	1460	
(B) Common stock	2b(2)(B)	35681	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	232775	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		269916
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3659566	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3600681	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		58885
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	468373	
(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)		87281
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7301554

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	991954	
(2) To insurance carriers for the provision of benefits	2e(2)	4388756	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5380710
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41500	
(5) Investment advisory and investment management fees	2i(5)	103654	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	16900	
(8) Legal fees	2i(8)	17500	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	331483	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		511037
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5891747

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1409807
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: **TEAL BECKER AND CHIARAMONTE CPAS PC**

(2) EIN: **14-1624930**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

***SHEET METAL WORKERS LOCAL NO. 83
INSURANCE FUND***

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



Teal, Becker & Chiaramonte™
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

A Higher Standard of Excellence

TABLE OF CONTENTS

	<u>Page</u>
Independent Auditors' Report	1-3
Statements Of Net Assets Available For Benefits	4
Statements Of Changes In Net Assets Available For Benefits	5
Notes To Financial Statements	6-17
<u>SUPPLEMENTARY INFORMATION</u>	<u>Schedule Number</u>
Schedules Of Welfare Benefits	I
Schedules Of Administrative Expenses	II
Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)	III



Teal, Becker & Chiaramonte™
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

To The Board Of Trustees
Sheet Metal Workers Local No. 83 Insurance Fund
Clifton Park, New York

Independent Auditors' Report

Opinion

We have audited the financial statements of Sheet Metal Workers Local No. 83 Insurance Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Sheet Metal Workers Local No. 83 Insurance Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years ended December 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Sheet Metal Workers Local No. 83 Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sheet Metal Workers Local No. 83 Insurance Fund's ability to continue as a going concern for one year after the date that the financial statements are issued.

Responsibilities of Management for the Financial Statements (Continued)

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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sheet Metal Workers Local No. 83 Insurance 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 Sheet Metal Workers Local No. 83 Insurance 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.

Supplementary Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary Schedule H, Line 4i - Schedule of Assets (Held at End of Year) at December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplementary schedule, we evaluated whether the supplementary schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Other Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary Schedules of Welfare Benefits and Schedule of Administrative Expenses for the years ending December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Paul Becker & Charamonte CPAs PC

Albany, New York
October 10, 2025

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Statements Of Net Assets Available For Benefits

December 31

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value: (Note 3)		
Mutual funds	\$ 3,799,857	\$ 3,567,575
Corporate bonds	2,992,826	2,842,789
Common stocks	2,884,649	2,611,859
Alternatives	2,092,345	1,892,159
Exchange traded and closed end funds	1,794,906	1,372,192
Certificates of deposit	1,494,688	1,850,548
Investment entity	1,466,010	1,436,280
Savings account	1,160,384	779,286
Cash	171,489	516,096
Money market fund	114,388	113,298
U.S. Government security	-	41,407
Total investments at fair value	<u>17,971,542</u>	<u>17,023,489</u>
Receivables:		
Employers' contributions	612,801	547,580
Stop loss receivable	405,770	44,508
Prescription drug rebates	136,887	85,486
Accrued interest and dividends	45,836	43,128
Participant contributions	10,273	3,758
Total receivables	<u>1,211,567</u>	<u>724,460</u>
Other assets:		
Cash	602,627	922,964
Prepaid expenses	3,588	1,591
Total other assets	<u>606,215</u>	<u>924,555</u>
 Total assets	 <u>19,789,324</u>	 <u>18,672,504</u>
Liabilities:		
Accounts payable	141,422	99,106
Due to related party (Note 4)	1,210	1,814
Total liabilities	<u>142,632</u>	<u>100,920</u>
 Net Assets Available For Benefits	 <u>\$ 19,646,692</u>	 <u>\$ 18,571,584</u>

The accompanying notes are an integral part of these financial statements

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Statements Of Changes In Net Assets Available For Benefits

For The Years Ended December 31

	<u>2024</u>	<u>2023</u>
Additions to net assets:		
Investment income:		
Net appreciation in fair value of investments	\$ 614,538	\$ 835,280
Interest and dividends	587,085	513,985
Less: investment fees	<u>(103,654)</u>	<u>(94,498)</u>
Net investment income	<u>1,097,969</u>	<u>1,254,767</u>
Contributions:		
Employers' contributions	5,374,439	5,166,675
Participants' contributions	<u>718,085</u>	<u>751,957</u>
Net contributions	<u>6,092,524</u>	<u>5,918,632</u>
Other additions:		
Other interest	<u>7,407</u>	<u>4,342</u>
 Total additions to net assets	 <u>7,197,900</u>	 <u>7,177,741</u>
Deductions from net assets:		
Welfare benefits	5,715,409	5,310,342
Administrative expenses	<u>407,383</u>	<u>467,501</u>
Total deductions from net assets	<u>6,122,792</u>	<u>5,777,843</u>
 Net increase in net assets available for benefits	 1,075,108	 1,399,898
 Net assets available for benefits - beginning	 <u>18,571,584</u>	 <u>17,171,686</u>
 Net Assets Available For Benefits - Ending	 <u>\$ 19,646,692</u>	 <u>\$ 18,571,584</u>

The accompanying notes are an integral part of these financial statements

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 1: Description Of Plan

The following description of Sheet Metal Workers Local No. 83 Insurance Fund (the Plan) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

Background information - Sheet Metal Workers Local No. 83 Insurance Fund was formed under the terms of an Agreement and Declaration of Trust in 1949. The purpose of the Plan is to provide various health and welfare benefits to participants, retirees, and their dependents in accordance with the Plan Document. The Plan is administered by a Board of Trustees representing both the Sheet Metal Workers Local No. 83 (the Union) and the participating employers.

Contributions - The Plan is funded by contributions from employers pursuant to collective bargaining agreements negotiated by the Union. Contributions from employers are based upon hours worked during the year by covered employees. Contribution rates in effect for the years presented in the financial statements are as follows:

January 1, 2023 to May 31, 2023	\$ 13.38
June 1, 2023 to May 31, 2024	\$ 13.88
June 1, 2024 to December 31, 2024	\$ 14.18

Members are allowed to self-pay for COBRA continuation coverage due to termination of employment or because the member no longer meets the eligibility requirements.

Participants in the Sheet Metal Workers Local No. 83 Insurance Fund with account balances in their Personal Account Plan that exceed a certain threshold will be able to allocate 15% of their hourly insurance contribution to the Sheet Metal Workers Local 83 Annuity Fund. Members are allowed to self-pay for COBRA continuation coverage due to termination of employment or because the member no longer meets the eligibility requirements.

Eligibility requirements - Members who have worked 700 hours qualify for the Plan's health benefits and Personal Account Plan (PAP). The effective date of coverage will be the first of the month following completion of the hours worked requirement.

Benefits - Benefits are provided to eligible members, certain retired members, and dependents. Benefits include traditional medical expenses such as hospital charges, physicians' fees, prescription drugs, dental expenses, vision and hearing expenses, life insurance, accidental death and dismemberment, and certain wage replacement benefits should a participant become disabled while still an active participant. The Personal Accounts established within the Plan are subject to required minimum balances and certain administrative charges in accordance with the terms of the Plan.

Stop loss coverage - The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 1: Description Of Plan (Continued)

Plan termination - In the event the Plan is terminated, such termination would follow the applicable sections of the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code, as amended, for the exclusive benefit of participants in the Plan.

Note 2: Summary Of Significant Accounting Policies

Investment valuation and income recognition - The accompanying financial statements are presented on the accrual basis of accounting. Purchases and sales of securities are reflected on a trade-date basis and gains and losses on sales of securities are based on the actual cost of the specific security. Interest and dividend income is recorded on the accrual basis of accounting with dividends being recorded on the ex-dividend date.

Accounting principles generally accepted in the United States of America establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available. The three levels of the fair value hierarchy in accordance with accounting principles generally accepted in the United States of America are described below:

Level 1: Unadjusted quoted prices in active markets for identical, unrestricted assets, or liabilities that the Plan has the ability to access at the measurement date;

Level 2: Quoted prices which are not active, quoted prices for similar assets or liabilities in active markets, or inputs other than quoted prices that are observable (either directly or indirectly) for substantially the full term of the asset or liability; and

Level 3: Significant unobservable prices or inputs (including the Plan's own assumptions in determining the fair value of investments) where there is little or no market activity for the asset or liability at the measurement date.

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

Receivables - Substantially all of the receivables are considered collectible. Accordingly, no allowance for credit losses is required. If it is probable accounts are uncollectible, they are charged to operations and an allowance is established when that determination is made.

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 2: Summary Of Significant Accounting Policies (Continued)

Leases - Leases that have a term of twelve months or less upon commencement date are considered short-term in nature. The Plan elected the ongoing practical expedient to not recognize operating lease right-of-use assets and operating lease liabilities related to short-term leases. Accordingly, short-term leases are not included on the statements of net assets available for benefits and are expensed on a straight-line basis over the lease term, which commences on the date the Plan has the right to control the property. The Plan categorizes leases with contractual terms longer than twelve months as either operating or financing leases. Leases with a term of one month or less are excluded from disclosure in short-term lease expense.

Stop loss - Premiums for stop loss insurance are included in welfare benefits in the accompanying statements of changes in net assets available for benefits. Stop loss refunds for the years ended December 31, 2024 and 2023 totaling \$841,531 and \$104,644, respectively, have been netted with welfare benefits in the accompanying statements of changes in net assets available for benefits.

Tax status - The Plan is exempt from federal income tax under the Internal Revenue Code. Tax positions are evaluated and recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities.

The Trust established under the Plan to hold the Plan's assets obtained its latest determination letter in October 1958, in which the Internal Revenue Service stated that the Trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Trust has been amended since receiving the determination letter. However, management and the Plan's counsel believe that the Trust is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Plan benefits - The postretirement benefit obligations (see Note 6) represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 2: Summary Of Significant Accounting Policies (Continued)

For measurement purposes, the following are assumed rates of increase in health care costs for 2024: 7.75% for pre-65 medical; 5.00% for post-65 medical; 8.50% for pre-65 prescription drugs; and 4.00% for post-65 prescription drugs. The rates were assumed to decrease gradually to an eventual low of 4.037%. In comparison to December 31, 2023, post-65 medical increased by 0.4%, pre-65 prescription drugs increased by 0.75% and post-65 prescription decreased by 3%.

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

Mortality Table:

Sex distinct Headcount-Weighted Blue Collar Pri.H-2012 Mortality Tables for employees, healthy retirees, and contingent survivors, adjusted for mortality improvements with the Scale MP-2021 mortality improvement scale on a fully generational basis.

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

Retirees may contribute specified amounts, determined periodically, to obtain postretirement benefits for the retiree or an eligible spouse. The costs of the postretirement benefits are shared by the Plan and the retirees. The monthly contribution required of all retirees and spouses was as follows:

	<u>2024</u>	<u>2023</u>
Pre-Medicare retiree	\$481 - \$661	\$462 - \$641
Spouse	\$575 - \$667	\$563 - \$654
Medicare-eligible retiree (Rx) Spouse	Participant Pays All Above a Monthly Cap	Participant Pays All Above a Monthly Cap

There is no retiree contribution required if retirement occurred prior to 1986. However, a contribution is required on behalf of the retiree's spouse.

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 2: Summary Of Significant Accounting Policies (Continued)

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. The application of these accounting principles involves the exercise of judgment and use of assumptions as to future uncertainties and, as a result, actual results could differ from these estimates. The Plan periodically evaluates estimates and assumptions used in the preparation of the financial statements and makes changes on a prospective basis when adjustments are necessary. Significant estimates made by the Plan in the accompanying financial statements include certain assumptions related to the calculation of the Plan's benefit obligations. Actual results could differ from those estimates.

Presentation - Certain reclassifications, when applicable, are made to the prior year financial statement presentation to correspond to the current year's presentation. Reclassifications, when made, have no effect on total net assets available for benefits or changes in net assets available for benefits.

Note 3: Fair Value Measurements

The following is a description of the valuation methodologies used for assets at fair value at December 31, 2024 and 2023:

Common stocks, Exchange traded and closed end funds, and Mutual funds: Valued based on quoted market prices.

Corporate bonds and U.S. Government Security: The fair value of bonds for which quoted market prices are not available are based on yields currently available on comparable securities of issuers with similar credit ratings.

Certificates of deposit: Valued using a CD rate scale.

Cash, Savings account, and Money market funds: Valued at a constant \$1 per share.

Alternatives: The Plan's alternative investments consist of closed-end, non-diversified management investment companies and real estate investment trusts. These funds are valued at Net Assets Value (NAV) as determined by the investment advisor or board of directors. These funds provide limited liquidity and redemption options and are not readily marketable.

Investment entity: The Plan's investment entity consists of a Delaware limited liability company primarily invested in U.S. Government mortgage-backed securities, investment and speculative grade corporate bonds, U.S. Federal agency mortgage backed securities, and U.S. Government obligations. The NAV is determined at the end of each month. Redemptions are permitted monthly.

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 3: Fair Value Measurements (Continued)

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

All assets have been valued using a market approach. There were no changes in the valuation techniques during the year.

Fair Value Measurements At Reporting Date Using:

	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
<u>December 31, 2024</u>				
Mutual funds	\$ 3,799,857	\$ -	\$ -	\$ 3,799,857
Corporate bonds	-	2,992,826	-	2,992,826
Common stocks	2,884,649	-	-	2,884,649
Exchange traded and closed end funds	1,794,906	-	-	1,794,906
Certificates of deposit	-	1,494,688	-	1,494,688
Savings account	1,160,384	-	-	1,160,384
Cash	171,489	-	-	171,489
Money market fund	<u>114,388</u>	<u>-</u>	<u>-</u>	<u>114,388</u>
Total Investments In The Fair Value Hierarchy	<u>\$ 9,925,673</u>	<u>\$ 4,487,514</u>	<u>\$ -</u>	14,413,187
Investment measured at net asset value:				
Alternatives				2,092,345
Investment entity				<u>1,466,010</u>
Total Investments At Fair Value				<u>\$ 17,971,542</u>

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 3: Fair Value Measurements (Continued)

	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
<u>December 31, 2023</u>				
Mutual funds	\$ 3,567,575	\$ -	\$ -	\$ 3,567,575
Corporate bonds	-	2,842,789	-	2,842,789
Common stocks	2,611,859	-	-	2,611,859
Certificates of deposit	-	1,850,548	-	1,850,548
Exchange traded and closed end funds	1,372,192	-	-	1,372,192
Savings accounts	779,286	-	-	779,286
Cash	516,096	-	-	516,096
Money market funds	113,298	-	-	113,298
U.S. Government security	-	41,407	-	41,407
Total Investments In The Fair Value Hierarchy	<u>\$ 8,960,306</u>	<u>\$ 4,734,744</u>	<u>\$ -</u>	13,695,050
Investment measured at net asset value:				
Alternatives				1,892,159
Investment entity				<u>1,436,280</u>
Total Investments At Fair Value				<u>\$ 17,023,489</u>

In accordance with accounting principles generally accepted in the United States of America, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit the reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 4: Related Party Transactions

Sheet Metal Workers Local No. 83 Insurance Fund is affiliated with Sheet Metal Workers Local Union No. 83, Sheet Metal Workers Local No. 83 Annuity Fund, and Sheet Metal Workers Local Union 83 Joint Apprenticeship and Training Trust Fund. The Plans share office space, personnel, and various administrative costs. As a result, certain shared expenses have been allocated to each separate entity. Sheet Metal Workers Local No. 83 Insurance Fund is also indirectly related to the Sheet Metal Workers Local Union 83 Training School, Inc.

Amounts due to a related entity at December 31 consist of:

	<u>2024</u>	<u>2023</u>
Union	\$ <u>1,210</u>	\$ <u>1,814</u>

Payroll expenses allocated from the Sheet Metal Workers Local Union No. 83 during the years ended December 31, 2024 and 2023 were \$253,767 and \$231,265, respectively.

The Plan leases office space from the Sheet Metal Workers Local Union 83 Training School, Inc. on a month-to-month basis. Lease expense paid for the years ended December 31, 2024 and 2023 was \$7,560 and \$7,356, respectively.

Note 5: Personal Account Plan

The Plan has a Personal Account Plan (PAP) design whereby all eligible members of the Plan are entitled to a PAP that is charged a monthly amount to cover the premium for their selected health plans, an administrative charge, and a contribution to fund the retirees. The PAP is credited each month with the member's hours worked times the applicable contribution rate at that time. Ongoing eligibility is determined on a monthly basis by the balance in the member's PAP.

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 6: Plan Benefit Obligations

Accumulated plan benefit obligations at December 31 consist of the following:

	<u>2024</u>	<u>2023</u>
Accounts currently payable:		
Claims payable	\$ 335,906	\$ 670,605
Other current obligations for benefit coverage:		
Accumulated eligibility credits	10,042,964	9,456,747
Postretirement benefit obligations:		
Current retirees, spouses, and beneficiaries	3,997,970	3,837,739
Actives eligible for benefits	3,211,069	4,186,250
Actives not yet eligible for benefits	5,255,976	5,145,894
Subtotal	12,465,015	13,169,883
Total Benefit Obligations	\$ 22,843,885	\$ 23,297,235

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 6: Plan Benefit Obligations (Continued)

Changes in plan benefit obligations for the years ended December 31 were as follows:

	<u>2024</u>	<u>2023</u>
Accounts currently payable:		
Balance at beginning of year	\$ 670,605	\$ 970,192
Benefits reported and approved for payment	5,380,710	5,010,755
Benefits paid to or for participants	<u>(5,715,409)</u>	<u>(5,310,342)</u>
Balance at end of year	<u>335,906</u>	<u>670,605</u>
Other current obligations for benefit coverage:		
Balance at beginning of year	9,456,747	8,906,403
Net change during year	<u>586,217</u>	<u>550,344</u>
Balance at end of year	<u>10,042,964</u>	<u>9,456,747</u>
Postretirement benefit obligations:		
Balance at beginning of year	13,169,883	13,201,456
Change during the year attributable to:		
Service cost	425,526	409,339
Interest cost	612,959	635,543
Benefits paid	(585,175)	(672,420)
Actuarial loss	(1,118,602)	(473,454)
Amendments/curtailments/special terminations	<u>(39,576)</u>	<u>69,419</u>
Balance at end of year	<u>12,465,015</u>	<u>13,169,883</u>
Total Benefit Obligations	<u>\$ 22,843,885</u>	<u>\$ 23,297,235</u>

The weighted-average health care cost-trend rate has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year it would increase the obligation as of December 31, 2024 and 2023, by \$1,439,034 and \$1,609,140, respectively.

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 7: Reconciliation Of Financial Statements To Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 19,646,692	\$ 18,571,584
Benefit obligations currently payable	<u>(335,906)</u>	<u>(670,605)</u>
Net Assets Available For Benefits Per Form 5500	<u>\$ 19,310,786</u>	<u>\$ 17,900,979</u>

The following is a reconciliation of welfare benefits per the financial statements to Form 5500 at December 31, 2024:

Total benefits paid to participants per the financial statements (Schedule I)	\$ 5,715,409
Add: amounts payable at December 31, 2024	335,906
Less: amounts payable at December 31, 2023	<u>(670,605)</u>
Benefits Paid To Participants Per Form 5500	<u>\$ 5,380,710</u>

Note 8: Concentrations Of Credit Risk

Financial instruments that potentially subject Sheet Metal Workers Local No. 83 Insurance Fund to concentrations of credit risk consist principally of cash in financial institutions. Accounts at each institution are insured up to the Federal Deposit Insurance Corporation limits (FDIC).

The Plan maintains an account with a stock brokerage firm. The accounts contain cash and securities. Balances are insured up to the Securities Investor Protection Corporation limits for securities and FDIC limits for cash.

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Notes To Financial Statements

Note 9: Risk And Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits. Plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

Note 10: Commitments And Contingencies

The Plan follows the guidance for uncertainty in income taxes. As of December 31, 2024, the Plan believes that it has appropriate support for the income tax positions taken and to be taken on its returns based on an assessment of many factors including experience and interpretations of tax laws applied to the facts of each matter. The Plan has concluded that there are no significant uncertain tax positions requiring disclosure, and there are no material amounts of unrecognized tax benefits.

Note 11: Subsequent Events

Subsequent events have been evaluated through October 10, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Schedules Of Welfare Benefits

For The Years Ended December 31

	<u>2024</u>	<u>2023</u>
Welfare benefits:		
Health and dental claims	\$ 3,034,232	\$ 2,454,390
Active prescription benefits, net of rebates	987,794	475,087
Stop loss insurance premiums	981,397	999,926
Health reimbursement account benefits	960,583	842,242
Retiree prescription benefits	445,827	505,098
Insurance - disability, life, accidental death and dismemberment	91,187	87,056
Vision and hearing claims	28,871	20,795
Prescription and dental administrative fees	27,049	30,392
Stop loss reimbursements	<u>(841,531)</u>	<u>(104,644)</u>
 Total Welfare Benefits	 <u><u>\$ 5,715,409</u></u>	 <u><u>\$ 5,310,342</u></u>

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

Schedules Of Administrative Expenses

For The Years Ended December 31

	<u>2024</u>	<u>2023</u>
Administrative expenses:		
Salaries	\$ 253,767	\$ 231,265
Professional fees:		
Audit and accounting	63,474	63,347
Legal	17,500	11,500
Actuarial	16,900	23,400
Consultant fee (net of refunds)	(13,716)	76,042
Computer maintenance and repair	32,677	27,758
Postage, printing, and office	9,804	5,453
Lease	7,560	7,356
Insurance	6,913	6,913
Dues	6,175	5,860
Tax on disability benefits	1,968	1,222
Excise tax	1,810	1,752
Meeting and travel	1,411	4,493
Telephone	<u>1,140</u>	<u>1,140</u>
 Total Administrative Expenses	 <u>\$ 407,383</u>	 <u>\$ 467,501</u>

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Mutual Funds:			
	ABBEY CPTL FUTURES STRATEGY I	21,272 shares	\$ 239,633	\$ 234,208
	DOUBLELINE TOTAL RETURN I	165,433 shares	1,380,000	1,434,302
	FEDERATED HERMES GOVT OBL PRM	268,540 shares	-	268,540
	FS MULTI STRATEGY ALTERN I	38,543 shares	424,689	429,371
	LM MARTIN CURRIE SMASH SER EM	15,966 shares	145,274	139,384
	LOCORR MARKET TREND I	21,231 shares	228,996	232,477
	NEUBERGER BERMAN LG SH INST	36,181 shares	628,017	678,397
	TORTOISE ENRGY INFR TOT RET I	19,926 shares	168,919	383,178
	Total Mutual Funds		<u>3,215,528</u>	<u>3,799,857</u>
	Cash:			
	Cash		3,071	3,071
	BANK DEPOSIT PROGRAM		166,668	166,668
*	MSPBNA PREFERRED		<u>1,750</u>	<u>1,750</u>
	Total Cash		<u>171,489</u>	<u>171,489</u>
	Exchange Traded And Closed End Funds:			
	ANGEL OAK FINL STRATEGIES INCM	5,950 shares	73,023	75,565
	BLACKROCK CREDIT ALL INC TR IV	4,400 shares	43,662	46,024
	BLACKROCK MUNIHL DNG CA QUAL FD	11,025 shares	115,110	117,196
	INVESCO S&P 500 EQUAL WEIGHT E	1,589 shares	291,640	278,440
	ISHARES CORE INTL STOCK ETF	2,944 shares	200,091	194,716
	ISHARES 20+ YR TREASU BOND ETF	3,308 shares	299,997	288,888
	ISHARES 7-10 YR TREASURY BD ETF	975 shares	95,682	90,139
	MFS INTERMEDIATE INCOME TR SBI	20,750 shares	57,680	55,195
	NUV NEW YORK AMT-FREE MUNIC	13,475 shares	134,996	140,949
	NUVEEN AMT-FREE QLTY MUN INC	4,750 shares	52,128	53,580
	NUVEEN CA QUALITY MUN INC FD	6,600 shares	71,418	74,514
	PIONEER DIVERSIFIED HIGH INC	3,525 shares	35,154	41,595
	SPDR BLOOMBERG 1-3 MONTH T-B	104 shares	9,542	9,509
	VANGUARD SMALL CAP ETF	668 shares	150,227	160,507
	VANGUARD TOTAL BOND MARKET	780 shares	57,503	56,090
	WESTERN ASST INFLT N LKD INM FD	14,000 shares	<u>125,868</u>	<u>111,999</u>
	Total Exchange Traded And Closed End Funds		<u>1,813,721</u>	<u>1,794,906</u>
	Common Stocks:			
	AAON INC	63 shares	4,364	7,466
	ABBOTT LABORATORIES	149 shares	17,002	16,853
	ABBVIE INC COM	31 shares	4,872	5,488
	ACADIA HEALTHCARE COMPANY INC	131 shares	8,397	5,194
	ACCENTURE PLC IRELAND CL A	45 shares	12,032	15,831
	ADIDAS AG	63 shares	7,344	7,734
	ADOBE INC	67 shares	29,011	30,013
	AGNC INVESTMENT CORP	827 shares	7,534	7,617
	AIA GROUP LTD SPON ADR	558 shares	22,965	16,177
	AIM INV RED KTB07	6,250 shares	64,977	73,188
	AIR LIQUIDE ADR	549 shares	14,890	17,841
	AIR PROD & CHEM INC	5 shares	1,692	1,537
	AIRBNB INC CL A	110 shares	12,110	14,455
	ALAMO GROUP INC	18 shares	2,116	3,372
	ALCON INC	105 shares	8,044	8,913
	ALIBABA GROUP HLDG LTD	142 shares	17,203	12,040
	ALLSTATE CORP	36 shares	6,175	6,929
	ALPHABET INC CL A	124 shares	<u>12,223</u>	<u>23,473</u>

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	ALPHABET INC CL C	128 shares	12,857	24,376
	ALPHAVEST ACQUISITION CORP	3,500 shares	36,357	39,725
	AMADEUS IT GROUP S.A ADR	180 shares	11,044	12,712
	AMAZON COM INC	340 shares	33,722	74,593
	AMER INTL GP INC NEW	133 shares	9,860	9,682
	AMERICAN EXPRESS CO	26 shares	4,677	7,649
	AMERICAN WATER WORKS CO	65 shares	8,296	8,065
	AMERIPRISE FINCL INC	34 shares	8,007	18,103
	AMGEN INC	42 shares	9,464	10,902
	ANSYS INC	37 shares	13,052	12,510
	ANTERO RES CORP COM	199 shares	5,645	6,975
	APPLE INC	191 shares	24,700	47,830
	ARES ACQUISITION CORP II CL A	6,500 shares	69,193	71,370
	ARTISAN PARTNERS ASSET MGMT	185 shares	7,144	7,964
	ASM INTERNATIONAL NV	19 shares	6,088	10,726
	ASML HOLDING NV NY REG NEW	24 shares	18,419	16,893
	ATLAS COPCO AB SP ADR B SP ADR	912 shares	9,598	12,336
	ATMOS ENERGY CP	83 shares	9,131	11,559
	BANK RAKYAT INDONESIA ADR	417 shares	5,619	5,285
	BEACON ROOFING SUPPLY INC	115 shares	7,274	11,682
	BLACKSTONE INC	64 shares	7,404	10,974
	BOSTON SCIENTIFIC CORP	33 shares	1,353	2,948
	BROADCOM INC	49 shares	2,888	11,279
	BRUKER CORPORATION	97 shares	5,631	5,694
	BWX TECHNOLOGIES INC COM	62 shares	5,335	6,937
	BYD COMPANY LTD UNSPON ADR	52 shares	3,654	3,566
	CADENCE BANK	265 shares	6,807	9,129
	CANADIAN NATL RAILWAY CO	99 shares	11,392	10,006
	CAPITAL ONE FINANCIAL CORP	88 shares	11,660	15,692
	CAPITEC BANK HOLDINGS LTD ADR	80 shares	3,150	6,658
	CAPRI HOLDINGS LIMITED	270 shares	5,851	5,686
	CELESTICA INC	116 shares	6,379	10,707
	CENTURION ACQUISITION CRP CL A	3,750 shares	37,500	37,875
	CHAMPION HOMES INC	47 shares	2,984	4,102
	CHARLES SCHWAB NEW	63 shares	3,978	4,669
	CHINA MERCHANTS BK CO LTD UNSP	311 shares	8,562	8,007
	CHIPOTLE MEXICAN GRILL INC COM	54 shares	2,950	3,261
	CIENA CORP NEW	93 shares	5,526	7,896
	CLP HOLDINGS LTD SP ADR	841 shares	7,637	7,069
	COCA COLA CO	237 shares	13,114	14,756
	COLOPLAST AS SPONERED ADR	1,074 shares	16,462	11,725
	COLUMBUS MCKINNON CORP	92 shares	3,555	3,425
	COMERICA INC	211 shares	10,743	13,050
	COMMERCE BANCSHARES	96 shares	5,385	5,982
	COMPASS GROUP PLC SPD ADR	528 shares	11,017	17,603
	CONOCOPHILLIPS	34 shares	2,064	3,375
	CONSTELLATION BRANDS INC CL A	30 shares	7,107	6,630
	CONSTELLATION ENERGY CORP	16 shares	2,998	3,485

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	CORTEVA INC	236 shares	10,332	13,443
	COSAN S A ADR	338 shares	4,449	1,839
	COSTAR GROUP INC	91 shares	6,734	6,548
	COSTCO WHOLESALE CORP NEW	6 shares	2,205	5,733
	COTERRA ENERGY INC	363 shares	7,458	9,271
	COTY INC COM CL A	697 shares	6,667	4,851
	CROWDSTRIKE HLDGS INC CL A	10 shares	3,054	3,369
	CSL LTD	119 shares	12,327	10,373
	CULLEN FROST BANKERS INC	134 shares	15,273	17,990
	CUSHMAN & WAKEFIELD PLC	845 shares	9,165	11,053
	DAIKIN INDS LTD UNSPON ADR	803 shares	15,257	9,534
	DANAHER CORPORATION	42 shares	9,670	9,641
	DASSAULT SYSTEMS SA ADS	327 shares	16,679	11,343
	DATADOG INC CL A	14 shares	1,585	1,995
	DIAGEO PLC SPON ADR NEW	65 shares	12,007	8,290
	DT CLOUD ACQUISITION CORP	5,500 shares	56,206	57,420
	DUPONT DE NEMOURS INC	20 shares	1,647	1,500
	EATON CORP PLC SHS	8 shares	1,575	2,529
	ECOLAB INC	44 shares	9,582	10,310
	ELEMENT SOLUTIONS INC	585 shares	11,007	14,877
	ELI LILLY & CO	28 shares	12,928	21,670
	EPAM SYSTEMS	12 shares	3,748	2,862
	EQUITY LIFESTYLE PROPERTIES	103 shares	7,241	6,860
	EXPERIAN GP LTD ADR	256 shares	10,508	11,045
	EXXON MOBIL CORP	43 shares	2,639	4,622
	FABRINET	27 shares	2,797	5,920
	FANUC CORPORATION UNSP ADR	444 shares	9,370	5,898
	FERRARI N V	45 shares	9,969	19,084
	FIRST AMERICAN FINL CORP	179 shares	10,078	11,177
	FIRSTCASH HLDGS INC	65 shares	7,135	6,694
	GARTNER INC	14 shares	2,163	6,595
	GATX CORP	32 shares	3,126	4,922
	GENL DYNAMICS CORP	35 shares	6,083	9,222
	GILDAN ACTIVEWEAR INC	159 shares	5,802	7,481
	GLOBANT S.A	33 shares	6,203	7,090
	GLOBUS MEDICAL INC A	76 shares	3,836	6,258
	GOLDMAN SACHS GRP INC	16 shares	6,508	9,391
	GP-ACT III ACQISITION CRP CL A	5,600 shares	56,112	56,784
	GRUPO FINANCIERO BANORTE SAB	107 shares	3,608	3,457
	GXO LOGISTICS INCORPORATED	128 shares	5,710	5,568
	H&E EQUIPMENT SVCS INC	69 shares	3,762	3,382
	HAWKINS INC	29 shares	3,648	3,549

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	HDFC BANK LTD ADR	250 shares	15,886	15,965
	HEALTHEQUITY INC COM	93 shares	7,170	8,917
	HERMES INTL SCA UNSPON ADR	82 shares	9,108	19,602
	HOME DEPOT INC	11 shares	3,663	4,240
	HONEYWELL INTL INC	48 shares	9,828	10,808
	HOYA CORP SPONS ADR	90 shares	13,720	11,319
	HUNTINGTON INGALLS INDUSTRIES	24 shares	4,702	4,554
	IB ACQUISITION CORP	3,650 shares	36,458	36,956
	ICICI BANK LTD	437 shares	8,043	13,049
	INDUSTRIA DE DISEÑO TEXTIL IND	615 shares	11,258	15,806
	INFINEON TECHNOLOGIES AG	289 shares	9,945	9,397
	INSIGHT ENTERPRISES INC	34 shares	3,486	5,191
	INSTALLED BLDG PRODS INC	47 shares	5,919	8,234
	JARDINE MATHESON HLDGS LTD ADR	150 shares	7,470	6,146
	JD COM INC SPON ADR CL A	137 shares	9,104	4,750
	JOHN BEAN TECHNOLOGIES CORP	56 shares	7,010	7,118
	JPMORGAN CHASE & CO	45 shares	6,007	10,904
	KIRBY CP	34 shares	2,103	3,572
	KKR & CO INC CL A	40 shares	4,424	5,979
	KONE OYJ ADR	365 shares	12,111	8,882
	KUEHNE & NAGEL INTL AG ADR	116 shares	6,575	5,320
	L OREAL CO ADR	199 shares	16,789	14,089
	LEGATO MERGER CORP III	7,500 shares	76,945	77,175
	LENNAR CORPORATION	95 shares	8,416	12,955
	LINCOLN ELEC HLDGS INC	19 shares	3,587	3,529
	LONZA GROUP AG ZUERICH ADR	123 shares	7,754	7,272
	LOWES COMPANIES INC	35 shares	7,345	8,611
	LVMH MOET HENNESSY LOUIS VUITT	113 shares	16,358	14,872
	MAKEMYTRIP LIMITED	24 shares	2,563	2,735
	MANPOWERGROUP INC COM	69 shares	4,229	3,971
	MARTIN MARIETTA MATERIALS	26 shares	8,576	13,594
	MASTERCARD INC CL A	45 shares	15,056	23,696
	MATADOR RES CO	114 shares	6,437	6,414
	MATERION CORP COM	73 shares	7,917	7,217
	MAXLINEAR INC CLASS A	146 shares	2,087	2,888
	MC DONALDS CORP	10 shares	2,430	2,899
	MCKESSON CORP	5 shares	2,890	3,074
	MEDTRONIC PLC SHS	85 shares	9,721	6,784
	MEITUAN ADR	234 shares	10,109	9,140
	MERCK & CO INC NEW COM	95 shares	7,349	9,425
	MERCK KGAA SPD ADR	309 shares	12,570	8,953
	META PLATFORMS INC CL A	18 shares	4,285	10,406
	MFA FINL INC	604 shares	6,643	6,155
	MICHELIN COMPAGNIE GENERALE DE	518 shares	9,586	8,528
	MICROCHIP TECHNOLOGY INC	138 shares	10,355	7,914
	MICRON TECH INC	20 shares	1,246	1,668

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	MICROSOFT CORP	184 shares	26,964	77,556
	MINTH GROUP LTD	66 shares	2,094	2,438
	MITSUBISHI UFJ FINCL GRP ADS	730 shares	4,493	8,556
*	MORGAN STANLEY	37 shares	2,921	4,652
	MSCI INC COM	28 shares	14,649	16,597
	MURATA MANUFACTURING CO LTD	766 shares	9,859	6,238
	MURPHY OIL CORP	208 shares	7,210	6,294
	NETFLIX INC	32 shares	6,435	28,778
	NNN REIT INC	176 shares	6,862	7,190
	NOVARTIS AG ADR	130 shares	10,099	12,650
	NOVO NORDISK A/S ADR	180 shares	8,580	15,484
	NOVO NORDISK A/S ADR	77 shares	7,226	6,665
	NVIDIA CORPORATION	190 shares	4,491	25,515
	OFC CREDIT CO	3,000 shares	74,208	74,706
	ORACLE CORP	164 shares	25,189	27,329
	OSHKOSH CORP	99 shares	10,531	9,384
	PALO ALTO NETWORKS INC	20 shares	1,837	3,661
	PARKER HANNIFIN CORP	31 shares	8,636	19,793
	PAYCOM SOFTWARE INC	40 shares	7,523	8,147
	PERMIAN RESOURCES CP CL A	432 shares	5,157	6,212
	PING AN INSURANCE ADR	570 shares	7,724	6,758
	PKO BANK POLSKI UNSPON ADR	279 shares	3,917	4,037
	PNC FINL SVCS GP	54 shares	8,753	10,414
	PORTLAND GENERAL ELEC CO	155 shares	6,744	6,761
	PROCTER & GAMBLE	61 shares	8,243	10,227
	PROSPERITY BANCSHARES	110 shares	6,443	8,289
	PT BK NEGARA INDONESIA UN ADR	281 shares	4,399	3,797
	QUALCOMM INC	78 shares	11,210	11,982
	R P M INC	88 shares	7,088	10,829
	RAMBUS INC	79 shares	1,761	4,185
	RED ROCK RESORTS INC CL A	162 shares	7,415	7,491
	ROCHE HOLDINGS ADR	312 shares	13,489	10,883
	RTX CORPORATION	45 shares	4,417	5,176
	RUSH ENTERPRISES INC CL A	144 shares	5,426	7,890
	RXO INC	282 shares	6,573	6,723
	SAGE GROUP PLC ADR NEW	133 shares	7,231	8,482
	SALESFORCE INC	12 shares	4,014	3,958
	SAP AG	57 shares	7,847	14,122
	SELECTIVE INSURANCE GROUP	93 shares	7,935	8,700
	SERVICENOW INC	26 shares	11,015	27,600
	SGS SA ADR	1,106 shares	11,642	11,091
	SHIN ETSU CHEM CO LTD ADR	652 shares	11,385	10,986
	SHOPIFY INC	214 shares	14,179	22,755
	SMC CORP JAPAN SPONSORED ADR	645 shares	20,179	12,759
	SONY GROUP CORPORATION ADR	560 shares	12,487	11,850
	STAG INDL INC COM	205 shares	6,686	6,933
	SYSMEX CORP UNSPON ADR	568 shares	17,680	10,541
	T-MOBILE US INC COM	26 shares	3,587	5,724

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	TAIWAN SMCNDCR MFG CO LTD ADR	377 shares	34,527	74,454
	TELEDYNE TECH INC	19 shares	8,132	8,977
	TENCENT HLDGS LTD UNSPON ADR	541 shares	25,114	28,770
	TERUMO CORP ADR UNSPONS ADR	350 shares	5,981	6,819
	TESLA INC	13 shares	3,054	5,302
	THERMO FISHER SCIENTIFIC	33 shares	18,413	17,213
	TOTALENERGIES SE SPONSORED ADS	160 shares	7,794	8,720
	TOTALENERGIES SE SPONSORED ADS	140 shares	8,882	7,630
	TRANSMEDICS GROUP INC	43 shares	3,967	2,706
	TRIP COM GROUP LTD ADR	93 shares	4,794	6,416
	U S BANCORP COM NEW	312 shares	11,697	14,923
	UNITED BANKSHARES INC W VA	197 shares	6,402	7,397
	UNITED RENTALS INC	6 shares	3,142	4,403
	UNITEDHEALTH GP INC	21 shares	7,329	10,806
	UNIVERSAL MUSIC GROUP NV ADR	731 shares	9,363	9,356
	VALMONT INDUSTRIES	21 shares	4,886	6,449
	VALVOLINE INC COM	186 shares	6,787	6,729
	VERIZON COMMUNICATIONS	239 shares	10,045	9,558
	VERTEX PHARMACEUTICALS	2 shares	559	772
	VERTIV HOLDINGS LLC CL A	19 shares	1,629	2,131
	VISA INC CL A	84 shares	16,806	26,413
	WAL-MART DE MEXICO SA SPON ADR	119 shares	3,998	3,141
	WALMART INC	91 shares	4,713	8,185
	WARBY PARKER INC CL A	291 shares	4,169	7,045
	WEG S.A. SPONSORED ADR	794 shares	4,161	6,782
	WESTERN ALLIANCE BANCORP	156 shares	8,437	13,032
	WOLTERS KLUWER NV SPON ADR	74 shares	9,279	12,238
	WORKDAY INC CL A	52 shares	11,772	13,443
	XCEL ENERGY INC	138 shares	9,143	9,318
	XYLEM INC COM	80 shares	9,076	9,282
	ZIONS BANCORPORATION N A	218 shares	8,428	11,827
	ZOETIS INC CLASS-A	100 shares	16,942	16,267
	Total Common Stocks		<u>2,401,124</u>	<u>2,884,649</u>
	Corporate Bonds:			
	AECOM	22,000 shares	21,479	21,838
	ALLEGION US HOLDING CO INC	39,000 shares	41,295	37,611
	ALTRIA GROUP INC	35,000 shares	38,532	37,978
	AMERICAN TOWER CORP	5,000 shares	4,619	4,737
	AMERICAN TOWER CORP	23,000 shares	20,389	20,718
	AMERICAN TOWER CORP	17,000 shares	17,008	17,021

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Corporate Bonds (Continued):			
	AT&T INC	39,000 shares	44,999	38,160
	AT&T INC	6,000 shares	4,866	5,224
	ATI INC	10,000 shares	9,967	9,936
	BAT CAPITAL CORP	37,000 shares	38,634	39,123
	BATH & BODY WORKS INC	27,000 shares	27,878	27,869
	BERRY GLOBAL INC	41,000 shares	37,107	39,566
	BLOCK FINANCIAL LLC	5,000 shares	4,406	4,616
	BLOCK FINANCIAL LLC	43,000 shares	43,571	39,135
	BOYD GAMING CORP	43,000 shares	42,820	41,572
	BOYD GAMING CORP	23,000 shares	21,610	22,236
	BROADCOM INC	31,000 shares	29,982	29,918
	CA INC	9,000 shares	10,117	8,822
	CARLISLE COS INC	44,000 shares	35,367	35,984
	CARPENTER TECHNOLOGY CORP	4,000 shares	3,941	4,007
	CDW LLC / CDW FINANCE CORP	22,000 shares	21,415	21,847
	CDW LLC / CDW FINANCE CORP	31,000 shares	28,295	28,557
	CENTENE CORP	23,000 shares	21,260	22,315
	CENTURY COMMUNITIES INC	15,000 shares	15,016	15,009
	CHARTER COMMUNICATIONS OPERATI	22,000 shares	22,301	21,974
	CLEVELAND-CLIFFS INC	12,000 shares	11,970	11,932
	CONAGRA BRANDS INC	5,000 shares	4,835	4,974
	CROWN AMERICAS LLC / CROWN	21,000 shares	20,871	20,744
	CROWN CASTLE INC	6,000 shares	6,203	6,118
	CROWN CASTLE INC	9,000 shares	9,101	9,170
	DCP MIDSTREAM OPERATING LP	10,000 shares	10,036	10,012
	DICK'S SPORTING GOODS INC	18,000 shares	14,018	15,777
	DISCOVERY COMMUNICATIONS LLC	40,000 shares	44,949	37,876
	DOLLAR TREE INC	38,000 shares	43,822	36,951
	EAGLE POINT INCOME CO INC	2,100 shares	52,080	52,437
	ENCOMPASS HEALTH CORP	46,000 shares	42,113	43,640
	ENCOMPASS HEALTH CORP	23,000 shares	22,087	21,820
	ENLINK MIDSTREAM PARTNERS LP	22,000 shares	21,077	21,896
	EXPEDIA GROUP INC	22,000 shares	20,680	21,906
	EXPEDIA INC	17,000 shares	15,690	16,423
	FISERV INC	36,000 shares	36,822	36,648
	FLEX LTD	39,000 shares	39,828	39,781
	FORD MOTOR CO	22,000 shares	21,397	21,668
	GENUINE PARTS CO	33,000 shares	36,498	36,220
	GLOBAL PAYMENTS INC	26,000 shares	30,070	25,954
	GLOBAL PAYMENTS INC	6,000 shares	5,082	5,343
	GLOBAL PAYMENTS INC	11,000 shares	11,319	10,964
	GLP CAPITAL LP / GLP FINANCING II	6,000 shares	5,890	5,999
	GREAT ELM CAP CORP	1,525 shares	37,820	38,049
	HB FULLER CO	24,000 shares	22,858	22,542
	HCA INC	15,000 shares	15,534	15,003
	HCA INC	36,000 shares	42,271	36,489
	HCA INC	5,000 shares	4,379	4,545
	HILLENBRAND INC	21,000 shares	20,559	20,862
	HILTON WORLDWIDE FINANCE LLC /	21,000 shares	20,979	20,744
	HORIZON TECHNOLOGY FIN CORP CAL	2,700 shares	66,906	64,908
	HP INC	40,000 shares	43,858	38,356
	ICAHN ENTERPRISES LP / ICAHN	13,000 shares	12,878	12,879

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Corporate Bonds (Continued):			
	IQVIA INC	36,000 shares	38,309	37,222
	LAMAR MEDIA CORP	23,000 shares	20,669	21,569
	LKQ CORP	20,000 shares	21,143	20,663
	LKQ CORP	14,000 shares	14,278	14,229
	LOWE'S COS INC	5,000 shares	5,057	4,976
	MARRIOTT INTERNATIONAL INC/MD	35,000 shares	34,152	34,339
	MICROCHIP TECHNOLOGY INC	37,000 shares	38,841	36,846
	MOLSON COORS BEVERAGE CO	40,000 shares	43,322	39,005
	MOTOROLA SOLUTIONS INC	5,000 shares	4,826	4,920
	MOTOROLA SOLUTIONS INC	37,000 shares	40,809	36,659
	NMI HOLDINGS INC	12,000 shares	11,885	12,051
	OFS CREDIT CO INC	2,600 shares	63,909	63,596
	OLIN CORP	42,000 shares	40,005	40,929
	ONEMAIN FINANCE CORP	22,000 shares	22,444	22,395
	ORACLE CORP	39,000 shares	40,355	41,358
	OXFORD LANE CAP CORP	2,600 shares	63,700	63,102
	OXFORD SQUARE CAPITAL CO	2,600 shares	63,956	64,350
	PENSKE AUTOMOTIVE GROUP INC	22,000 shares	21,329	21,736
	PHILIP MORRIS INTERNATIONAL INC	36,000 shares	35,918	36,080
	QORVO INC	45,000 shares	48,320	42,202
	RUNWAY GROWTH FIN CORP	2,150 shares	53,213	53,965
	RUNWAY GROWTH FIN CO (RWAYL)	1,600 shares	39,600	39,808
	SABRA HEALTH CARE LP	22,000 shares	20,913	21,981
	SARATOGA INVT CORP	1,000 shares	24,600	25,371
	SBA COMMUNICATIONS CORP	34,000 shares	35,338	32,595
	SBA COMMUNICATIONS CORP	24,000 shares	22,400	23,008
	SBA COMMUNICATIONS CORP	13,000 shares	10,985	11,734
	SERVICE CORP INTERNATIONAL/US	43,000 shares	46,958	41,794
	SERVICE CORP INTERNATIONAL/US	23,000 shares	21,639	22,442
	SERVICE CORP INTERNATIONAL/US	7,000 shares	7,070	6,801
	SILGAN HOLDINGS INC	23,000 shares	21,024	21,951
	SLM CORP	12,000 shares	11,770	11,893
	SLM CORP	10,000 shares	8,744	9,544
	STARWOOD PROPERTY TRUST INC	10,000 shares	9,645	9,995
	STEEL DYNAMICS INC	40,000 shares	42,372	39,527
	SUNOCO LP / SUNOCO FINANCE CORP	18,000 shares	18,225	17,964
	TEGNA INC	24,000 shares	21,595	22,680
	TELEDYNE TECHNOLOGIES INC	39,000 shares	33,561	33,962
	TELEFLEX INC	22,000 shares	20,829	21,335
	TENET HEALTHCARE CORP	23,000 shares	21,360	21,592
	TENET HEALTHCARE CORP	26,000 shares	24,765	25,952
	TEVA PHARMACEUTICAL FINANCE	23,000 shares	20,009	22,130
	TRANSDIGM INC	43,000 shares	40,248	42,301
	TRAVEL + LEISURE CO	22,000 shares	21,200	22,004
	TRIMBLE INC	38,000 shares	41,979	37,962
	UNDER ARMOUR INC	23,000 shares	21,327	22,224
	UNITED RENTALS NORTH AMERICA INC 078-019606-262	22,000 shares	22,242	21,921
	UNITED RENTALS NORTH AMERICA INC 078-018006-262	42,000 shares	44,512	40,896
	UNITED RENTALS NORTH AMERICA INC 078-018006-262	7,000 shares	6,624	6,390
	VERIZON COMMUNICATIONS INC	5,000 shares	4,764	4,906
	VERIZON COMMUNICATIONS INC	43,000 shares	36,771	37,066
	VICI PROPERTIES LP	22,000 shares	21,469	21,819
	WESTERN DIGITAL CORP	22,000 shares	21,684	21,788
	WESTERN MIDSTREAM OPERATING LP	16,000 shares	15,665	15,968
	WESTINGHOUSE AIR BRAKE	37,000 shares	42,731	36,672

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Corporate Bonds (Continued):			
	WILLIS NORTH AMERICA INC	38,000 shares	43,313	37,307
	WILLIS NORTH AMERICA INC	5,000 shares	4,846	4,988
	ZIMMER BIOMET HOLDINGS INC	15,000 shares	14,545	14,951
	ZIMMER BIOMET HOLDINGS INC	12,000 shares	12,389	12,180
	ZIMMER BIOMET HOLDINGS INC	11,000 shares	11,717	10,829
	Total Corporate Bonds		<u>3,059,222</u>	<u>2,992,826</u>
	Certificates Of Deposit:			
	AMERICAN EXPRESS SANDY UT CD	11/6/2026 4.00% 110,000	110,000	109,927
	BANK HAPALIM CD NEW YORK CITY	1/21/2025 5.25% 120,000	120,000	119,993
	BANK HAPALIM CD NEW YORK CITY	4/20/2026 4.90% 100,000	100,000	101,017
	BANK OF AMERICA N CHARLOTTE NC	11/9/2026 4.00% 25,000	25,000	24,994
	BARCLAYS BANK CD WILMINGTON DE	7/28/2025 5.10% 120,000	120,000	120,584
	CAPITAL ONE NA MCLEAN VA CD	6/30/2026 3.35% 220,000	220,000	219,111
	DISCOVER BK CD GREENWOOD DE CD	11/2/2026 5.15% 100,000	100,000	101,999
	DISCOVER BK CD GREENWOOD DE CD	10/31/2025 5.40% 100,000	100,000	101,070
	FLAGSTAR BK NATL HICKSVILLE NY CD 078-116320-262	1/26/2026 4.85% 225,000	225,000	226,717
	LEGACY BANK ROGERSVILLE MO CD	10/14/2025 4.000% 134,000	134,000	133,853
*	MS BANK NA SALT LAKE CITY UT CD	05/06/2026 4.100% 110,000	110,000	110,009
*	MS BANK NA SALT LAKE CITY UT CD	05/13/2026 4.100% 25,000	25,000	25,003
	WELLS FARGO BK N SIOUX FALLS SD	04/30/2025 5.500% 100,000	100,000	100,411
	Total Certificates Of Deposit		<u>1,489,000</u>	<u>1,494,688</u>
	Alternatives:			
	CPG FOCUSED ACCESS FUND	27,309	612,097	735,713
	FS CREDIT REIT CL I	13,452	328,106	324,696
	IRONWOOD INSTIT MS LLC	545	644,813	679,111
	POMONA INVESTMENT FUND I	22,470	320,770	352,825
	Total Alternatives		<u>1,905,786</u>	<u>2,092,345</u>
	Money Market Fund:			
	1ST NATIONAL BANK OF SCOTIA MONEY MARKET		<u>114,388</u>	<u>114,388</u>
	Investment Entity:			
	PROLOAN BOND FUND, LLC	843	<u>1,400,000</u>	<u>1,466,010</u>
	Savings Account:			
	BSNB SAVINGS ACCOUNT		<u>1,160,384</u>	<u>1,160,384</u>
	Total Investments		<u>\$ 16,730,642</u>	<u>\$ 17,971,542</u>

* Party-In-Interest

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Mutual Funds:			
	ABBEY CPTL FUTURES STRATEGY I	21,272 shares	\$ 239,633	\$ 234,208
	DOUBLELINE TOTAL RETURN I	165,433 shares	1,380,000	1,434,302
	FEDERATED HERMES GOVT OBL PRM	268,540 shares	-	268,540
	FS MULTI STRATEGY ALTERN I	38,543 shares	424,689	429,371
	LM MARTIN CURRIE SMASH SER EM	15,966 shares	145,274	139,384
	LOCORR MARKET TREND I	21,231 shares	228,996	232,477
	NEUBERGER BERMAN LG SH INST	36,181 shares	628,017	678,397
	TORTOISE ENRGY INFR TOT RET I	19,926 shares	168,919	383,178
	Total Mutual Funds		<u>3,215,528</u>	<u>3,799,857</u>
	Cash:			
	Cash		3,071	3,071
	BANK DEPOSIT PROGRAM		166,668	166,668
*	MSPBNA PREFERRED		<u>1,750</u>	<u>1,750</u>
	Total Cash		<u>171,489</u>	<u>171,489</u>
	Exchange Traded And Closed End Funds:			
	ANGEL OAK FINL STRATEGIES INCM	5,950 shares	73,023	75,565
	BLACKROCK CREDIT ALL INC TR IV	4,400 shares	43,662	46,024
	BLACKROCK MUNIHL DNG CA QUAL FD	11,025 shares	115,110	117,196
	INVESCO S&P 500 EQUAL WEIGHT E	1,589 shares	291,640	278,440
	ISHARES CORE INTL STOCK ETF	2,944 shares	200,091	194,716
	ISHARES 20+ YR TREASU BOND ETF	3,308 shares	299,997	288,888
	ISHARES 7-10 YR TREASURY BD ETF	975 shares	95,682	90,139
	MFS INTERMEDIATE INCOME TR SBI	20,750 shares	57,680	55,195
	NUV NEW YORK AMT-FREE MUNIC	13,475 shares	134,996	140,949
	NUVEEN AMT-FREE QLTY MUN INC	4,750 shares	52,128	53,580
	NUVEEN CA QUALITY MUN INC FD	6,600 shares	71,418	74,514
	PIONEER DIVERSIFIED HIGH INC	3,525 shares	35,154	41,595
	SPDR BLOOMBERG 1-3 MONTH T-B	104 shares	9,542	9,509
	VANGUARD SMALL CAP ETF	668 shares	150,227	160,507
	VANGUARD TOTAL BOND MARKET	780 shares	57,503	56,090
	WESTERN ASST INFLT N LKD INM FD	14,000 shares	<u>125,868</u>	<u>111,999</u>
	Total Exchange Traded And Closed End Funds		<u>1,813,721</u>	<u>1,794,906</u>
	Common Stocks:			
	AAON INC	63 shares	4,364	7,466
	ABBOTT LABORATORIES	149 shares	17,002	16,853
	ABBVIE INC COM	31 shares	4,872	5,488
	ACADIA HEALTHCARE COMPANY INC	131 shares	8,397	5,194
	ACCENTURE PLC IRELAND CL A	45 shares	12,032	15,831
	ADIDAS AG	63 shares	7,344	7,734
	ADOBE INC	67 shares	29,011	30,013
	AGNC INVESTMENT CORP	827 shares	7,534	7,617
	AIA GROUP LTD SPON ADR	558 shares	22,965	16,177
	AIM INV RED KTB07	6,250 shares	64,977	73,188
	AIR LIQUIDE ADR	549 shares	14,890	17,841
	AIR PROD & CHEM INC	5 shares	1,692	1,537
	AIRBNB INC CL A	110 shares	12,110	14,455
	ALAMO GROUP INC	18 shares	2,116	3,372
	ALCON INC	105 shares	8,044	8,913
	ALIBABA GROUP HLDG LTD	142 shares	17,203	12,040
	ALLSTATE CORP	36 shares	6,175	6,929
	ALPHABET INC CL A	124 shares	<u>12,223</u>	<u>23,473</u>

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	ALPHABET INC CL C	128 shares	12,857	24,376
	ALPHAVEST ACQUISITION CORP	3,500 shares	36,357	39,725
	AMADEUS IT GROUP S.A ADR	180 shares	11,044	12,712
	AMAZON COM INC	340 shares	33,722	74,593
	AMER INTL GP INC NEW	133 shares	9,860	9,682
	AMERICAN EXPRESS CO	26 shares	4,677	7,649
	AMERICAN WATER WORKS CO	65 shares	8,296	8,065
	AMERIPRISE FINCL INC	34 shares	8,007	18,103
	AMGEN INC	42 shares	9,464	10,902
	ANSYS INC	37 shares	13,052	12,510
	ANTERO RES CORP COM	199 shares	5,645	6,975
	APPLE INC	191 shares	24,700	47,830
	ARES ACQUISITION CORP II CL A	6,500 shares	69,193	71,370
	ARTISAN PARTNERS ASSET MGMT	185 shares	7,144	7,964
	ASM INTERNATIONAL NV	19 shares	6,088	10,726
	ASML HOLDING NV NY REG NEW	24 shares	18,419	16,893
	ATLAS COPCO AB SP ADR B SP ADR	912 shares	9,598	12,336
	ATMOS ENERGY CP	83 shares	9,131	11,559
	BANK RAKYAT INDONESIA ADR	417 shares	5,619	5,285
	BEACON ROOFING SUPPLY INC	115 shares	7,274	11,682
	BLACKSTONE INC	64 shares	7,404	10,974
	BOSTON SCIENTIFIC CORP	33 shares	1,353	2,948
	BROADCOM INC	49 shares	2,888	11,279
	BRUKER CORPORATION	97 shares	5,631	5,694
	BWX TECHNOLOGIES INC COM	62 shares	5,335	6,937
	BYD COMPANY LTD UNSPON ADR	52 shares	3,654	3,566
	CADENCE BANK	265 shares	6,807	9,129
	CANADIAN NATL RAILWAY CO	99 shares	11,392	10,006
	CAPITAL ONE FINANCIAL CORP	88 shares	11,660	15,692
	CAPITEC BANK HOLDINGS LTD ADR	80 shares	3,150	6,658
	CAPRI HOLDINGS LIMITED	270 shares	5,851	5,686
	CELESTICA INC	116 shares	6,379	10,707
	CENTURION ACQUISITION CRP CL A	3,750 shares	37,500	37,875
	CHAMPION HOMES INC	47 shares	2,984	4,102
	CHARLES SCHWAB NEW	63 shares	3,978	4,669
	CHINA MERCHANTS BK CO LTD UNSP	311 shares	8,562	8,007
	CHIPOTLE MEXICAN GRILL INC COM	54 shares	2,950	3,261
	CIENA CORP NEW	93 shares	5,526	7,896
	CLP HOLDINGS LTD SP ADR	841 shares	7,637	7,069
	COCA COLA CO	237 shares	13,114	14,756
	COLOPLAST AS SPONERED ADR	1,074 shares	16,462	11,725
	COLUMBUS MCKINNON CORP	92 shares	3,555	3,425
	COMERICA INC	211 shares	10,743	13,050
	COMMERCE BANCSHARES	96 shares	5,385	5,982
	COMPASS GROUP PLC SPD ADR	528 shares	11,017	17,603
	CONOCOPHILLIPS	34 shares	2,064	3,375
	CONSTELLATION BRANDS INC CL A	30 shares	7,107	6,630
	CONSTELLATION ENERGY CORP	16 shares	2,998	3,485

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	CORTEVA INC	236 shares	10,332	13,443
	COSAN S A ADR	338 shares	4,449	1,839
	COSTAR GROUP INC	91 shares	6,734	6,548
	COSTCO WHOLESALE CORP NEW	6 shares	2,205	5,733
	COTERRA ENERGY INC	363 shares	7,458	9,271
	COTY INC COM CL A	697 shares	6,667	4,851
	CROWDSTRIKE HLDGS INC CL A	10 shares	3,054	3,369
	CSL LTD	119 shares	12,327	10,373
	CULLEN FROST BANKERS INC	134 shares	15,273	17,990
	CUSHMAN & WAKEFIELD PLC	845 shares	9,165	11,053
	DAIKIN INDS LTD UNSPON ADR	803 shares	15,257	9,534
	DANAHER CORPORATION	42 shares	9,670	9,641
	DASSAULT SYSTEMS SA ADS	327 shares	16,679	11,343
	DATADOG INC CL A	14 shares	1,585	1,995
	DIAGEO PLC SPON ADR NEW	65 shares	12,007	8,290
	DT CLOUD ACQUISITION CORP	5,500 shares	56,206	57,420
	DUPONT DE NEMOURS INC	20 shares	1,647	1,500
	EATON CORP PLC SHS	8 shares	1,575	2,529
	ECOLAB INC	44 shares	9,582	10,310
	ELEMENT SOLUTIONS INC	585 shares	11,007	14,877
	ELI LILLY & CO	28 shares	12,928	21,670
	EPAM SYSTEMS	12 shares	3,748	2,862
	EQUITY LIFESTYLE PROPERTIES	103 shares	7,241	6,860
	EXPERIAN GP LTD ADR	256 shares	10,508	11,045
	EXXON MOBIL CORP	43 shares	2,639	4,622
	FABRINET	27 shares	2,797	5,920
	FANUC CORPORATION UNSP ADR	444 shares	9,370	5,898
	FERRARI N V	45 shares	9,969	19,084
	FIRST AMERICAN FINL CORP	179 shares	10,078	11,177
	FIRSTCASH HLDGS INC	65 shares	7,135	6,694
	GARTNER INC	14 shares	2,163	6,595
	GATX CORP	32 shares	3,126	4,922
	GENL DYNAMICS CORP	35 shares	6,083	9,222
	GILDAN ACTIVEWEAR INC	159 shares	5,802	7,481
	GLOBANT S.A	33 shares	6,203	7,090
	GLOBUS MEDICAL INC A	76 shares	3,836	6,258
	GOLDMAN SACHS GRP INC	16 shares	6,508	9,391
	GP-ACT III ACQISITION CRP CL A	5,600 shares	56,112	56,784
	GRUPO FINANCIERO BANORTE SAB	107 shares	3,608	3,457
	GXO LOGISTICS INCORPORATED	128 shares	5,710	5,568
	H&E EQUIPMENT SVCS INC	69 shares	3,762	3,382
	HAWKINS INC	29 shares	3,648	3,549

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	HDFC BANK LTD ADR	250 shares	15,886	15,965
	HEALTH EQUITY INC COM	93 shares	7,170	8,917
	HERMES INTL SCA UNSPON ADR	82 shares	9,108	19,602
	HOME DEPOT INC	11 shares	3,663	4,240
	HONEYWELL INTL INC	48 shares	9,828	10,808
	HOYA CORP SPONS ADR	90 shares	13,720	11,319
	HUNTINGTON INGALLS INDUSTRIES	24 shares	4,702	4,554
	IB ACQUISITION CORP	3,650 shares	36,458	36,956
	ICICI BANK LTD	437 shares	8,043	13,049
	INDUSTRIA DE DISEÑO TEXTIL IND	615 shares	11,258	15,806
	INFINEON TECHNOLOGIES AG	289 shares	9,945	9,397
	INSIGHT ENTERPRISES INC	34 shares	3,486	5,191
	INSTALLED BLDG PRODS INC	47 shares	5,919	8,234
	JARDINE MATHESON HLDGS LTD ADR	150 shares	7,470	6,146
	JD COM INC SPON ADR CL A	137 shares	9,104	4,750
	JOHN BEAN TECHNOLOGIES CORP	56 shares	7,010	7,118
	JPMORGAN CHASE & CO	45 shares	6,007	10,904
	KIRBY CP	34 shares	2,103	3,572
	KKR & CO INC CL A	40 shares	4,424	5,979
	KONE OYJ ADR	365 shares	12,111	8,882
	KUEHNE & NAGEL INTL AG ADR	116 shares	6,575	5,320
	L OREAL CO ADR	199 shares	16,789	14,089
	LEGATO MERGER CORP III	7,500 shares	76,945	77,175
	LENNAR CORPORATION	95 shares	8,416	12,955
	LINCOLN ELEC HLDGS INC	19 shares	3,587	3,529
	LONZA GROUP AG ZUERICH ADR	123 shares	7,754	7,272
	LOWES COMPANIES INC	35 shares	7,345	8,611
	LVMH MOET HENNESSY LOUIS VUITT	113 shares	16,358	14,872
	MAKEMYTRIP LIMITED	24 shares	2,563	2,735
	MANPOWERGROUP INC COM	69 shares	4,229	3,971
	MARTIN MARIETTA MATERIALS	26 shares	8,576	13,594
	MASTERCARD INC CL A	45 shares	15,056	23,696
	MATADOR RES CO	114 shares	6,437	6,414
	MATERION CORP COM	73 shares	7,917	7,217
	MAXLINEAR INC CLASS A	146 shares	2,087	2,888
	MC DONALDS CORP	10 shares	2,430	2,899
	MCKESSON CORP	5 shares	2,890	3,074
	MEDTRONIC PLC SHS	85 shares	9,721	6,784
	MEITUAN ADR	234 shares	10,109	9,140
	MERCK & CO INC NEW COM	95 shares	7,349	9,425
	MERCK KGAA SPD ADR	309 shares	12,570	8,953
	META PLATFORMS INC CL A	18 shares	4,285	10,406
	MFA FINL INC	604 shares	6,643	6,155
	MICHELIN COMPAGNIE GENERALE DE	518 shares	9,586	8,528
	MICROCHIP TECHNOLOGY INC	138 shares	10,355	7,914
	MICRON TECH INC	20 shares	1,246	1,668

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	MICROSOFT CORP	184 shares	26,964	77,556
	MINTH GROUP LTD	66 shares	2,094	2,438
	MITSUBISHI UFJ FINCL GRP ADS	730 shares	4,493	8,556
*	MORGAN STANLEY	37 shares	2,921	4,652
	MSCI INC COM	28 shares	14,649	16,597
	MURATA MANUFACTURING CO LTD	766 shares	9,859	6,238
	MURPHY OIL CORP	208 shares	7,210	6,294
	NETFLIX INC	32 shares	6,435	28,778
	NNN REIT INC	176 shares	6,862	7,190
	NOVARTIS AG ADR	130 shares	10,099	12,650
	NOVO NORDISK A/S ADR	180 shares	8,580	15,484
	NOVO NORDISK A/S ADR	77 shares	7,226	6,665
	NVIDIA CORPORATION	190 shares	4,491	25,515
	OFC CREDIT CO	3,000 shares	74,208	74,706
	ORACLE CORP	164 shares	25,189	27,329
	OSHKOSH CORP	99 shares	10,531	9,384
	PALO ALTO NETWORKS INC	20 shares	1,837	3,661
	PARKER HANNIFIN CORP	31 shares	8,636	19,793
	PAYCOM SOFTWARE INC	40 shares	7,523	8,147
	PERMIAN RESOURCES CP CL A	432 shares	5,157	6,212
	PING AN INSURANCE ADR	570 shares	7,724	6,758
	PKO BANK POLSKI UNSPON ADR	279 shares	3,917	4,037
	PNC FINL SVCS GP	54 shares	8,753	10,414
	PORTLAND GENERAL ELEC CO	155 shares	6,744	6,761
	PROCTER & GAMBLE	61 shares	8,243	10,227
	PROSPERITY BANCSHARES	110 shares	6,443	8,289
	PT BK NEGARA INDONESIA UN ADR	281 shares	4,399	3,797
	QUALCOMM INC	78 shares	11,210	11,982
	R P M INC	88 shares	7,088	10,829
	RAMBUS INC	79 shares	1,761	4,185
	RED ROCK RESORTS INC CL A	162 shares	7,415	7,491
	ROCHE HOLDINGS ADR	312 shares	13,489	10,883
	RTX CORPORATION	45 shares	4,417	5,176
	RUSH ENTERPRISES INC CL A	144 shares	5,426	7,890
	RXO INC	282 shares	6,573	6,723
	SAGE GROUP PLC ADR NEW	133 shares	7,231	8,482
	SALESFORCE INC	12 shares	4,014	3,958
	SAP AG	57 shares	7,847	14,122
	SELECTIVE INSURANCE GROUP	93 shares	7,935	8,700
	SERVICENOW INC	26 shares	11,015	27,600
	SGS SA ADR	1,106 shares	11,642	11,091
	SHIN ETSU CHEM CO LTD ADR	652 shares	11,385	10,986
	SHOPIFY INC	214 shares	14,179	22,755
	SMC CORP JAPAN SPONSORED ADR	645 shares	20,179	12,759
	SONY GROUP CORPORATION ADR	560 shares	12,487	11,850
	STAG INDL INC COM	205 shares	6,686	6,933
	SYSMEX CORP UNSPON ADR	568 shares	17,680	10,541
	T-MOBILE US INC COM	26 shares	3,587	5,724

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Common Stocks (Continued):			
	TAIWAN SMCNDCR MFG CO LTD ADR	377 shares	34,527	74,454
	TELEDYNE TECH INC	19 shares	8,132	8,977
	TENCENT HLDGS LTD UNSPON ADR	541 shares	25,114	28,770
	TERUMO CORP ADR UNSPONS ADR	350 shares	5,981	6,819
	TESLA INC	13 shares	3,054	5,302
	THERMO FISHER SCIENTIFIC	33 shares	18,413	17,213
	TOTALENERGIES SE SPONSORED ADS	160 shares	7,794	8,720
	TOTALENERGIES SE SPONSORED ADS	140 shares	8,882	7,630
	TRANSMEDICS GROUP INC	43 shares	3,967	2,706
	TRIP COM GROUP LTD ADR	93 shares	4,794	6,416
	U S BANCORP COM NEW	312 shares	11,697	14,923
	UNITED BANKSHARES INC W VA	197 shares	6,402	7,397
	UNITED RENTALS INC	6 shares	3,142	4,403
	UNITEDHEALTH GP INC	21 shares	7,329	10,806
	UNIVERSAL MUSIC GROUP NV ADR	731 shares	9,363	9,356
	VALMONT INDUSTRIES	21 shares	4,886	6,449
	VALVOLINE INC COM	186 shares	6,787	6,729
	VERIZON COMMUNICATIONS	239 shares	10,045	9,558
	VERTEX PHARMACEUTICALS	2 shares	559	772
	VERTIV HOLDINGS LLC CL A	19 shares	1,629	2,131
	VISA INC CL A	84 shares	16,806	26,413
	WAL-MART DE MEXICO SA SPON ADR	119 shares	3,998	3,141
	WALMART INC	91 shares	4,713	8,185
	WARBY PARKER INC CL A	291 shares	4,169	7,045
	WEG S.A. SPONSORED ADR	794 shares	4,161	6,782
	WESTERN ALLIANCE BANCORP	156 shares	8,437	13,032
	WOLTERS KLUWER NV SPON ADR	74 shares	9,279	12,238
	WORKDAY INC CL A	52 shares	11,772	13,443
	XCEL ENERGY INC	138 shares	9,143	9,318
	XYLEM INC COM	80 shares	9,076	9,282
	ZIONS BANCORPORATION N A	218 shares	8,428	11,827
	ZOETIS INC CLASS-A	100 shares	16,942	16,267
	Total Common Stocks		<u>2,401,124</u>	<u>2,884,649</u>
	Corporate Bonds:			
	AECOM	22,000 shares	21,479	21,838
	ALLEGION US HOLDING CO INC	39,000 shares	41,295	37,611
	ALTRIA GROUP INC	35,000 shares	38,532	37,978
	AMERICAN TOWER CORP	5,000 shares	4,619	4,737
	AMERICAN TOWER CORP	23,000 shares	20,389	20,718
	AMERICAN TOWER CORP	17,000 shares	17,008	17,021

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Corporate Bonds (Continued):			
	AT&T INC	39,000 shares	44,999	38,160
	AT&T INC	6,000 shares	4,866	5,224
	ATI INC	10,000 shares	9,967	9,936
	BAT CAPITAL CORP	37,000 shares	38,634	39,123
	BATH & BODY WORKS INC	27,000 shares	27,878	27,869
	BERRY GLOBAL INC	41,000 shares	37,107	39,566
	BLOCK FINANCIAL LLC	5,000 shares	4,406	4,616
	BLOCK FINANCIAL LLC	43,000 shares	43,571	39,135
	BOYD GAMING CORP	43,000 shares	42,820	41,572
	BOYD GAMING CORP	23,000 shares	21,610	22,236
	BROADCOM INC	31,000 shares	29,982	29,918
	CA INC	9,000 shares	10,117	8,822
	CARLISLE COS INC	44,000 shares	35,367	35,984
	CARPENTER TECHNOLOGY CORP	4,000 shares	3,941	4,007
	CDW LLC / CDW FINANCE CORP	22,000 shares	21,415	21,847
	CDW LLC / CDW FINANCE CORP	31,000 shares	28,295	28,557
	CENTENE CORP	23,000 shares	21,260	22,315
	CENTURY COMMUNITIES INC	15,000 shares	15,016	15,009
	CHARTER COMMUNICATIONS OPERATI	22,000 shares	22,301	21,974
	CLEVELAND-CLIFFS INC	12,000 shares	11,970	11,932
	CONAGRA BRANDS INC	5,000 shares	4,835	4,974
	CROWN AMERICAS LLC / CROWN	21,000 shares	20,871	20,744
	CROWN CASTLE INC	6,000 shares	6,203	6,118
	CROWN CASTLE INC	9,000 shares	9,101	9,170
	DCP MIDSTREAM OPERATING LP	10,000 shares	10,036	10,012
	DICK'S SPORTING GOODS INC	18,000 shares	14,018	15,777
	DISCOVERY COMMUNICATIONS LLC	40,000 shares	44,949	37,876
	DOLLAR TREE INC	38,000 shares	43,822	36,951
	EAGLE POINT INCOME CO INC	2,100 shares	52,080	52,437
	ENCOMPASS HEALTH CORP	46,000 shares	42,113	43,640
	ENCOMPASS HEALTH CORP	23,000 shares	22,087	21,820
	ENLINK MIDSTREAM PARTNERS LP	22,000 shares	21,077	21,896
	EXPEDIA GROUP INC	22,000 shares	20,680	21,906
	EXPEDIA INC	17,000 shares	15,690	16,423
	FISERV INC	36,000 shares	36,822	36,648
	FLEX LTD	39,000 shares	39,828	39,781
	FORD MOTOR CO	22,000 shares	21,397	21,668
	GENUINE PARTS CO	33,000 shares	36,498	36,220
	GLOBAL PAYMENTS INC	26,000 shares	30,070	25,954
	GLOBAL PAYMENTS INC	6,000 shares	5,082	5,343
	GLOBAL PAYMENTS INC	11,000 shares	11,319	10,964
	GLP CAPITAL LP / GLP FINANCING II	6,000 shares	5,890	5,999
	GREAT ELM CAP CORP	1,525 shares	37,820	38,049
	HB FULLER CO	24,000 shares	22,858	22,542
	HCA INC	15,000 shares	15,534	15,003
	HCA INC	36,000 shares	42,271	36,489
	HCA INC	5,000 shares	4,379	4,545
	HILLENBRAND INC	21,000 shares	20,559	20,862
	HILTON WORLDWIDE FINANCE LLC /	21,000 shares	20,979	20,744
	HORIZON TECHNOLOGY FIN CORP CAL	2,700 shares	66,906	64,908
	HP INC	40,000 shares	43,858	38,356
	ICAHN ENTERPRISES LP / ICAHN	13,000 shares	12,878	12,879

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501

Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Corporate Bonds (Continued):			
	IQVIA INC	36,000 shares	38,309	37,222
	LAMAR MEDIA CORP	23,000 shares	20,669	21,569
	LKQ CORP	20,000 shares	21,143	20,663
	LKQ CORP	14,000 shares	14,278	14,229
	LOWE'S COS INC	5,000 shares	5,057	4,976
	MARRIOTT INTERNATIONAL INC/MD	35,000 shares	34,152	34,339
	MICROCHIP TECHNOLOGY INC	37,000 shares	38,841	36,846
	MOLSON COORS BEVERAGE CO	40,000 shares	43,322	39,005
	MOTOROLA SOLUTIONS INC	5,000 shares	4,826	4,920
	MOTOROLA SOLUTIONS INC	37,000 shares	40,809	36,659
	NMI HOLDINGS INC	12,000 shares	11,885	12,051
	OFS CREDIT CO INC	2,600 shares	63,909	63,596
	OLIN CORP	42,000 shares	40,005	40,929
	ONEMAIN FINANCE CORP	22,000 shares	22,444	22,395
	ORACLE CORP	39,000 shares	40,355	41,358
	OXFORD LANE CAP CORP	2,600 shares	63,700	63,102
	OXFORD SQUARE CAPITAL CO	2,600 shares	63,956	64,350
	PENSKE AUTOMOTIVE GROUP INC	22,000 shares	21,329	21,736
	PHILIP MORRIS INTERNATIONAL INC	36,000 shares	35,918	36,080
	QORVO INC	45,000 shares	48,320	42,202
	RUNWAY GROWTH FIN CORP	2,150 shares	53,213	53,965
	RUNWAY GROWTH FIN CO (RWAYL)	1,600 shares	39,600	39,808
	SABRA HEALTH CARE LP	22,000 shares	20,913	21,981
	SARATOGA INVT CORP	1,000 shares	24,600	25,371
	SBA COMMUNICATIONS CORP	34,000 shares	35,338	32,595
	SBA COMMUNICATIONS CORP	24,000 shares	22,400	23,008
	SBA COMMUNICATIONS CORP	13,000 shares	10,985	11,734
	SERVICE CORP INTERNATIONAL/US	43,000 shares	46,958	41,794
	SERVICE CORP INTERNATIONAL/US	23,000 shares	21,639	22,442
	SERVICE CORP INTERNATIONAL/US	7,000 shares	7,070	6,801
	SILGAN HOLDINGS INC	23,000 shares	21,024	21,951
	SLM CORP	12,000 shares	11,770	11,893
	SLM CORP	10,000 shares	8,744	9,544
	STARWOOD PROPERTY TRUST INC	10,000 shares	9,645	9,995
	STEEL DYNAMICS INC	40,000 shares	42,372	39,527
	SUNOCO LP / SUNOCO FINANCE CORP	18,000 shares	18,225	17,964
	TEGNA INC	24,000 shares	21,595	22,680
	TELEDYNE TECHNOLOGIES INC	39,000 shares	33,561	33,962
	TELEFLEX INC	22,000 shares	20,829	21,335
	TENET HEALTHCARE CORP	23,000 shares	21,360	21,592
	TENET HEALTHCARE CORP	26,000 shares	24,765	25,952
	TEVA PHARMACEUTICAL FINANCE	23,000 shares	20,009	22,130
	TRANSDIGM INC	43,000 shares	40,248	42,301
	TRAVEL + LEISURE CO	22,000 shares	21,200	22,004
	TRIMBLE INC	38,000 shares	41,979	37,962
	UNDER ARMOUR INC	23,000 shares	21,327	22,224
	UNITED RENTALS NORTH AMERICA INC 078-019606-262	22,000 shares	22,242	21,921
	UNITED RENTALS NORTH AMERICA INC 078-018006-262	42,000 shares	44,512	40,896
	UNITED RENTALS NORTH AMERICA INC 078-018006-262	7,000 shares	6,624	6,390
	VERIZON COMMUNICATIONS INC	5,000 shares	4,764	4,906
	VERIZON COMMUNICATIONS INC	43,000 shares	36,771	37,066
	VICI PROPERTIES LP	22,000 shares	21,469	21,819
	WESTERN DIGITAL CORP	22,000 shares	21,684	21,788
	WESTERN MIDSTREAM OPERATING LP	16,000 shares	15,665	15,968
	WESTINGHOUSE AIR BRAKE	37,000 shares	42,731	36,672

SHEET METAL WORKERS LOCAL NO. 83 INSURANCE FUND

EIN: 14-1435258 Plan: 501
Schedule H, Line 4i - Schedule Of Assets (Held At End Of Year)
December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity Of Issue, Borrower, Lessor, Or Similar Party	Description Of Investment Including Maturity Date, Rate Of Interest, Collateral, Par, Or Maturity Value	Cost	Current Value
	Corporate Bonds (Continued):			
	WILLIS NORTH AMERICA INC	38,000 shares	43,313	37,307
	WILLIS NORTH AMERICA INC	5,000 shares	4,846	4,988
	ZIMMER BIOMET HOLDINGS INC	15,000 shares	14,545	14,951
	ZIMMER BIOMET HOLDINGS INC	12,000 shares	12,389	12,180
	ZIMMER BIOMET HOLDINGS INC	11,000 shares	11,717	10,829
	Total Corporate Bonds		<u>3,059,222</u>	<u>2,992,826</u>
	Certificates Of Deposit:			
	AMERICAN EXPRESS SANDY UT CD	11/6/2026 4.00% 110,000	110,000	109,927
	BANK HAPALIM CD NEW YORK CITY	1/21/2025 5.25% 120,000	120,000	119,993
	BANK HAPALIM CD NEW YORK CITY	4/20/2026 4.90% 100,000	100,000	101,017
	BANK OF AMERICA N CHARLOTTE NC	11/9/2026 4.00% 25,000	25,000	24,994
	BARCLAYS BANK CD WILMINGTON DE	7/28/2025 5.10% 120,000	120,000	120,584
	CAPITAL ONE NA MCLEAN VA CD	6/30/2026 3.35% 220,000	220,000	219,111
	DISCOVER BK CD GREENWOOD DE CD	11/2/2026 5.15% 100,000	100,000	101,999
	DISCOVER BK CD GREENWOOD DE CD	10/31/2025 5.40% 100,000	100,000	101,070
	FLAGSTAR BK NATL HICKSVILLE NY CD 078-116320-262	1/26/2026 4.85% 225,000	225,000	226,717
	LEGACY BANK ROGERSVILLE MO CD	10/14/2025 4.000% 134,000	134,000	133,853
*	MS BANK NA SALT LAKE CITY UT CD	05/06/2026 4.100% 110,000	110,000	110,009
*	MS BANK NA SALT LAKE CITY UT CD	05/13/2026 4.100% 25,000	25,000	25,003
	WELLS FARGO BK N SIOUX FALLS SD	04/30/2025 5.500% 100,000	100,000	100,411
	Total Certificates Of Deposit		<u>1,489,000</u>	<u>1,494,688</u>
	Alternatives:			
	CPG FOCUSED ACCESS FUND	27,309	612,097	735,713
	FS CREDIT REIT CL I	13,452	328,106	324,696
	IRONWOOD INSTIT MS LLC	545	644,813	679,111
	POMONA INVESTMENT FUND I	22,470	320,770	352,825
	Total Alternatives		<u>1,905,786</u>	<u>2,092,345</u>
	Money Market Fund:			
	1ST NATIONAL BANK OF SCOTIA MONEY MARKET		<u>114,388</u>	<u>114,388</u>
	Investment Entity:			
	PROLOAN BOND FUND, LLC	843	<u>1,400,000</u>	<u>1,466,010</u>
	Savings Account:			
	BSNB SAVINGS ACCOUNT		<u>1,160,384</u>	<u>1,160,384</u>
	Total Investments		<u>\$ 16,730,642</u>	<u>\$ 17,971,542</u>

* Party-In-Interest