

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>INTERNATIONAL ASSOCIATION OF MACHINISTS DISTRICT 15 HEALTH FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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.M. DISTRICT 15 HEALTH FUND</u></p> <p><u>140 SYLVAN AVENUE</u> <u>SUITE 303</u> <u>ENGLEWOOD CLIFFS, NJ 07632</u></p>	<p>1c Effective date of plan <u>08/01/1950</u></p> <p>2b Employer Identification Number (EIN) <u>13-5598021</u></p> <p>2c Plan Sponsor's telephone number <u>201-947-8000</u></p> <p>2d Business code (see instructions) <u>484200</u></p>

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.	10/14/2025	NORMAN SHREVE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JEFFREY ISAACS
	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	1298
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)	1298
	6a(2)	1280
	6b	
	6c	
	6d	1280
	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	64

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan INTERNATIONAL ASSOCIATION OF MACHINISTS DISTRICT 15 HEALTH FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 I.A.M. DISTRICT 15 HEALTH FUND</p>	<p>D Employer Identification Number (EIN) 13-5598021</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED CONCORDIA 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
86-0307623	85766	254724-001	260	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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	104281
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. ▶

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

<p>A Name of plan INTERNATIONAL ASSOCIATION OF MACHINISTS DISTRICT 15 HEALTH FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 I.A.M. DISTRICT 15 HEALTH FUND</p>	<p>D Employer Identification Number (EIN) 13-5598021</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
US FIRE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5459190	21113	US1478159-24	1264	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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	1661363
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan INTERNATIONAL ASSOCIATION OF MACHINISTS DISTRICT 15 HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 I.A.M. DISTRICT 15 HEALTH FUND	D Employer Identification Number (EIN) 13-5598021	

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

DREYFUS TREASURY & AGENCY CASH MGT

13-3369653

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

INVESCO ADVISERS, INC.

58-1707262

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

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

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

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

ZENITH AMERICAN SOLUTIONS

52-1590516

(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	SERVICES RELATED PLAN	1371420	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)

EMPIRE HEALTHCHOICE ASSURANCE, INC.

23-7391136

(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 15 49 62	NONE	451955	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)

TARTER KRINSKY & DROGIN

13-4160916

(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	SERVICES RELATED PLAN	116402	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)

WEAVER AND TIDWELL, L.L.P.

75-0786316

(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?
	SERVICES RELATED PLAN	84250	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)

STACEY BRAUN ASSOCIATES, INC.

13-2889432

(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?
51 68	NONE	74976	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	65745	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)

MED REVIEW, INC.

13-3240352

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	47158	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)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	SERVICES RELATED PLAN	27988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SEGAL MARCO ADVISORS, INC.

13-2646110

(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?
51	NONE	16584	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INTERNATIONAL ASSOCIATION OF MACHINISTS DISTRICT 15 HEALTH FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 I.A.M. DISTRICT 15 HEALTH FUND	D Employer Identification Number (EIN) 13-5598021

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2063140	2080369
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1628249	1600263
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11075996	11309897
(2) U.S. Government securities	1c(2)	17406518	18445843
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7681156	7175830
(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)	18073829	19354757
(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)	18297857	19254661
(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	76226745	79221620
Liabilities			
g Benefit claims payable.....	1g	3771369	3590347
h Operating payables.....	1h	243574	152045
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	341827	433974
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4356770	4176366
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	71869975	75045254

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)	26378976	
(B) Participants.....	2a(1)(B)	37329	
(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)		26416305
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	149569	
(B) U.S. Government securities.....	2b(1)(B)	471656	
(C) Corporate debt instruments.....	2b(1)(C)	269401	
(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)		890626
(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)	962251	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		962251
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4271464	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4228675	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		42789
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1204763	
(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)		
c Other income	2c		2593589
d Total income. Add all income amounts in column (b) and enter total	2d		32110323

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24584045	
(2) To insurance carriers for the provision of benefits	2e(2)	2013825	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		26597870
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)	1379834	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37000	
(5) Investment advisory and investment management fees	2i(5)	119548	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	65745	
(8) Legal fees	2i(8)	116402	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	618645	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2337174
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28935044

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3175279
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: WEAVER & TIDWELL, L.L.P.

(2) EIN: 75-0786316

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

International Association of Machinists District 15 Health Fund

Financial Report
December 31, 2024

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employees Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees
International Association of Machinists District 15 Health Fund

Opinion

We have audited the financial statements of International Association of Machinists District 15 Health Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and Plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and Plan's benefit obligations for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits and Plan's benefit obligations as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and Plan's benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

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

Supplementary Information Required by ERISA

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

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplementary information 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Jericho, New York
October 13, 2025

International Association of Machinists District 15 Health Fund

Statements of Net Assets Available for Benefits and Plan's Benefit Obligations December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
U.S. government and governmental agencies obligations	\$ 18,445,843	\$ 17,406,518
Corporate bonds and notes	7,175,830	7,681,156
Limited partnership	19,354,757	18,073,829
Mutual fund	19,254,661	18,297,857
Interest-bearing cash	11,016,917	10,970,718
Money market fund	292,980	105,278
Total investments	75,540,988	72,535,356
Receivables		
Employers' contributions	2,080,369	2,063,140
Stop-loss reimbursements	1,241,526	880,009
Interest	180,360	181,754
Prescription drug rebates	141,202	545,061
Due from related entities	26,614	10,864
Other	2,200	2,200
Total receivables	3,672,271	3,683,028
Prepaid expenses	8,361	8,361
Total assets	79,221,620	76,226,745
LIABILITIES		
Accrued expenses	152,045	243,574
Bank overdraft	433,974	341,827
Total liabilities	586,019	585,401
Net assets available for benefits	78,635,601	75,641,344
BENEFIT OBLIGATIONS		
Amount currently payable to or on behalf of participants, beneficiaries or dependents		
Benefit claims payable	3,274,549	2,802,770
Insurance premiums payable	-	147,136
Other obligations for current benefit coverage, at estimated amounts		
Benefit claims incurred but not yet reported	315,798	821,463
Future benefits based on participants' accumulated eligibility	2,306,407	2,323,044
Total benefit obligations	5,896,754	6,094,413
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	\$ 72,738,847	\$ 69,546,931

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

International Association of Machinists District 15 Health Fund

Statements of Changes in Net Assets Available for Benefits and Plan's Benefit Obligations Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 1,247,552	\$ 2,867,947
Interest and dividends	1,852,877	1,659,941
	3,100,429	4,527,888
Less investment expenses	119,548	144,064
Net investment income	2,980,881	4,383,824
Contributions		
Employers	26,378,976	25,657,487
Participants (COBRA)	37,329	36,556
Total contributions	26,416,305	25,694,043
Stop-loss insurance reimbursements	1,241,526	880,009
Prescription drug rebates	1,309,904	1,303,979
Other income	42,159	41,992
Total additions	31,990,775	32,303,847
DEDUCTIONS		
Benefits paid to or on behalf of participants, beneficiaries or dependents		
Health benefits	24,765,067	22,226,350
Insurance premiums	1,853,685	1,629,231
Legal services benefits	160,140	172,130
Total benefits paid to or on behalf of participants, beneficiaries or dependents	26,778,892	24,027,711
ADMINISTRATIVE EXPENSES	2,217,626	2,221,173
Total deductions	28,996,518	26,248,884
NET INCREASE	\$ 2,994,257	\$ 6,054,963

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

International Association of Machinists District 15 Health Fund

Statements of Changes in Net Assets Available for Benefits and Plan's Benefit Obligations – Continued Years Ended December 31, 2024 and 2023

	2024	2023
NET (DECREASE) INCREASE IN BENEFIT OBLIGATIONS ATTRIBUTABLE TO		
(Decrease) increase in amounts payable to or on behalf of participants, beneficiaries or dependents		
Benefit claims payable	\$ 471,779	\$ (19,126)
Insurance premiums payable	(147,136)	20,507
(Decrease) increase in other obligations for current benefit coverage, at estimated amounts		
Benefit claims incurred but not yet reported	(505,665)	698,553
Future benefits based on participants' accumulated eligibility	(16,637)	50,013
Net (decrease) increase in benefit obligations	(197,659)	749,947
Increase in excess of net assets available for benefits over benefit obligations	3,191,916	5,305,016
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, beginning of year	69,546,931	64,241,915
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, end of year	\$ 72,738,847	\$ 69,546,931

International Association of Machinists District 15 Health Fund

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the International Association of Machinists District 15 Health Fund (the Plan or Fund) provides only general information about the Plan's provisions. Participants should refer to the *Plan document* for a complete description of the Plan's provisions, which is available from Plan management.

General

The Plan was established under an Agreement and Declaration of Trust dated August 1, 1950, pursuant to collective bargaining agreements between various local lodges under the jurisdiction of District Lodge No. 15 International Association of Machinists and Aerospace Workers (the Union), and various employers in the machinists and automobile industries operating in the New York metropolitan region. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is currently administered by a third-party contract administrator.

Eligibility

Coverage under the Plan begins on the date of hire if a participant is employed on the first day of the month or the first day of the following month if a participant is hired any other day.

All employees who wish to have benefits must enroll upon hire or during the enrollment periods set by the Plan Administrator. An employee who has elected to participate in the Plan (or to waive such participation) may not change election during the Plan year unless there is a qualified change in status and the participant makes an election change that is consistent with the change in status.

Contributions

Contribution rates have been established under collective bargaining agreements entered into between the Union and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement. Contribution rates vary depending on the types of coverage negotiated.

In addition, the Union, a related party, makes contributions to the Plan on behalf of its employees.

The Plan is noncontributory for employees except for COBRA premiums as required by law and is funded mainly from contributions received from employers.

Benefits

The Plan provides hospital, medical, dental, optical, prescription drug, life, legal services and accidental death and dismemberment benefits for eligible members and dependents of members. The Plan also provides a continuation of health coverage options to employees upon loss of coverage due to termination of employment, at the employee's expense.

Life, accidental death, and dismemberment benefits as well as certain hospital, medical and prescription drug benefits are provided through contracts with insurance carriers.

International Association of Machinists District 15 Health Fund

Notes to Financial Statements

Insured Benefits

The Plan fully insures the life insurance benefits (basic, supplemental, and dependent) and accidental death and disability benefits (basic, supplemental, and spousal), Premiums for basic life insurance and basic accidental death and dismemberment insurance programs are paid to the insurance company from the general assets of the Plan.

Stop Loss Coverage

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

All employees who wish to have benefits must enroll upon hire or during the enrollment periods set by the Plan Administrator. An employee who has elected to participate in the Plan (or to waive such participation) may not change election during the Plan year unless there is a qualified change in status and the participant makes an election change that is consistent with the change in status.

Self-Insured Benefits

All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plans' third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Insurance Premiums

The Plan pays insurance premiums to certain insurance carriers for the Plan's fully insured arrangements under the Plan. The Plan also pays stop-loss insurance premiums for its self-insured medical arrangement under the Plan.

Third-Party Administrators

The Plan utilizes third-party administrators for the administration of the Plan's self-insured medical and prescription drug arrangements, for the collection and management of COBRA contributions to the Plan. However, the responsibility for payment of benefits is retained by the Plan and Trust.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

International Association of Machinists

District 15 Health Fund

Notes to Financial Statements

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies and procedures and reports to the Plan's Board of Trustees. See Note 4 for discussion of fair value measurements.

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

Cash

The Plan considers all non-interest bearing cash deposits to be cash.

Employers' Contributions and Related Receivables

Contributions receivables are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. As of December 31, 2024 and 2023, the allowance for doubtful accounts was \$0. Changes in the allowance for doubtful accounts are recorded in administrative expenses in the statements of changes in net assets available for benefits.

Payment of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying statement of changes in net assets available for benefits and plan's benefit obligations.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits and plan's benefit obligations.

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. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds totaling \$1,241,526 are reported in the accompanying statements of changes in net assets available for benefits.

Refunds and Rebates

Prescription refunds due from the Plan's PBM are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits. Pharmacy rebates totaling \$1,309,904 have been reported in the accompanying statements of changes in net assets available for benefits.

Reclassifications

Certain reclassifications have been made to the 2023 financial statements to conform to the 2024 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

International Association of Machinists District 15 Health Fund Notes to Financial Statements

Management's Review of Subsequent Events

Management has evaluated subsequent events for the Plan through October, 2025, the date the financial statements were available to be issued.

Note 3. Claims Incurred but not Reported

Benefit obligations include health claims currently payable, health claims incurred but not yet reported, participants' accumulated eligibility and premiums payable.

Claims incurred but not yet reported are estimated by the Plan's management based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Note 4. Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

U.S. government and governmental agencies obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

International Association of Machinists District 15 Health Fund

Notes to Financial Statements

Corporate bonds and notes: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily net asset value (NAV) and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

Limited partnership: The limited partnership is valued at the net asset value (NAV) as determined by the custodian. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the investment in the limited partnership. Transactions may occur daily. If the Fund were to initiate a full redemption of the limited partnership, the investment advisor reserves the right to temporarily delay withdrawal from the limited partnership in order to ensure that securities liquidations will be carried out in an orderly business manner.

Interest-bearing cash: Held primarily in short-term money market funds, which are valued at cost plus accrued interest.

Money market fund: Valued using the NAV of the fund shares.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	2024	2023
Level 1:		
Mutual fund	\$ 19,254,661	\$ 18,297,857
Money market fund	292,980	105,278
U.S. government securities	18,367,311	17,314,855
	37,914,952	35,717,990
Level 2:		
U.S. government securities	78,532	91,663
Interest bearing cash	11,016,917	10,970,718
Corporate bonds and notes	7,175,830	7,681,156
	18,271,279	18,743,537
Total assets in the fair value hierarchy	56,186,231	54,461,527
Investments measured at net asset value:		
Limited partnership	19,354,757	18,073,829
Investments at fair value	\$ 75,540,988	\$ 72,535,356

International Association of Machinists District 15 Health Fund

Notes to Financial Statements

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

	2024	2023
Limited partnership (a)		
Fair value	\$ 19,354,757	\$ 18,073,829
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	None	None

(a) Primus High Yield Bond Fund – Limited Partnership. The Primus High Yield Bond Fund, a limited partnership, invests primarily in debt securities of non-investment grade (high yield) companies, the objective of which is to maximize total returns. A limited partner can withdraw all or a portion of their capital account at the end of any calendar month upon 10 days' prior written notice. As of December 31, 2024, the most recent date for which information is available, the Primus High Yield Bond Fund - Limited Partnership had no unfunded commitments.

Note 5. Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators. These expenses are reported on the statements of changes in net assets available for benefits and plan's benefit obligations as administrative expenses.

Note 6. Tax Status

The Plan received an exemption letter from the Internal Revenue Service (IRS) dated May 27, 1999 stating that the trust was in compliance with applicable requirements of the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 and 2023 for unrelated business taxable income. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Plan Termination

Although the Board of Trustees has not expressed any intent to do so, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event of Plan termination, the assets of the Plan would continue to be used to pay reasonable administrative expenses and to distribute and apply remaining surplus as the trustees so determine, until no assets remain.

**International Association of Machinists
District 15 Health Fund**
Notes to Financial Statements

Note 8. Related Party Transactions and Party in Interest Transactions

Certain Plan assets are invested in a common trust fund managed by the custodian of the Plan. As described in Note 1, the Plan has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statements of net assets available for benefits.

Financial instruments that subject the Plan to concentrations of credit risk include cash, short-term investment funds and employers' contributions receivable. The Plan maintains accounts at a high-quality financial institution. Its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

Contributions from two employers represent approximately 27% and 27% of the total contributions for the each of the years ended December 31, 2024 and 2023. Contributions from two employers represent approximately 36% and 33% of total contributions receivable as of December 31, 2024 and 2023, respectively.

Note 10. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 78,635,601	\$ 75,641,344
Benefits claims payable	(3,274,549)	(2,802,770)
Insurance premiums payable	-	(147,136)
Benefit claims incurred but not yet reported	(315,798)	(821,463)
Net assets available for benefits per Form 5500	\$ 75,045,254	\$ 71,869,975

**International Association of Machinists
District 15 Health Fund
Notes to Financial Statements**

The following is a reconciliation of claims and premiums paid per the financial statements for the years ended December 31, 2024 and 2023, to Form 5500:

	2024	2023
Benefits paid to or on behalf of participants, beneficiaries or dependents per the financial statements	\$ 26,778,892	\$ 24,027,711
Add benefit claims payable at December 31, 2024 and 2023	3,274,549	2,802,770
Less benefit claims payable at December 31, 2023 and 2022	(2,802,770)	(2,821,896)
Add insurance premiums payable at December 31, 2024 and 2023	-	147,136
Less insurance premiums payable at December 31, 2023 and 2022	(147,136)	(126,629)
Add benefit claims incurred but not yet reported at December 31, 2024 and 2023	315,798	821,463
Less benefit claims incurred but not yet reported at December 31, 2023 and 2022	(821,463)	(122,910)
	\$ 26,597,870	\$ 24,727,645
Amounts per Form 5500, Schedule H, Part II		
Item 2e(2)	\$ 2,013,825	\$ 1,801,361
Item 2e(3)	24,584,045	22,926,284
	\$ 26,597,870	\$ 24,727,645

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

Supplementary Information

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Plan #501 / EIN: 13-5598021

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	FEDL National Mortgage							
	Association Pools:							
	FNMA PL #AY8790 2% 04/01/2030	Fixed income	4/1/30	2.00%	N/A	93	\$ 4,876	\$ 4,534
	U.S. government and governmental agencies obligations:							
	Government National Mortgage Association Pool #520826	Fixed income	03/15/35	5.500%	N/A	540	541	550
	Government National Mortgage Association Pool #521288	Fixed income	04/15/35	5.000%	N/A	1,576	1,565	1,572
	Government National Mortgage Association Pool #533788	Fixed income	05/15/31	6.500%	N/A	262	262	270
	Government National Mortgage Association Pool #537487	Fixed income	07/15/31	6.500%	N/A	209	209	216
	Government National Mortgage Association Pool #555688	Fixed income	01/15/32	6.000%	N/A	34	34	35
	Government National Mortgage Association Pool #569358	Fixed income	04/15/32	6.500%	N/A	56	58	58
	Government National Mortgage Association Pool #569548	Fixed income	01/15/32	6.000%	N/A	132	131	137
	Government National Mortgage Association Pool #574671	Fixed income	04/15/34	5.000%	N/A	355	357	355
	Government National Mortgage Association Pool #579546	Fixed income	03/15/32	6.000%	N/A	179	178	183
	Government National Mortgage Association Pool #584411	Fixed income	05/15/32	6.500%	N/A	377	382	389
	Government National Mortgage Association Pool #587069	Fixed income	05/15/32	6.000%	N/A	506	501	509
	Government National Mortgage Association Pool #595077	Fixed income	10/15/32	6.000%	N/A	390	401	407
	Government National Mortgage Association Pool #599395	Fixed income	06/15/34	5.000%	N/A	2,081	2,047	2,074
	Government National Mortgage Association Pool #617518	Fixed income	05/15/37	5.500%	N/A	1,103	1,154	1,113
	Government National Mortgage Association Pool #640915	Fixed income	05/15/35	5.000%	N/A	675	674	663
	Government National Mortgage Association Pool #648526	Fixed income	12/15/35	5.000%	N/A	667	656	656
	Government National Mortgage Association Pool #667428	Fixed income	11/15/39	5.000%	N/A	5,462	5,730	5,457
	Government National Mortgage Association Pool #673497	Fixed income	04/15/38	5.000%	N/A	942	933	927
	Government National Mortgage Association Pool #675072	Fixed income	01/15/38	5.000%	N/A	211	211	211
	Government National Mortgage Association Pool #675374	Fixed income	05/15/38	5.000%	N/A	1,616	1,655	1,592
	Government National Mortgage Association Pool #679384	Fixed income	05/15/38	5.000%	N/A	739	737	739
	Government National Mortgage Association Pool #685831	Fixed income	04/15/41	4.500%	N/A	5,234	5,476	5,057
	Government National Mortgage Association Pool #686678	Fixed income	05/15/38	5.000%	N/A	769	767	757
	Government National Mortgage Association Pool #690950	Fixed income	06/15/38	5.000%	N/A	1,478	1,424	1,449
	Government National Mortgage Association Pool #690977	Fixed income	05/15/38	5.500%	N/A	625	627	634
	Government National Mortgage Association Pool #693639	Fixed income	07/15/38	5.500%	N/A	1,759	1,746	1,784

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-5598021
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	U.S. government and governmental agencies obligations - continued:							
	Government National Mortgage Association Pool #696456	Fixed income	08/15/38	5.500%	N/A	195	193	197
	Government National Mortgage Association Pool #697452	Fixed income	09/15/38	5.000%	N/A	961	972	953
	Government National Mortgage Association Pool #701501	Fixed income	12/15/38	5.000%	N/A	889	902	888
	Government National Mortgage Association Pool #704173	Fixed income	01/15/39	5.000%	N/A	2,262	2,356	2,226
	Government National Mortgage Association Pool #708361	Fixed income	03/15/39	5.000%	N/A	239	249	238
	Government National Mortgage Association Pool #710182	Fixed income	03/15/39	5.000%	N/A	595	611	590
	Government National Mortgage Association Pool #717066	Fixed income	05/15/39	4.500%	N/A	1,137	1,237	1,103
	Government National Mortgage Association Pool #721203	Fixed income	09/15/39	5.000%	N/A	4,077	4,517	4,036
	Government National Mortgage Association Pool #723625	Fixed income	01/15/40	4.500%	N/A	1,081	1,135	1,047
	Government National Mortgage Association Pool #731231	Fixed income	03/15/40	5.000%	N/A	20,167	21,109	19,768
	Government National Mortgage Association Pool #731674	Fixed income	09/15/40	5.000%	N/A	456	485	453
	Government National Mortgage Association Pool #732249	Fixed income	05/15/40	4.500%	N/A	759	802	735
	Government National Mortgage Association Pool #736888	Fixed income	07/15/40	4.000%	N/A	4,363	4,723	4,120
	Government National Mortgage Association Pool #758027	Fixed income	02/15/41	4.500%	N/A	3,392	3,703	3,277
	Government National Mortgage Association Pool #763539	Fixed income	05/15/41	4.500%	N/A	1,695	1,787	1,622
	Government National Mortgage Association Pool #769518	Fixed income	08/15/41	4.000%	N/A	3,225	3,498	3,029
	Government National Mortgage Association Pool #769889	Fixed income	05/15/41	4.500%	N/A	896	939	866
	Government National Mortgage Association Pool #782363	Fixed income	07/15/38	5.500%	N/A	1,040	1,088	1,058
	U.S. Treasury Note	Fixed income	07/31/25	2.875%	N/A	200,000	199,288	198,444
	U.S. Treasury Note	Fixed income	08/31/26	0.750%	N/A	250,000	249,844	236,081
	U.S. Treasury Note	Fixed income	02/15/27	2.250%	N/A	450,000	449,975	431,847
	U.S. Treasury Note	Fixed income	11/15/25	2.250%	N/A	120,000	118,944	117,947
	U.S. Treasury Note	Fixed income	02/15/34	4.000%	N/A	175,000	172,358	167,538
	U.S. Treasury Note	Fixed income	11/30/29	3.875%	N/A	200,000	199,250	195,508
	U.S. Treasury Note	Fixed income	08/15/32	2.750%	N/A	150,000	149,698	133,025
	U.S. Treasury Note	Fixed income	06/30/27	3.250%	N/A	300,000	295,512	292,965
	U.S. Treasury Note	Fixed income	01/31/28	3.500%	N/A	250,000	248,633	244,270
	U.S. Treasury Note	Fixed income	02/15/33	3.500%	N/A	650,000	642,983	604,689
	U.S. Treasury Note	Fixed income	12/31/30	3.750%	N/A	100,000	100,284	96,347
	U.S. Treasury Note	Fixed income	06/30/29	3.250%	N/A	350,000	344,347	333,981
	U.S. Treasury Note	Fixed income	05/15/33	3.375%	N/A	200,000	195,219	183,796
	U.S. Treasury Note	Fixed income	09/30/27	4.125%	N/A	750,000	740,070	747,038
	U.S. Treasury Note	Fixed income	10/31/27	4.125%	N/A	500,000	494,207	498,025
	U.S. Treasury Note	Fixed income	11/15/32	4.125%	N/A	500,000	486,717	487,660
	U.S. Treasury Note	Fixed income	11/15/33	4.500%	N/A	150,000	150,636	149,321
	U.S. Treasury Note	Fixed income	09/30/28	4.625%	N/A	200,000	199,969	201,870
	U.S. Treasury Note	Fixed income	03/31/25	0.500%	N/A	300,000	303,938	297,318
	U.S. Treasury Note	Fixed income	05/31/25	0.250%	N/A	300,000	299,426	295,131

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-5598021
December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
U.S. government and governmental agencies obligations - continued:							
U.S. Treasury Note	Fixed income	02/28/26	0.500%	N/A	100,000	99,261	95,807
U.S. Treasury Note	Fixed income	02/28/27	1.125%	N/A	100,000	101,843	93,610
U.S. Treasury Note	Fixed income	02/15/30	1.500%	N/A	350,000	352,459	303,912
U.S. Treasury Note	Fixed income	08/15/26	1.500%	N/A	225,000	215,298	215,388
U.S. Treasury Note	Fixed income	08/15/29	1.625%	N/A	800,000	802,926	710,032
U.S. Treasury Note	Fixed income	11/30/26	1.625%	N/A	200,000	198,875	190,444
U.S. Treasury Note	Fixed income	08/15/25	2.000%	N/A	100,000	97,722	98,612
U.S. Treasury Note	Fixed income	11/15/26	2.000%	N/A	820,000	797,164	787,003
U.S. Treasury Note	Fixed income	08/15/27	2.250%	N/A	125,000	124,034	118,818
U.S. Treasury Note	Fixed income	11/15/27	2.250%	N/A	250,000	243,549	236,368
U.S. Treasury Note	Fixed income	05/15/27	2.375%	N/A	1,135,000	1,100,188	1,086,955
U.S. Treasury Note	Fixed income	02/28/26	2.500%	N/A	250,000	247,539	245,093
U.S. Treasury Note	Fixed income	02/15/29	2.625%	N/A	100,000	99,691	93,493
U.S. Treasury Note	Fixed income	12/31/25	2.625%	N/A	300,000	298,383	295,425
U.S. Treasury Note	Fixed income	02/15/28	2.750%	N/A	250,000	248,313	238,713
U.S. Treasury Note	Fixed income	08/31/25	2.750%	N/A	285,000	284,032	282,204
U.S. Treasury Note	Fixed income	05/15/28	2.875%	N/A	100,000	99,334	95,520
U.S. Treasury Note	Fixed income	06/15/25	2.875%	N/A	100,000	99,675	99,396
U.S. Treasury Note	Fixed income	10/31/25	3.000%	N/A	150,000	149,370	148,478
U.S. Treasury Note	Fixed income	11/15/28	3.125%	N/A	500,000	493,488	478,445
U.S. Treasury Note	Fixed income	03/31/28	3.625%	N/A	200,000	196,719	195,884
U.S. Treasury Note	Fixed income	11/30/27	3.875%	N/A	100,000	100,081	98,871
U.S. Treasury Note	Fixed income	07/31/25	0.250%	N/A	200,000	200,398	195,452
U.S. Treasury Note	Fixed income	09/30/25	0.250%	N/A	300,000	300,000	291,279
U.S. Treasury Note	Fixed income	08/31/27	3.125%	N/A	1,020,000	1,006,512	990,624
U.S. Treasury Note	Fixed income	05/15/32	2.875%	N/A	1,400,000	1,369,534	1,257,340
U.S. Treasury Note	Fixed income	04/30/28	3.500%	N/A	200,000	199,219	194,956
U.S. Treasury Note	Fixed income	12/31/28	3.750%	N/A	250,000	248,799	244,388
U.S. Treasury Note	Fixed income	08/15/33	3.875%	N/A	100,000	93,878	95,172
U.S. Treasury Note	Fixed income	08/31/28	4.375%	N/A	400,000	397,691	400,320
U.S. Treasury Note	Fixed income	11/30/28	4.375%	N/A	200,000	199,000	200,082
U.S. Treasury Note	Fixed income	04/15/27	4.500%	N/A	250,000	249,727	251,255
U.S. Treasury Note	Fixed income	05/15/27	4.500%	N/A	100,000	99,534	100,498
U.S. Treasury Note	Fixed income	11/15/30	0.875%	N/A	150,000	144,542	122,729
U.S. Treasury Note	Fixed income	02/15/31	1.125%	N/A	1,050,000	1,028,400	866,513
U.S. Treasury Note	Fixed income	01/31/29	4.000%	N/A	100,000	100,078	98,630
U.S. Treasury Note	Fixed income	07/31/28	4.125%	N/A	400,000	397,813	397,240
U.S. Treasury Inflation Protected	Fixed income	07/15/29	0.250%	N/A	246,802	241,247	228,571
U.S. Treasury Inflation Protected	Fixed income	07/15/31	0.125%	N/A	353,316	325,267	310,988
Total U.S. government and governmental agencies obligations						19,176,520	18,445,843

(a) * = Party-in-interest

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-5598021
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Corporate bonds and notes:							
	Abbvie Inc	Fixed income	05/14/25	3.600%	N/A	250,000	\$250,673	\$248,965
	Alexandria Real Estate	Fixed income	01/15/27	3.950%	N/A	300,000	301,894	295,125
	Amazon Com Inc	Fixed income	12/01/27	4.550%	N/A	200,000	197,700	201,202
	Amgen Inc	Fixed income	02/21/30	2.450%	N/A	150,000	162,403	132,632
	Autozone Inc	Fixed income	04/15/30	4.000%	N/A	100,000	92,175	95,201
	Bank Of America Corp	Fixed income	04/21/25	3.950%	N/A	155,000	154,089	154,574
	Borgwarner Inc	Fixed income	07/01/27	2.650%	N/A	210,000	209,959	199,752
	Bristol-Myers Squibb	Fixed income	06/15/26	3.200%	N/A	150,000	149,705	147,339
	Caterpillar Finl Service	Fixed income	09/14/27	1.100%	N/A	200,000	201,187	183,542
	Chevron Corp	Fixed income	05/16/26	2.954%	N/A	200,000	197,213	196,094
	Cintas Corp No 2 Sr	Fixed income	05/01/32	4.000%	N/A	300,000	301,432	280,734
	Citigroup Inc	Fixed income	04/27/25	3.300%	N/A	50,000	50,638	49,759
	Coca-Cola Co	Fixed income	09/06/29	2.125%	N/A	125,000	123,988	112,004
	Deere John Capital Corp	Fixed income	09/15/27	4.150%	N/A	200,000	196,063	198,066
	Eaton Corp	Fixed income	11/02/32	4.000%	N/A	100,000	98,456	93,437
	EOG Resources Inc	Fixed income	04/01/25	3.150%	N/A	120,000	118,958	119,539
	EOG Resources Inc	Fixed income	01/15/26	4.150%	N/A	100,000	100,040	99,500
	Intercontinentalexchange	Fixed income	06/15/30	2.100%	N/A	200,000	205,303	173,259
	Kellogg Co	Fixed income	04/01/26	3.250%	N/A	150,000	142,640	147,536
	Lowe's Cos Inc	Fixed income	04/15/26	2.500%	N/A	150,000	152,755	146,132
	Marriott Intl Inc New	Fixed income	10/15/27	5.000%	N/A	250,000	248,828	251,988
	Marsh & McLennan Cos Inc	Fixed income	03/15/29	4.375%	N/A	300,000	297,120	294,612
	Martin Marietta Material	Fixed income	03/15/30	2.500%	N/A	100,000	103,045	88,470
	Mckesson Corp	Fixed income	07/15/33	5.100%	N/A	100,000	99,050	99,461
	Meta Platforms Inc	Fixed income	05/15/30	4.800%	N/A	300,000	297,188	302,496
	Metlife Inc	Fixed income	11/13/25	3.600%	N/A	100,000	100,356	99,165
	Norfolk Southern Corp	Fixed income	11/01/29	2.550%	N/A	200,000	199,363	180,538
	Norfolk Southern Corp	Fixed income	08/01/28	3.800%	N/A	150,000	150,718	145,304
	Omnicom Group Inc	Fixed income	06/01/30	4.200%	N/A	200,000	198,043	192,130
	Oreilly Automotive Inc	Fixed income	06/15/32	4.700%	N/A	350,000	353,283	338,114
	Roper Technologies Inc	Fixed income	06/30/30	2.000%	N/A	250,000	256,103	213,103
	Stryker Corp	Fixed income	03/07/28	3.650%	N/A	250,000	246,598	241,410
	T Mobile USA Inc	Fixed income	01/15/33	5.200%	N/A	100,000	97,490	98,987
	T-Mobile USA Inc	Fixed income	02/01/28	4.750%	N/A	250,000	245,875	248,440
	Thermo Fisher	Fixed income	10/15/28	1.750%	N/A	150,000	145,504	134,898
	US Bancorp	Fixed income	07/22/26	2.375%	N/A	150,000	149,525	145,002
	Verizon Communications	Fixed income	03/22/28	2.100%	N/A	150,000	155,525	137,936
	Visa Inc	Fixed income	04/15/30	2.050%	N/A	200,000	210,663	174,898
	Waste Management Inc	Fixed income	11/15/27	3.150%	N/A	50,000	48,228	48,098
	Waste Mgmt Inc	Fixed income	02/15/30	4.625%	N/A	200,000	195,360	198,168
	Welltower Inc	Fixed income	02/15/27	2.700%	N/A	100,000	100,850	96,114
	Zoetis Inc	Fixed income	05/15/30	2.000%	N/A	200,000	210,794	172,106
	Total corporate bonds and notes						7,516,780	7,175,830

(a) * = Party-in-interest

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-5598021
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Limited partnership:							
	Primus High Yield Bond Fund	Limited partnership	N/A	Variable	N/A	19,354,757	19,354,757	19,354,757
	Mutual fund:							
	Invesco Govt & Agency Inst'l	Mutual fund	N/A	N/A	N/A	19,254,661	19,254,661	19,254,661
	Interest-bearing cash:							
	Cash - interest bearing - Amalgamated Bank of New York	Cash	N/A	N/A	N/A	N/A	11,016,917	11,016,917
	Money market fund:							
	Dreyfus Treasury and Agency Cash Management	Money market fund	N/A	Variable	N/A	292,980	292,980	292,980
	Total investments						<u>\$ 76,612,615</u>	<u>\$ 75,540,988</u>

(a) * = Party-in-interest

International Association of Machinists District 15 Health Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 13-5598021

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
Single Transactions Exceeding 5% of Plan Assets						
Invesco Govt & Agency Inst'l	\$ 19,254,661	\$ -	\$ 19,254,661	\$ 19,254,661	\$ -	
Invesco Liquid Assets Inst'l	-	18,910,164	18,910,164	18,910,164	-	
Series of Transactions Exceeding 5% of Plan Assets						
Invesco Govt & Agency Inst'l	19,254,661	-	19,254,661	19,254,661	-	
Invesco Liquid Assets Inst'l	-	18,910,164	18,910,164	18,910,164	-	
Invesco Liquid Assets Inst'l	617,777	-	617,777	617,777	-	

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

Plan #501 / EIN: 13-5598021

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	FEDL National Mortgage							
	Association Pools:							
	FNMA PL #AY8790 2% 04/01/2030	Fixed income	4/1/30	2.00%	N/A	93	\$ 4,876	\$ 4,534
	U.S. government and governmental agencies obligations:							
	Government National Mortgage Association Pool #520826	Fixed income	03/15/35	5.500%	N/A	540	541	550
	Government National Mortgage Association Pool #521288	Fixed income	04/15/35	5.000%	N/A	1,576	1,565	1,572
	Government National Mortgage Association Pool #533788	Fixed income	05/15/31	6.500%	N/A	262	262	270
	Government National Mortgage Association Pool #537487	Fixed income	07/15/31	6.500%	N/A	209	209	216
	Government National Mortgage Association Pool #555688	Fixed income	01/15/32	6.000%	N/A	34	34	35
	Government National Mortgage Association Pool #569358	Fixed income	04/15/32	6.500%	N/A	56	58	58
	Government National Mortgage Association Pool #569548	Fixed income	01/15/32	6.000%	N/A	132	131	137
	Government National Mortgage Association Pool #574671	Fixed income	04/15/34	5.000%	N/A	355	357	355
	Government National Mortgage Association Pool #579546	Fixed income	03/15/32	6.000%	N/A	179	178	183
	Government National Mortgage Association Pool #584411	Fixed income	05/15/32	6.500%	N/A	377	382	389
	Government National Mortgage Association Pool #587069	Fixed income	05/15/32	6.000%	N/A	506	501	509
	Government National Mortgage Association Pool #595077	Fixed income	10/15/32	6.000%	N/A	390	401	407
	Government National Mortgage Association Pool #599395	Fixed income	06/15/34	5.000%	N/A	2,081	2,047	2,074
	Government National Mortgage Association Pool #617518	Fixed income	05/15/37	5.500%	N/A	1,103	1,154	1,113
	Government National Mortgage Association Pool #640915	Fixed income	05/15/35	5.000%	N/A	675	674	663
	Government National Mortgage Association Pool #648526	Fixed income	12/15/35	5.000%	N/A	667	656	656
	Government National Mortgage Association Pool #667428	Fixed income	11/15/39	5.000%	N/A	5,462	5,730	5,457
	Government National Mortgage Association Pool #673497	Fixed income	04/15/38	5.000%	N/A	942	933	927
	Government National Mortgage Association Pool #675072	Fixed income	01/15/38	5.000%	N/A	211	211	211
	Government National Mortgage Association Pool #675374	Fixed income	05/15/38	5.000%	N/A	1,616	1,655	1,592
	Government National Mortgage Association Pool #679384	Fixed income	05/15/38	5.000%	N/A	739	737	739
	Government National Mortgage Association Pool #685831	Fixed income	04/15/41	4.500%	N/A	5,234	5,476	5,057
	Government National Mortgage Association Pool #686678	Fixed income	05/15/38	5.000%	N/A	769	767	757
	Government National Mortgage Association Pool #690950	Fixed income	06/15/38	5.000%	N/A	1,478	1,424	1,449
	Government National Mortgage Association Pool #690977	Fixed income	05/15/38	5.500%	N/A	625	627	634
	Government National Mortgage Association Pool #693639	Fixed income	07/15/38	5.500%	N/A	1,759	1,746	1,784

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-5598021
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	U.S. government and governmental agencies obligations - continued:							
	Government National Mortgage Association Pool #696456	Fixed income	08/15/38	5.500%	N/A	195	193	197
	Government National Mortgage Association Pool #697452	Fixed income	09/15/38	5.000%	N/A	961	972	953
	Government National Mortgage Association Pool #701501	Fixed income	12/15/38	5.000%	N/A	889	902	888
	Government National Mortgage Association Pool #704173	Fixed income	01/15/39	5.000%	N/A	2,262	2,356	2,226
	Government National Mortgage Association Pool #708361	Fixed income	03/15/39	5.000%	N/A	239	249	238
	Government National Mortgage Association Pool #710182	Fixed income	03/15/39	5.000%	N/A	595	611	590
	Government National Mortgage Association Pool #717066	Fixed income	05/15/39	4.500%	N/A	1,137	1,237	1,103
	Government National Mortgage Association Pool #721203	Fixed income	09/15/39	5.000%	N/A	4,077	4,517	4,036
	Government National Mortgage Association Pool #723625	Fixed income	01/15/40	4.500%	N/A	1,081	1,135	1,047
	Government National Mortgage Association Pool #731231	Fixed income	03/15/40	5.000%	N/A	20,167	21,109	19,768
	Government National Mortgage Association Pool #731674	Fixed income	09/15/40	5.000%	N/A	456	485	453
	Government National Mortgage Association Pool #732249	Fixed income	05/15/40	4.500%	N/A	759	802	735
	Government National Mortgage Association Pool #736888	Fixed income	07/15/40	4.000%	N/A	4,363	4,723	4,120
	Government National Mortgage Association Pool #758027	Fixed income	02/15/41	4.500%	N/A	3,392	3,703	3,277
	Government National Mortgage Association Pool #763539	Fixed income	05/15/41	4.500%	N/A	1,695	1,787	1,622
	Government National Mortgage Association Pool #769518	Fixed income	08/15/41	4.000%	N/A	3,225	3,498	3,029
	Government National Mortgage Association Pool #769889	Fixed income	05/15/41	4.500%	N/A	896	939	866
	Government National Mortgage Association Pool #782363	Fixed income	07/15/38	5.500%	N/A	1,040	1,088	1,058
	U.S. Treasury Note	Fixed income	07/31/25	2.875%	N/A	200,000	199,288	198,444
	U.S. Treasury Note	Fixed income	08/31/26	0.750%	N/A	250,000	249,844	236,081
	U.S. Treasury Note	Fixed income	02/15/27	2.250%	N/A	450,000	449,975	431,847
	U.S. Treasury Note	Fixed income	11/15/25	2.250%	N/A	120,000	118,944	117,947
	U.S. Treasury Note	Fixed income	02/15/34	4.000%	N/A	175,000	172,358	167,538
	U.S. Treasury Note	Fixed income	11/30/29	3.875%	N/A	200,000	199,250	195,508
	U.S. Treasury Note	Fixed income	08/15/32	2.750%	N/A	150,000	149,698	133,025
	U.S. Treasury Note	Fixed income	06/30/27	3.250%	N/A	300,000	295,512	292,965
	U.S. Treasury Note	Fixed income	01/31/28	3.500%	N/A	250,000	248,633	244,270
	U.S. Treasury Note	Fixed income	02/15/33	3.500%	N/A	650,000	642,983	604,689
	U.S. Treasury Note	Fixed income	12/31/30	3.750%	N/A	100,000	100,284	96,347
	U.S. Treasury Note	Fixed income	06/30/29	3.250%	N/A	350,000	344,347	333,981
	U.S. Treasury Note	Fixed income	05/15/33	3.375%	N/A	200,000	195,219	183,796
	U.S. Treasury Note	Fixed income	09/30/27	4.125%	N/A	750,000	740,070	747,038
	U.S. Treasury Note	Fixed income	10/31/27	4.125%	N/A	500,000	494,207	498,025
	U.S. Treasury Note	Fixed income	11/15/32	4.125%	N/A	500,000	486,717	487,660
	U.S. Treasury Note	Fixed income	11/15/33	4.500%	N/A	150,000	150,636	149,321
	U.S. Treasury Note	Fixed income	09/30/28	4.625%	N/A	200,000	199,969	201,870
	U.S. Treasury Note	Fixed income	03/31/25	0.500%	N/A	300,000	303,938	297,318
	U.S. Treasury Note	Fixed income	05/31/25	0.250%	N/A	300,000	299,426	295,131

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-5598021
December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
U.S. government and governmental agencies obligations - continued:							
U.S. Treasury Note	Fixed income	02/28/26	0.500%	N/A	100,000	99,261	95,807
U.S. Treasury Note	Fixed income	02/28/27	1.125%	N/A	100,000	101,843	93,610
U.S. Treasury Note	Fixed income	02/15/30	1.500%	N/A	350,000	352,459	303,912
U.S. Treasury Note	Fixed income	08/15/26	1.500%	N/A	225,000	215,298	215,388
U.S. Treasury Note	Fixed income	08/15/29	1.625%	N/A	800,000	802,926	710,032
U.S. Treasury Note	Fixed income	11/30/26	1.625%	N/A	200,000	198,875	190,444
U.S. Treasury Note	Fixed income	08/15/25	2.000%	N/A	100,000	97,722	98,612
U.S. Treasury Note	Fixed income	11/15/26	2.000%	N/A	820,000	797,164	787,003
U.S. Treasury Note	Fixed income	08/15/27	2.250%	N/A	125,000	124,034	118,818
U.S. Treasury Note	Fixed income	11/15/27	2.250%	N/A	250,000	243,549	236,368
U.S. Treasury Note	Fixed income	05/15/27	2.375%	N/A	1,135,000	1,100,188	1,086,955
U.S. Treasury Note	Fixed income	02/28/26	2.500%	N/A	250,000	247,539	245,093
U.S. Treasury Note	Fixed income	02/15/29	2.625%	N/A	100,000	99,691	93,493
U.S. Treasury Note	Fixed income	12/31/25	2.625%	N/A	300,000	298,383	295,425
U.S. Treasury Note	Fixed income	02/15/28	2.750%	N/A	250,000	248,313	238,713
U.S. Treasury Note	Fixed income	08/31/25	2.750%	N/A	285,000	284,032	282,204
U.S. Treasury Note	Fixed income	05/15/28	2.875%	N/A	100,000	99,334	95,520
U.S. Treasury Note	Fixed income	06/15/25	2.875%	N/A	100,000	99,675	99,396
U.S. Treasury Note	Fixed income	10/31/25	3.000%	N/A	150,000	149,370	148,478
U.S. Treasury Note	Fixed income	11/15/28	3.125%	N/A	500,000	493,488	478,445
U.S. Treasury Note	Fixed income	03/31/28	3.625%	N/A	200,000	196,719	195,884
U.S. Treasury Note	Fixed income	11/30/27	3.875%	N/A	100,000	100,081	98,871
U.S. Treasury Note	Fixed income	07/31/25	0.250%	N/A	200,000	200,398	195,452
U.S. Treasury Note	Fixed income	09/30/25	0.250%	N/A	300,000	300,000	291,279
U.S. Treasury Note	Fixed income	08/31/27	3.125%	N/A	1,020,000	1,006,512	990,624
U.S. Treasury Note	Fixed income	05/15/32	2.875%	N/A	1,400,000	1,369,534	1,257,340
U.S. Treasury Note	Fixed income	04/30/28	3.500%	N/A	200,000	199,219	194,956
U.S. Treasury Note	Fixed income	12/31/28	3.750%	N/A	250,000	248,799	244,388
U.S. Treasury Note	Fixed income	08/15/33	3.875%	N/A	100,000	93,878	95,172
U.S. Treasury Note	Fixed income	08/31/28	4.375%	N/A	400,000	397,691	400,320
U.S. Treasury Note	Fixed income	11/30/28	4.375%	N/A	200,000	199,000	200,082
U.S. Treasury Note	Fixed income	04/15/27	4.500%	N/A	250,000	249,727	251,255
U.S. Treasury Note	Fixed income	05/15/27	4.500%	N/A	100,000	99,534	100,498
U.S. Treasury Note	Fixed income	11/15/30	0.875%	N/A	150,000	144,542	122,729
U.S. Treasury Note	Fixed income	02/15/31	1.125%	N/A	1,050,000	1,028,400	866,513
U.S. Treasury Note	Fixed income	01/31/29	4.000%	N/A	100,000	100,078	98,630
U.S. Treasury Note	Fixed income	07/31/28	4.125%	N/A	400,000	397,813	397,240
U.S. Treasury Inflation Protected	Fixed income	07/15/29	0.250%	N/A	246,802	241,247	228,571
U.S. Treasury Inflation Protected	Fixed income	07/15/31	0.125%	N/A	353,316	325,267	310,988
Total U.S. government and governmental agencies obligations						19,176,520	18,445,843

(a) * = Party-in-interest

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-5598021
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Corporate bonds and notes:							
	Abbvie Inc	Fixed income	05/14/25	3.600%	N/A	250,000	\$250,673	\$248,965
	Alexandria Real Estate	Fixed income	01/15/27	3.950%	N/A	300,000	301,894	295,125
	Amazon Com Inc	Fixed income	12/01/27	4.550%	N/A	200,000	197,700	201,202
	Amgen Inc	Fixed income	02/21/30	2.450%	N/A	150,000	162,403	132,632
	Autozone Inc	Fixed income	04/15/30	4.000%	N/A	100,000	92,175	95,201
	Bank Of America Corp	Fixed income	04/21/25	3.950%	N/A	155,000	154,089	154,574
	Borgwarner Inc	Fixed income	07/01/27	2.650%	N/A	210,000	209,959	199,752
	Bristol-Myers Squibb	Fixed income	06/15/26	3.200%	N/A	150,000	149,705	147,339
	Caterpillar Finl Service	Fixed income	09/14/27	1.100%	N/A	200,000	201,187	183,542
	Chevron Corp	Fixed income	05/16/26	2.954%	N/A	200,000	197,213	196,094
	Cintas Corp No 2 Sr	Fixed income	05/01/32	4.000%	N/A	300,000	301,432	280,734
	Citigroup Inc	Fixed income	04/27/25	3.300%	N/A	50,000	50,638	49,759
	Coca-Cola Co	Fixed income	09/06/29	2.125%	N/A	125,000	123,988	112,004
	Deere John Capital Corp	Fixed income	09/15/27	4.150%	N/A	200,000	196,063	198,066
	Eaton Corp	Fixed income	11/02/32	4.000%	N/A	100,000	98,456	93,437
	EOG Resources Inc	Fixed income	04/01/25	3.150%	N/A	120,000	118,958	119,539
	EOG Resources Inc	Fixed income	01/15/26	4.150%	N/A	100,000	100,040	99,500
	Intercontinentalexchange	Fixed income	06/15/30	2.100%	N/A	200,000	205,303	173,259
	Kellogg Co	Fixed income	04/01/26	3.250%	N/A	150,000	142,640	147,536
	Lowe's Cos Inc	Fixed income	04/15/26	2.500%	N/A	150,000	152,755	146,132
	Marriott Intl Inc New	Fixed income	10/15/27	5.000%	N/A	250,000	248,828	251,988
	Marsh & McLennan Cos Inc	Fixed income	03/15/29	4.375%	N/A	300,000	297,120	294,612
	Martin Marietta Material	Fixed income	03/15/30	2.500%	N/A	100,000	103,045	88,470
	Mckesson Corp	Fixed income	07/15/33	5.100%	N/A	100,000	99,050	99,461
	Meta Platforms Inc	Fixed income	05/15/30	4.800%	N/A	300,000	297,188	302,496
	Metlife Inc	Fixed income	11/13/25	3.600%	N/A	100,000	100,356	99,165
	Norfolk Southern Corp	Fixed income	11/01/29	2.550%	N/A	200,000	199,363	180,538
	Norfolk Southern Corp	Fixed income	08/01/28	3.800%	N/A	150,000	150,718	145,304
	Omnicom Group Inc	Fixed income	06/01/30	4.200%	N/A	200,000	198,043	192,130
	Oreilly Automotive Inc	Fixed income	06/15/32	4.700%	N/A	350,000	353,283	338,114
	Roper Technologies Inc	Fixed income	06/30/30	2.000%	N/A	250,000	256,103	213,103
	Stryker Corp	Fixed income	03/07/28	3.650%	N/A	250,000	246,598	241,410
	T Mobile USA Inc	Fixed income	01/15/33	5.200%	N/A	100,000	97,490	98,987
	T-Mobile USA Inc	Fixed income	02/01/28	4.750%	N/A	250,000	245,875	248,440
	Thermo Fisher	Fixed income	10/15/28	1.750%	N/A	150,000	145,504	134,898
	US Bancorp	Fixed income	07/22/26	2.375%	N/A	150,000	149,525	145,002
	Verizon Communications	Fixed income	03/22/28	2.100%	N/A	150,000	155,525	137,936
	Visa Inc	Fixed income	04/15/30	2.050%	N/A	200,000	210,663	174,898
	Waste Management Inc	Fixed income	11/15/27	3.150%	N/A	50,000	48,228	48,098
	Waste Mgmt Inc	Fixed income	02/15/30	4.625%	N/A	200,000	195,360	198,168
	Welltower Inc	Fixed income	02/15/27	2.700%	N/A	100,000	100,850	96,114
	Zoetis Inc	Fixed income	05/15/30	2.000%	N/A	200,000	210,794	172,106
	Total corporate bonds and notes						7,516,780	7,175,830

(a) * = Party-in-interest

International Association of Machinists District 15 Health Fund

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Continued
Plan #501 / EIN: 13-5598021
December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment						
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Cost	Current value
	Limited partnership:							
	Primus High Yield Bond Fund	Limited partnership	N/A	Variable	N/A	19,354,757	19,354,757	19,354,757
	Mutual fund:							
	Invesco Govt & Agency Inst'l	Mutual fund	N/A	N/A	N/A	19,254,661	19,254,661	19,254,661
	Interest-bearing cash:							
	Cash - interest bearing - Amalgamated Bank of New York	Cash	N/A	N/A	N/A	N/A	11,016,917	11,016,917
	Money market fund:							
	Dreyfus Treasury and Agency Cash Management	Money market fund	N/A	Variable	N/A	292,980	292,980	292,980
	Total investments						<u>\$ 76,612,615</u>	<u>\$ 75,540,988</u>

(a) * = Party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

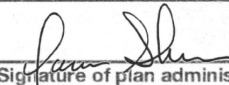
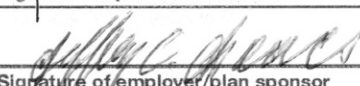
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final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

Part II Basic Plan Information - enter all requested information

1a Name of plan INTERNATIONAL ASSOCIATION OF MACHINISTS DISTRICT 15 HEALTH FUND	1b Three-digit plan number (PN) ▶ 501 1c Effective date of plan 08/01/1950
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.M. DISTRICT 15 HEALTH FUND 140 SYLVAN AVENUE SUITE 303 ENGLEWOOD CLIFFS NJ 07632	2b Employer Identification Number (EIN) 13-5598021 2c Plan Sponsor's telephone number 201-947-8000 2d Business code (see instructions) 484200

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

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

SIGN HERE		10/14/25	NORMAN SHREVE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/25	JEFFREY ISAACS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

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

5 Total number of participants at the beginning of the plan year	5	1298
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1298
a(2) Total number of active participants at the end of the plan year	6a(2)	1280
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1280
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	64

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

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

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

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

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

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

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

Receipt Confirmation Code _____

International Association of Machinists District 15 Health Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 13-5598021

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)	
Single Transactions Exceeding 5% of Plan Assets						
Invesco Govt & Agency Inst'l	\$ 19,254,661	\$ -	\$ 19,254,661	\$ 19,254,661	\$ -	
Invesco Liquid Assets Inst'l	-	18,910,164	18,910,164	18,910,164	-	
Series of Transactions Exceeding 5% of Plan Assets						
Invesco Govt & Agency Inst'l	19,254,661	-	19,254,661	19,254,661	-	
Invesco Liquid Assets Inst'l	-	18,910,164	18,910,164	18,910,164	-	
Invesco Liquid Assets Inst'l	617,777	-	617,777	617,777	-	