

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 <h1 style="margin: 0;">2024</h1> 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 <u>I.A.T.S.E. LOCAL 16 HEALTH AND WELFARE TRUST FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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) <u>I.A.T.S.E. LOCAL 16 WELFARE TRUST FUND</u> <u>7180 KOLL CENTER PARKWAY, SUITE 200</u> <u>PLEASANTON, CA 94566</u>	1c Effective date of plan <u>07/01/1965</u> 2b Employer Identification Number (EIN) <u>94-6138741</u> 2c Plan Sponsor's telephone number <u>925-208-9999</u> 2d Business code (see instructions) <u>813000</u>

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.	10/10/2025	JIM BEAUMONTE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	JEN GOOD
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1195
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)	1183
	6a(2)	1030
	6b	7
	6c	0
	6d	1037
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	151

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 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**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 I.A.T.S.E. LOCAL 16 HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 I.A.T.S.E. LOCAL 16 WELFARE TRUST FUND	D Employer Identification Number (EIN) 94-6138741

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

SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	94238	685	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 23684	(b) Total amount of fees paid 2265
---	---

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

STEALTH PARTNER GROUP LLC
18700 N HAYDEN ROAD
SUITE 405
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23684	2265	BONUS	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

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

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

e Deductions:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	112170
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 I.A.T.S.E. LOCAL 16 HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 I.A.T.S.E. LOCAL 16 WELFARE TRUST FUND	D Employer Identification Number (EIN) 94-6138741

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
RELIASTAR 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
41-0451140	67105	EXRK	728	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 184481	(b) Total amount of fees paid 134481
--	---

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
STEALTH PARTNER GROUP LLC **18940 N PIMA RD STE 210**
SCOTTSDALE, AZ 85255-6343

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
134481	134481	ADMINISTRATION FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEALTH PARTNER GROUP LLC **18700 N HAYDEN RD STE 405**
SCOTTSDALE, AZ 85255-6343

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
50000	0		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	

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2689622
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

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

A Name of plan I.A.T.S.E. LOCAL 16 HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 I.A.T.S.E. LOCAL 16 WELFARE TRUST FUND	D Employer Identification Number (EIN) 94-6138741	

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

DODGE & COX **555 CALIFORNIA ST, 40TH FLR**
SAN FRANCISCO, CA 94104

(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)

BENESYS, INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 99	NONE	326420	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1662	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHEM BLUE CROSS LIFE & HEALTH INS

95-4331852

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 49 50	NONE	191366	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	144391	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAEL & LETSON

94-1707048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	67371	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEINBERG, ROGER & ROSENFELD

94-2458080

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	52215	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TEAMSTERS ASSISTANCE PROGRAM

68-0048516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	17794	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CIGNA HEALTH AND LIFE INSURANCE CO.

59-1031071

(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 31 38 49 50 56 62	NONE	14331	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SMART SOURCE

30-0830429

(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?
36 50	NONE	14206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEDEXPERT INTERNATIONAL, INC.

94-3360248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

VERUS ADVISORY, INC.

91-1320111

(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 50	NONE	10000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO, NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 49 50	NONE	9467	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNION INSURANCE GROUP

36-4226088

(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?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9425	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UNION INSURANCE GROUP	53	7070
(d) Enter name and EIN (address) of source of indirect compensation ULLICO/MARKEL 36-2950161	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2 UNION INSURANCE GROUP	(b) Service Codes (see instructions) 53	(c) Enter amount of indirect compensation 2300
(d) Enter name and EIN (address) of source of indirect compensation LLOYD'S OF LONDON 36-1404320	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2 BENESYS, INC.	(b) Service Codes (see instructions) 99	(c) Enter amount of indirect compensation 1662
(d) Enter name and EIN (address) of source of indirect compensation ZELIS 84-2694744	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. NON-PPO NEGOTIATIONS H&W	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan I.A.T.S.E. LOCAL 16 HEALTH AND WELFARE TRUST FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 I.A.T.S.E. LOCAL 16 WELFARE TRUST FUND	D Employer Identification Number (EIN) 94-6138741

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	8799328	2842007
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1196326	826200
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	574123	360140
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10087657	17804516
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	20657434	21832863
Liabilities			
g Benefit claims payable.....	1g	1674900	941800
h Operating payables.....	1h	19485	50467
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1694385	992267
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18963049	20840596

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)	13955559	
(B) Participants.....	2a(1)(B)	341985	
(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)		14297544
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	500428	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		500428
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		223395
c Other income	2c		1360950
d Total income. Add all income amounts in column (b) and enter total	2d		16382317

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10779734	
(2) To insurance carriers for the provision of benefits	2e(2)	2801808	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13581542
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)	303502	
(3) Recordkeeping fees	2i(3)	102867	
(4) IQPA audit fees	2i(4)	41524	
(5) Investment advisory and investment management fees	2i(5)	10253	
(6) Bank or trust company trustee/custodial fees	2i(6)	11342	
(7) Actuarial fees	2i(7)	67371	
(8) Legal fees	2i(8)	52215	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	16285	
(11) Other expenses	2i(11)	317869	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		923228
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14504770

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1877547
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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

**I.A.T.S.E. LOCAL 16
HEALTH AND WELFARE TRUST FUND
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Reports**

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Table of Contents
December 31, 2024 and 2023

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statements of Benefit Obligations	5
Statements of Changes in Benefit Obligations	6
Notes to Financial Statements	7-13
Supplementary Information	
Report on Supplementary Information	14
Schedules of Administrative Expenses	15
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	16
Schedule H, Line 4j - Schedule of Reportable Transactions	17-24

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
I.A.T.S.E. Local 16 Health and Welfare Trust Fund:

Opinion

We have audited the financial statements of I.A.T.S.E. Local 16 Health and Welfare Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of I.A.T.S.E. Local 16 Health and Welfare Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of I.A.T.S.E. Local 16 Health and Welfare Trust 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 I.A.T.S.E. Local 16 Health and Welfare Trust Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, 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 audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of I.A.T.S.E. Local 16 Health and Welfare Trust 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 I.A.T.S.E. Local 16 Health and Welfare Trust Fund's ability to continue as a going concern for a reasonable period of time.

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



October 10, 2025

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 17,804,516	\$ 10,087,657
Receivables		
Employer contributions	826,200	1,196,326
Stop-loss insurance	8,175	308,793
Due from other plans	207,086	13,637
Other receivables	<u>124,193</u>	<u>231,224</u>
Total receivables	<u>1,165,654</u>	<u>1,749,980</u>
Cash	<u>2,842,007</u>	<u>8,799,328</u>
Prepaid expenses and other assets	<u>20,686</u>	<u>20,469</u>
Total assets	<u>21,832,863</u>	<u>20,657,434</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable	<u>50,467</u>	<u>19,485</u>
Net assets available for benefits	<u>\$ 21,782,396</u>	<u>\$ 20,637,949</u>

The Notes to Financial Statements are an integral part of these statements.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 223,395	\$ 488,120
Interest and dividends	<u>500,428</u>	<u>277,365</u>
	723,823	765,485
Less: Investment expenses	<u>(12,128)</u>	<u>(13,264)</u>
Investment income - net	711,695	752,221
Employer contributions	13,955,559	15,347,781
Participant contributions	341,985	478,326
Stop-loss reimbursements	784,427	1,857,815
Prescription rebates	<u>576,523</u>	<u>317,186</u>
Total additions	<u>16,370,189</u>	<u>18,753,329</u>
Deductions		
Cost of benefits		
Self-funded benefits	11,512,834	10,525,242
Group insurance premiums	<u>2,801,808</u>	<u>2,711,362</u>
Total cost of benefits	14,314,642	13,236,604
Administrative expenses	<u>911,100</u>	<u>850,650</u>
Total deductions	<u>15,225,742</u>	<u>14,087,254</u>
Net change in net assets available for benefits	1,144,447	4,666,075
Net assets available for benefits		
Beginning of year	<u>20,637,949</u>	<u>15,971,874</u>
End of year	<u>\$ 21,782,396</u>	<u>\$ 20,637,949</u>

The Notes to Financial Statements are an integral part of these statements.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Statements of Benefit Obligations
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and incurred but not reported	\$ 941,800	\$ 1,674,900
Other obligations for current benefit coverage - at present value of estimated amounts - net of amounts currently payable		
Accumulated eligibility credits	<u>3,349,300</u>	<u>3,323,800</u>
Post-retirement benefit obligations - net of amounts currently payable		
Current retirees	6,162,300	5,972,600
Other participants fully eligible for benefits	3,418,300	3,301,600
Other participants not yet fully eligible for benefits	<u>9,459,300</u>	<u>11,741,000</u>
Total post-retirement benefit obligations	<u>19,039,900</u>	<u>21,015,200</u>
Total benefit obligations	<u>\$ 23,331,000</u>	<u>\$ 26,013,900</u>

The Notes to Financial Statements are an integral part of these statements.

**I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Statements of Changes in Benefit Obligations
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year	\$ 1,674,900	\$ 1,569,000
(Decrease) increase during the year attributable to changes in		
Claims payable and incurred but not reported	<u>(733,100)</u>	<u>105,900</u>
Balance at end of year	<u>941,800</u>	<u>1,674,900</u>
Other obligations for current benefit coverage - at present value of estimated amounts, net of amounts currently payable		
Balance at beginning of year	3,323,800	3,036,900
Increase during the year attributable to changes in		
Accumulated eligibility credits	<u>25,500</u>	<u>286,900</u>
Balance at end of year	<u>3,349,300</u>	<u>3,323,800</u>
Post-retirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	21,015,200	18,709,300
Increase (decrease) during the year attributable to		
Benefits earned and other normal changes	(2,186,600)	1,436,500
Change in actuarial assumptions	(1,362,900)	517,700
Plan amendment	<u>1,574,200</u>	<u>351,700</u>
Balance at end of year	<u>19,039,900</u>	<u>21,015,200</u>
 Total benefit obligations	 <u>\$ 23,331,000</u>	 <u>\$ 26,013,900</u>

The Notes to Financial Statements are an integral part of these statements.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. SUMMARY OF ACCOUNTING POLICIES

Method of Accounting

The accompanying financial statements of I.A.T.S.E. Local 16 Health and Welfare Trust Fund (“the Plan”), are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation, Transactions and Income Recognition

General

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC”) 820, *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan’s assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities’ own judgments and estimations, or some other pricing method using unobservable inputs.

Inputs and Valuation Methods: In determining fair value, FASB ASC 820 allows various valuation approaches. The specific method used for the Plan’s investment class is presented below.

Mutual Funds: The fair value of mutual funds is generally based on quoted prices in active markets (Level 1).

Valuation Methods, Consistency: The valuation techniques used in the accompanying financial statements has been consistently applied.

Transactions and Income Recognition: Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Contributions Receivable

Employer contributions due but not paid at year-end are recorded as employer contributions receivable. Contributions due as a result of payroll audits have been recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, delinquent contributions are recorded when received.

Payment of Benefits

Premiums paid are recorded as group insurance premiums in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement.

Benefit Obligations

Claims payable and incurred but not reported and accumulated eligibility credits were estimated by the Plan's consultant based on claims experience, premium costs and estimated administrative expenses, as applicable. Post-retirement benefit obligations were estimated by the Plan's actuary and include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers.

Stop-Loss

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Stop-loss refunds totaling \$784,427 and \$1,857,815 for the years ended December 31, 2024 and 2023, respectively, have been included as stop-loss reimbursements in the accompanying consolidated statements of changes in net assets available for benefits.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, employee demographics and other assumptions, all of which are subject to change. Due to the 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 disclosure in the financial statements of the actuarial present value of accumulated plan benefits.

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

2. DESCRIPTION OF THE PLAN

General

The Plan was established on July 1, 1965, by and between employers in the theater, music, night club, motion picture production, television and related industries and I.A.T.S.E. Local 16 (the "Union") to provide health and welfare benefits to all members of the Union employed under the terms of collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Benefits and Eligibility

The Plan provides health and welfare benefits (hospital, surgical, major medical, prescription drug, dental, vision, life, accidental death and dismemberment, and supplemental disability) to active and certain retired participants; however, certain benefits, as defined by the Plan (life, accidental death and dismemberment, and supplemental disability), are not available to retired participants. The Plan does not provide medical, drug, dental or vision benefits to Medicare-eligible retirees. Instead, the Plan provides Medicare-eligible retirees and spouses, with 35 years of credited service, a \$275 monthly contribution (an additional \$275 for spouses) to a Health Reimbursement Account (“HRA”). Effective January 1, 2025, the HRA monthly contribution was increased from \$275 to \$325 and a rollover limit of \$12,000 was implemented for each eligible individual.

For the years ended December 31, 2024 and 2023, active participants become eligible for benefits the first day of the quarter that begins after an employer signatory to a collective bargaining agreement has made contributions to the Plan of \$7,750 (equates to approximately \$1,940 per quarter) or \$6,200 (equates to approximately \$1,550 per quarter), respectively, over a period of 12 months or less on their behalf.

If employer contributions of less than \$1,940 per quarter are received, the participants may self-pay the shortfall for the difference between \$1,940 and any employer contributions received for the quarter for a temporary period, as defined in the Plan document.

For active participants to remain eligible for benefits, the required amount of employer contributions, as defined below, must be received by the Plan. If a participant loses coverage, the participant may be eligible to continue their medical, prescription drug, dental and vision coverage for a temporary period through self-payment.

Continuation of health-care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (“COBRA”), has been adopted by the Plan.

To earn eligibility for HRA benefits, Medicare-eligible retirees must have 35 continuous years of service under the IATSE Pension Plan or 10 years of service if they are disabled. Each Medicare-eligible retiree has a Prepaid Benefits Card, which contains their HRA balance and can be used to pay for qualified medical expenses. The HRA balance as of December 31, 2024 and 2023, is \$631,731 and \$469,189, respectively, and is included in cash on the statements of net assets available for benefits. This program may be terminated by the Board of Trustees at any time.

Certain benefits provided to retirees, reflected as post-retirement benefit obligations in the statements of benefit obligations, are being funded by current employer contributions and monthly co-payments from retirees. Although these benefits were provided by the Plan for the current fiscal year, they are not guaranteed. The Board of Trustees reserves the right to reduce or discontinue these benefits or to increase the contributions and/or co-payments required to fund these benefits.

The costs of the post-retirement benefit obligations plan are shared by the Plan’s participating employers and retirees. In addition to deductibles and co-payments, the estimated cost of providing post-retirement benefits is partially funded through retiree contributions of 11% for each of the years ended December 31, 2024 and 2023.

The Plan is self-insured and subject to stop-loss protection, up to accumulated claims per participant of \$250,000 for both the years ended December 31, 2024 and 2023. Accumulated claims per participant are not subject to maximum claim limits.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Participants should refer to the Summary Plan Description and recent Plan amendments for more complete information.

3. PRIORITIES UPON TERMINATION

It is the intent of the trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the trustees. In the event of termination, the trustees shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants.

4. TAX STATUS

The Plan obtained its latest determination letter, dated August 2, 2019, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the date of the financial statements.

The Plan's administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. FUNDING POLICY

The Plan is financed by employer and retiree contributions and from members electing COBRA coverage. The monthly contribution rate is agreed to by the parties signatory to collective bargaining agreements. The monthly contribution rate for retirees and COBRA coverage is determined periodically by the Board of Trustees.

6. CONCENTRATIONS OF CREDIT RISK

The Plan places its cash with one financial institution deemed to be creditworthy. Cash balances are insured by the Federal Deposit Insurance Corporation ("FDIC") for up to \$250,000 per financial institution. Cash balances may at times exceed the FDIC-insured deposit limits.

Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations and cash flows.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

7. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at December 31, 2024 and 2023, are as follows:

<u>Description</u>	<u>December 31,</u> <u>2024</u>	<u>Fair Value Measurements</u> <u>at Reporting Date Using</u>		
		<u>Quoted Price</u> <u>in Active</u> <u>Markets for</u> <u>Identical</u> <u>Assets</u> <u>(Level 1)</u>	<u>Significant</u> <u>Other</u> <u>Observable</u> <u>Inputs</u> <u>(Level 2)</u>	<u>Significant</u> <u>Unobservable</u> <u>Inputs</u> <u>(Level 3)</u>
Assets in the fair value hierarchy				
Mutual funds - total investments at fair value	\$ 17,804,516	\$ 17,804,516	\$ -	\$ -

<u>Description</u>	<u>December 31,</u> <u>2023</u>	<u>Fair Value Measurements</u> <u>at Reporting Date Using</u>		
		<u>Quoted Price</u> <u>in Active</u> <u>Markets for</u> <u>Identical</u> <u>Assets</u> <u>(Level 1)</u>	<u>Significant</u> <u>Other</u> <u>Observable</u> <u>Inputs</u> <u>(Level 2)</u>	<u>Significant</u> <u>Unobservable</u> <u>Inputs</u> <u>(Level 3)</u>
Assets in the fair value hierarchy				
Mutual funds - total investments at fair value	\$ 10,087,657	\$ 10,087,657	\$ -	\$ -

8. POST-RETIREMENT BENEFIT OBLIGATIONS

The post-retirement benefit obligations represent the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost 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.

The trend rate assumption 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 post-retirement benefit obligations as of December 31, 2024 and 2023, by \$1,984,200 and \$2,249,800, respectively.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

Some of the more significant actuarial assumptions used to calculate the post-retirement benefit obligations at December 31, 2024 and 2023, are as follows:

Mortality rates: RP-2014 Blue Collar Mortality Tables

Retirement age: Graduated retirement rate from age 55 to age 70;
assume 100% retirement by age 70

Retirement rates: Attained Age Percent Retiring

55–58	5.00%
59–62	7.00%
63	12.50%
64	25.00%
65	35.00%
66	25.00%
67–68	20.00%
69	25.00%
70	100.00%

Discount rate:	2024	5.50%
	2023	4.75%

The accumulated post-retirement benefit obligation as of December 31, 2024, increased by \$1,574,200 as a result of the following Plan amendment: Effective January 1, 2025, the annual HRA amount increased from \$3,300 to \$3,900.

The accumulated post-retirement benefit obligation as of December 31, 2023, increased by \$351,700 as a result of the following Plan amendment: Effective July 1, 2023, dental benefits were restored to the comprehensive level of benefits that were offered prior to the COVID-19 pandemic.

9. RELATED-PARTY TRANSACTIONS

Several members of the Plan’s Board of Trustees are also the members of the Board of Trustees of I.A.T.S.E. Local 16 Pension Trust Fund (the “Pension Plan”), I.A.T.S.E. Local 16 Training Trust Fund (the “Training Trust”) (collectively, “the Plans”), and the officers of the Union. The Plans reimburse the Union for shared rent and other office expenses. Allocation of the costs has been estimated by the Union with respect to each of the plans. Reimbursements paid by the Plan in conjunction with these shared expenses for the years ended December 31, 2024 and 2023, totaled \$7,954 and \$7,631, respectively.

Employer contributions for the Plan, the Pension Plan, and the Training Trust are paid by employers with a single monthly check that is initially deposited into the lockbox bank account. Employer contributions are then allocated, and the appropriate amount is transferred to the respective entities. Amounts due from the lockbox bank account for the years ended December 31, 2024 and 2023, totaled \$207,086 and \$13,637, respectively.

Some pensioners of the Pension Plan direct the Pension Plan to transfer their pension deductions directly into their health and welfare plan accounts in order to be eligible for their health and welfare coverage. Pension deductions transferred to the Plan for the years ended December 31, 2024 and 2023, totaled \$54,660 and \$57,900, respectively.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Notes to Financial Statements
December 31, 2024 and 2023

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 21,782,396	\$ 20,637,949
Benefit obligations currently payable	<u>(941,800)</u>	<u>(1,674,900)</u>
Net assets available for benefits per the Form 5500	<u>\$ 20,840,596</u>	<u>\$ 18,963,049</u>

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

Benefits paid to or for participants per the financial statements	\$ 14,314,642
Add: Amounts currently payable at December 31, 2024	941,800
Less: Amounts currently payable at December 31, 2023	<u>(1,674,900)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 13,581,542</u>

11. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 10, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
I.A.T.S.E. Local 16 Health and Welfare Trust Fund:

We have audited the financial statements of I.A.T.S.E. Local 16 Health and Welfare Trust Fund as of and for the years ended December 31, 2024 and 2023, and have issued our report thereon dated October 10, 2025, which contained an unmodified opinion on those financial statements. Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The schedules of administrative expenses, which appear on page 15, for the years ended December 31, 2024 and 2023, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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

WithumSmith+Brown, PC

October 10, 2025

**I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Administrative fees	\$ 303,502	\$ 302,657
Blue Cross	191,366	186,962
Accounting fees	144,391	96,088
Actuary fees	67,371	64,780
Legal fees	52,215	64,727
Printing, postage and other fees	48,358	47,877
Insurance	27,238	27,664
Teamsters Assistance Program	17,794	17,056
Trustee meetings and education	16,285	15,489
Bank fees	9,467	9,609
Dental administration fees	14,331	9,321
Shared overhead	7,954	7,631
Benny card fees	828	789
Other	<u>10,000</u>	<u>-</u>
 Total administrative expenses	 <u>\$ 911,100</u>	 <u>\$ 850,650</u>

See Independent Auditor's Report on Supplementary Information.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
EIN 94-6138741, Plan Number 501
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
Mutual Funds								
	Vanguard	VANGUARD 500 INDEX FUND-ADMIRAL SHARES					\$ 2,297,315	\$ 2,898,329
	Dodge	DODGE & COX INCOME FUND MUT FD					9,727,968	9,542,367
	Vanguard	VANGUARD SHORT-TM INV-GR ADMIRAL SHARES					3,507,854	3,567,911
	JPMorgan	JPMORGAN TRUST II U.S. GOVERNMENT MONEY MARKET FUND					<u>1,795,909</u>	<u>1,795,909</u>
	Total						<u>\$ 17,329,046</u>	<u>\$ 17,804,516</u>

See Independent Auditor's Report on Supplementary Information.

I.A.T.S.E. Local 16 Health and Welfare Trust Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN 94-6138741, Plan Number 501
Year Ended December 31, 2024

(a)	(b) Identity of Party Involved	(c) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
-----	--------------------------------------	---	--------------------------	-------------------------	------------------------	--	-------------------------	--	------------------------------

See attached.

See Independent Auditor's Report on Supplementary Information.



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
IATSE LOCAL 16 H&W TRUST FUND
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 48
ACCOUNT NUMBER: 1000880

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 10,087,656.71

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
990002511	AB INTEREST	BEARING ACCT								
BUY	08/12/24	08/12/24	7,000,000.00	1.00	7,000,000	- 7685	7,000,000	7,000,000		69.39%
SELL	08/13/24	08/13/24	7,000,000.00	1.00	7,000,000	- 7685	7,000,000	7,000,000		69.39%
BUY	08/13/24	08/13/24	7,000,000.00	1.00	7,000,000	- 7685	7,000,000	7,000,000		69.39%
BUY	08/14/24	08/14/24	710,000.00	1.00	710,000	- 7685	710,000	710,000		7.04%
BUY	08/14/24	08/14/24	1,030,000.00	1.00	1,030,000	- 7685	1,030,000	1,030,000		10.21%
SELL	08/14/24	08/14/24	3,160,000.00	1.00	3,160,000	- 02352	3,160,000	3,160,000		31.33%
SELL	08/14/24	08/14/24	3,840,000.00	1.00	3,840,000	- 02352	3,840,000	3,840,000		38.07%
BUY	08/14/24	08/14/24	3,840,000.00	1.00	3,840,000	- 7685	3,840,000	3,840,000		38.07%
BUY	08/14/24	08/14/24	1,420,000.00	1.00	1,420,000	- 7685	1,420,000	1,420,000		14.08%
SELL	08/15/24	08/15/24	710,000.00	1.00	710,000	- 02352	710,000	710,000		7.04%
SELL	08/15/24	08/15/24	1,030,000.00	1.00	1,030,000	- 02352	1,030,000	1,030,000		10.21%
SELL	08/15/24	08/15/24	3,840,000.00	1.00	3,840,000	- 02352	3,840,000	3,840,000		38.07%
SELL	08/15/24	08/15/24	1,420,000.00	1.00	1,420,000	- 02352	1,420,000	1,420,000		14.08%
BUY	09/03/24	09/03/24	1,776,007.77	1.00	1,776,008	- 7685	1,776,008	1,776,008		17.61%
SELL	09/05/24	09/05/24	1,776,007.77	1.00	1,776,008	- 7685	1,776,008	1,776,008		17.61%
4812C2684	JPMORGAN TR II US GVT MM INST									
BUY	09/05/24	09/05/24	1,776,007.77	1.00	1,776,008		1,776,008	1,776,008		17.61%
INVESTMENT FUNDS										
256210105	DODGE & COX INCOME FUND MUT FD									
BUY	08/15/24	08/15/24	297,905.35	12.89	3,840,000		3,840,000	3,840,000		38.07%
53700T801	LITMAN GR MASTERS ALT STR-IS									
BUY	08/15/24	08/15/24	65,985.13	10.76	710,000		710,000	710,000		7.04%

See Independent Auditor's Report on Supplementary Information.



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
IATSE LOCAL 16 H&W TRUST FUND
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 49
ACCOUNT NUMBER: 1000880

BEGINNING MARKET VALUE: 10,087,656.71

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
INVESTMENT FUNDS (CONT)										
53700T801	SELL 09/03/24	LITMAN GR MASTERS ALT STR-IS 09/03/24	164,139.23	10.82	1,775,986		1,775,986	1,802,161	26,175-	17.61%
922908710	BUY 08/15/24	VANGUARD 500 INDEX FUND-ADMIRAL SHARES 08/15/24	2,044.06	503.90	1,030,000		1,030,000	1,030,000		10.21%
922031836	BUY 08/15/24	VANGUARD SHORT-TM INV-GR ADMIRAL SHARES 08/15/24	136,801.54	10.38	1,420,000		1,420,000	1,420,000		14.08%
CATEGORY TOTAL							56,104,010	56,130,185	26,175-	

See Independent Auditor's Report on Supplementary Information.



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
IATSE LOCAL 16 H&W TRUST FUND
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 50
ACCOUNT NUMBER: 1000880

BEGINNING MARKET VALUE: 10,087,656.71
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
AMALGAMATED BANK				- 02352						QUALIFYING PERCENTAGE	138.78%
990002511	AB INTEREST	BEARING ACCT									
SELL	08/15/24	08/15/24	710,000.00	1.00	710,000		710,000	710,000			
SELL	08/15/24	08/15/24	1,030,000.00	1.00	1,030,000		1,030,000	1,030,000			
SELL	08/14/24	08/14/24	3,160,000.00	1.00	3,160,000		3,160,000	3,160,000			
SELL	08/14/24	08/14/24	3,840,000.00	1.00	3,840,000		3,840,000	3,840,000			
SELL	08/15/24	08/15/24	3,840,000.00	1.00	3,840,000		3,840,000	3,840,000			
SELL	08/15/24	08/15/24	1,420,000.00	1.00	1,420,000		1,420,000	1,420,000			
SECURITY TOTAL							14,000,000	14,000,000			
BROKER TOTAL							14,000,000	14,000,000			
DIRECT				- 7685						QUALIFYING PERCENTAGE	312.78%
990002511	AB INTEREST	BEARING ACCT									
BUY	08/14/24	08/14/24	710,000.00	1.00	710,000		710,000	710,000			
BUY	09/03/24	09/03/24	1,776,007.77	1.00	1,776,008		1,776,008	1,776,008			
SELL	09/05/24	09/05/24	1,776,007.77	1.00	1,776,008		1,776,008	1,776,008			
BUY	08/14/24	08/14/24	1,030,000.00	1.00	1,030,000		1,030,000	1,030,000			
BUY	08/12/24	08/12/24	7,000,000.00	1.00	7,000,000		7,000,000	7,000,000			
SELL	08/13/24	08/13/24	7,000,000.00	1.00	7,000,000		7,000,000	7,000,000			
BUY	08/13/24	08/13/24	7,000,000.00	1.00	7,000,000		7,000,000	7,000,000			
BUY	08/14/24	08/14/24	3,840,000.00	1.00	3,840,000		3,840,000	3,840,000			
BUY	08/14/24	08/14/24	1,420,000.00	1.00	1,420,000		1,420,000	1,420,000			
SECURITY TOTAL							31,552,016	31,552,016			
BROKER TOTAL							31,552,016	31,552,016			
CATEGORY TOTAL						0	45,552,016	45,552,016			

See Independent Auditor's Report on Supplementary Information.



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
IATSE LOCAL 16 H&W TRUST FUND
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 51
ACCOUNT NUMBER: 1000880

BEGINNING MARKET VALUE: 10,087,656.71

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
990002511	AB INTEREST BEARING ACCT									451.56%
BUY	08/12/24	08/12/24	7,000,000.00	1.00	7,000,000	- 7685	7,000,000	7,000,000		
BUY	08/13/24	08/13/24	7,000,000.00	1.00	7,000,000	- 7685	7,000,000	7,000,000		
BUY	08/14/24	08/14/24	710,000.00	1.00	710,000	- 7685	710,000	710,000		
BUY	08/14/24	08/14/24	1,030,000.00	1.00	1,030,000	- 7685	1,030,000	1,030,000		
BUY	08/14/24	08/14/24	3,840,000.00	1.00	3,840,000	- 7685	3,840,000	3,840,000		
BUY	08/14/24	08/14/24	1,420,000.00	1.00	1,420,000	- 7685	1,420,000	1,420,000		
BUY	09/03/24	09/03/24	1,776,007.77	1.00	1,776,008	- 7685	1,776,008	1,776,008		
			SUB-TOTAL BUYS	TXN CNT:	7		22,776,008	22,776,008		
SELL	08/13/24	08/13/24	7,000,000.00	1.00	7,000,000	- 7685	7,000,000	7,000,000		
SELL	08/14/24	08/14/24	3,160,000.00	1.00	3,160,000	- 02352	3,160,000	3,160,000		
SELL	08/14/24	08/14/24	3,840,000.00	1.00	3,840,000	- 02352	3,840,000	3,840,000		
SELL	08/15/24	08/15/24	710,000.00	1.00	710,000	- 02352	710,000	710,000		
SELL	08/15/24	08/15/24	1,030,000.00	1.00	1,030,000	- 02352	1,030,000	1,030,000		
SELL	08/15/24	08/15/24	3,840,000.00	1.00	3,840,000	- 02352	3,840,000	3,840,000		
SELL	08/15/24	08/15/24	1,420,000.00	1.00	1,420,000	- 02352	1,420,000	1,420,000		
SELL	09/05/24	09/05/24	1,776,007.77	1.00	1,776,008	- 7685	1,776,008	1,776,008		
			SUB-TOTAL SELLS	TXN CNT:	8		22,776,008	22,776,008		
			SECURITY TOTAL	TXN CNT:	15		45,552,016	45,552,016		
4812C2684	JPMORGAN TR II US GVT MM INST									17.80%
BUY	09/05/24	09/05/24	1,776,007.77	1.00	1,776,008		1,776,008	1,776,008		
BUY	10/01/24	10/01/24	6,276.00	1.00	6,276		6,276	6,276		
BUY	11/01/24	11/01/24	7,035.98	1.00	7,036		7,036	7,036		
BUY	12/02/24	12/02/24	6,589.05	1.00	6,589		6,589	6,589		

See Independent Auditor's Report on Supplementary Information.



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
IATSE LOCAL 16 H&W TRUST FUND
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 52
ACCOUNT NUMBER: 1000880

BEGINNING MARKET VALUE: 10,087,656.71

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
4812C2684	JPMORGAN TR	II US GVT MM INST			(CONT)					17.80%
SUB-TOTAL BUYS				TXN CNT:	4		1,795,909	1,795,909		
SECURITY TOTAL				TXN CNT:	4		1,795,909	1,795,909		
SECURITY CLASS TOTAL						0	47,347,925	47,347,925		
INVESTMENT FUNDS										
256210105	DODGE & COX	INCOME FUND MUT FD								39.31%
BUY	03/05/24	03/05/24	10,032.62	12.48	125,207		125,207	125,207		
BUY	03/27/24	03/27/24	4,649.42	0.00	0		0	57,746		
BUY	07/01/24	07/01/24	4,856.34	0.00	0		0	60,607		
BUY	08/15/24	08/15/24	297,905.35	12.89	3,840,000		3,840,000	3,840,000		
BUY	09/25/24	09/25/24	7,702.24	0.00	0		0	99,667		
BUY	12/18/24	12/18/24	7,990.19	0.00	0		0	99,158		
SUB-TOTAL BUYS				TXN CNT:	6		3,965,207	4,282,385		
SECURITY TOTAL				TXN CNT:	6		3,965,207	4,282,385		
53700T801	LITMAN GR	MASTERS ALT STR-IS								24.69%
BUY	03/05/24	03/05/24	472.52	10.61	5,013		5,013	5,013		
BUY	04/02/24	04/02/24	1,100.51	0.00	0		0	11,698		
BUY	07/02/24	07/02/24	1,164.60	0.00	0		0	12,415		
BUY	08/15/24	08/15/24	65,985.13	10.76	710,000		710,000	710,000		
SUB-TOTAL BUYS				TXN CNT:	4		715,013	739,126		
SELL	09/03/24	09/03/24	164,139.23	10.82	1,775,986		1,775,986	1,802,161	26,175-	
SUB-TOTAL SELLS				TXN CNT:	1		1,775,986	1,802,161	26,175-	
SECURITY TOTAL				TXN CNT:	5		2,490,999	2,541,287	26,175-	
922908710	VANGUARD 500	INDEX FUND-ADMIRAL SHARES								11.80%
BUY	03/25/24	03/25/24	10.36	0.00	0		0	5,001		
BUY	07/08/24	07/08/24	11.52	0.00	0		0	5,801		
BUY	08/15/24	08/15/24	2,044.06	503.90	1,030,000		1,030,000	1,030,000		
BUY	09/27/24	09/27/24	16.42	0.00	0		0	8,695		
BUY	12/23/24	0	16.80	0.00	0		0	9,258		
SUB-TOTAL BUYS				TXN CNT:	5		1,030,000	1,058,755		

See Independent Auditor's Report on Supplementary Information.



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
IATSE LOCAL 16 H&W TRUST FUND
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 53
ACCOUNT NUMBER: 1000880

BEGINNING MARKET VALUE: 10,087,656.71

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
INVESTMENT FUNDS (CONT)										
922908710	SELL	03/05/24	VANGUARD 500 INDEX FUND-ADMIRAL	337.18	474.48	(CONT) 159,983	159,983	128,862	31,121	11.80%
			SUB-TOTAL SELLS	TXN CNT:	1		159,983	128,862	31,121	
			SECURITY TOTAL	TXN CNT:	6		1,189,983	1,187,617	31,121	
922031836 VANGUARD SHORT-TM INV-GR ADMIRAL SHARES (CONT) 14.37%										
BUY	01/01/24	01/01/24	588.23	0.00	0	0	0	6,018		
BUY	02/01/24	02/01/24	603.61	0.00	0	0	0	6,181		
BUY	03/01/24	03/01/24	631.54	0.00	0	0	0	6,416		
BUY	03/05/24	03/05/24	2,952.34	10.17	30,025	0	30,025	30,025		
BUY	04/01/24	04/01/24	659.11	0.00	0	0	0	6,723		
BUY	05/01/24	05/01/24	680.16	0.00	0	0	0	6,870		
BUY	06/01/24	06/01/24	703.83	0.00	0	0	0	7,158		
BUY	07/01/24	07/01/24	715.80	0.00	0	0	0	7,294		
BUY	08/01/24	08/01/24	725.84	0.00	0	0	0	7,491		
BUY	08/15/24	08/15/24	136,801.54	10.38	1,420,000	0	1,420,000	1,420,000		
BUY	09/01/24	09/01/24	1,002.39	0.00	0	0	0	10,415		
BUY	10/01/24	10/01/24	1,211.05	0.00	0	0	0	12,668		
BUY	11/01/24	11/01/24	1,246.08	0.00	0	0	0	12,872		
BUY	12/01/24	12/01/24	1,233.76	0.00	0	0	0	12,782		
			SUB-TOTAL BUYS	TXN CNT:	14		1,450,025	1,552,913		
			SECURITY TOTAL	TXN CNT:	14		1,450,025	1,552,913		
SECURITY CLASS TOTAL							0	9,096,214	9,564,202	4,946
CATEGORY TOTAL							0	56,444,139	56,912,127	4,946

See Independent Auditor's Report on Supplementary Information.



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
IATSE LOCAL 16 H&W TRUST FUND
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 54
ACCOUNT NUMBER: 1000880

BEGINNING MARKET VALUE: 10,087,656.71

CATEGORY 4 - 5% TRANSACTIONS BY BROKER - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
AMALGAMATED BANK										
990002511 AB INTEREST BEARING ACCT - 02352										
QUALIFYING PERCENTAGE 38.07%										
SELL	08/15/24	08/15/24	710,000.00	1.00	710,000		710,000	710,000		7.04%
SELL	08/15/24	08/15/24	1,030,000.00	1.00	1,030,000		1,030,000	1,030,000		10.21%
SELL	08/14/24	08/14/24	3,160,000.00	1.00	3,160,000		3,160,000	3,160,000		31.33%
SELL	08/14/24	08/14/24	3,840,000.00	1.00	3,840,000		3,840,000	3,840,000		38.07%
SELL	08/15/24	08/15/24	3,840,000.00	1.00	3,840,000		3,840,000	3,840,000		38.07%
SELL	08/15/24	08/15/24	1,420,000.00	1.00	1,420,000		1,420,000	1,420,000		14.08%
SECURITY TOTAL							14,000,000	14,000,000		
BROKER TOTAL							14,000,000	14,000,000		
DIRECT - 7685										
QUALIFYING PERCENTAGE 69.39%										
BUY	08/14/24	08/14/24	710,000.00	1.00	710,000		710,000	710,000		7.04%
BUY	09/03/24	09/03/24	1,776,007.77	1.00	1,776,008		1,776,008	1,776,008		17.61%
SELL	09/05/24	09/05/24	1,776,007.77	1.00	1,776,008		1,776,008	1,776,008		17.61%
BUY	08/14/24	08/14/24	1,030,000.00	1.00	1,030,000		1,030,000	1,030,000		10.21%
BUY	08/12/24	08/12/24	7,000,000.00	1.00	7,000,000		7,000,000	7,000,000		69.39%
SELL	08/13/24	08/13/24	7,000,000.00	1.00	7,000,000		7,000,000	7,000,000		69.39%
BUY	08/13/24	08/13/24	7,000,000.00	1.00	7,000,000		7,000,000	7,000,000		69.39%
BUY	08/14/24	08/14/24	3,840,000.00	1.00	3,840,000		3,840,000	3,840,000		38.07%
BUY	08/14/24	08/14/24	1,420,000.00	1.00	1,420,000		1,420,000	1,420,000		14.08%
SECURITY TOTAL							31,552,016	31,552,016		
BROKER TOTAL							31,552,016	31,552,016		

See Independent Auditor's Report on Supplementary Information.

I.A.T.S.E. Local 16 HEALTH AND WELFARE TRUST FUND

EIN 94-6138741

Plan No. 501

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

I.A.T.S.E. Local 16 HEALTH AND WELFARE TRUST FUND

EIN 94-6138741

Plan No. 501

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024
A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: [] a single-employer plan [] a DFE (specify) ___
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program
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 I.A.T.S.E. LOCAL 16 HEALTH AND WELFARE TRUST FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 07/01/1965
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) I.A.T.S.E. LOCAL 16 WELFARE TRUST FUND 7180 KOLL CENTER PARKWAY, SUITE 200 PLEASANTON CA 94566
2b Employer Identification Number (EIN) 94-6138741
2c Plan Sponsor's telephone number (925) 208-9999
2d Business code (see instructions) 813000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for Jim Beaumonte (plan administrator), Jennifer L Good (employer/plan sponsor), and Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1,195
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)	1,183
	6a(2)	1,030
	6b	7
	6c	0
	6d	1,037
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	151

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 4Q

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

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

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

ACCIDENTAL DEATH AND DISMEMBERMENT

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 _____

I.A.T.S.E. Local 16 HEALTH AND WELFARE TRUST FUND

EIN 94-6138741

Plan No. 501

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion