

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
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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	
1a	Name of plan	1b Three-digit plan number (PN) ▶ 501
	UNITED WIRE, METAL & MACHINE H & W FD	1c Effective date of plan 01/01/1953
	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) UNITED WIRE, METAL & MACHINE HEALTH & WELFARE FUND	2b Employer Identification Number (EIN) 13-5608135
	45-06 PEARSON STREET, 2ND FLOOR LONG ISLAND CITY, NY 11101	2c Plan Sponsor's telephone number 212-691-4100
	45-06 PEARSON STREET, 2ND FLOOR LONG ISLAND CITY, NY 11101	2d Business code (see instructions) 339900

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.	10/15/2025	LORRAINE BUONACORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DONNA SANTORO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2786
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) 2743 6a(2) 2870 6b 173 6c 6d 3043 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)	7 100

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 4D 4E 4F 4L 4Q 4U

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan UNITED WIRE, METAL & MACHINE H & W FD	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WIRE, METAL & MACHINE HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 13-5608135

Part I	Service Provider Information (see instructions)
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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
CORRY CAPITAL ADVISORS LLC
26-0510274

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

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

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

MAGNACARE ADMINISTRATIVE SERVICES

11-3410766

(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	1370840	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JRN CONSULTING, LLC

22-3691482

(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	420824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORRAINE BUONACORE

13-5608135

(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?
30	ADMINISTRATOR FOR EBP	254763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL COMPANY (EASTERN STATES), INC

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	PROVIDES SRVS FOR REL EBP	166505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WANDA LOZANO

13-5608135

(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?
30	RELATED EMPLOYEE BEN PLAN	138841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL ENHANCED PROPERTY FUND LP

20-0928198

(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 28	PROVIDES SRVS FOR REL EBP	137387	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

D.D. SERVICES, INC

11-2705347

(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	129698	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINDA ALVAREZ

13-5608135

(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?
30	NONE	127528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICKY TYCZYNSKI

13-5608135

(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?
30	NONE	107549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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 28	PRO SRVS FOR RELATED EBP	97864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENIMORE ASSET MANAGEMENT, INC.

14-1564237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	PROVIDES SRVS FOR REL EBP	96357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MURAT BADIOGLU

13-5608135

(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?
30	RELATED EMPLOYEE BEN PLAN	87651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FRANCESCO LICARI

13-5608135

(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?
30	RELATED EMPLOYEE BEN PLAN	86217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOURDES BERREZUETA

13-5608135

(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?
30	NONE	77994	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(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	PROVIDES SRVS FOR REL EBP	77500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSANNA FURIO

13-5608135

(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?
30	RELATED EMPLOYEE BEN PLAN	76677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILAGROS ACOSTA

13-5608135

(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?
30	NONE	73332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEAVER AND TIDWELL LLP

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?
10	PRO SRVS FOR REL ORG & EB	71000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EUFEMIO RODRIGUEZ

13-5608135

(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?
30	RELATED EMPLOYEE BEN PLAN	69520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARK TORRES

13-5624913

(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?
30	PRO SRVS FOR REL ORG & EB	68448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATTHEW SCHER

13-5624913

(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?
30	NONE	67929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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?
28	PRO SRVS FOR REL ORG & EB	67315	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STEPHEN GARRIQUES

13-5608135

(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?
30	PRO SRVS FOR REL ORG & EB	66983	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM ALEXANDER

13-5608135

(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?
30	RELATED EMPLOYEE BEN PLAN	57834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TIMOTHY MCGLYN

13-5608135

(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?
30	NONE	56968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATTIA SANTANA

13-5608135

(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?
30	PRO SRVS FOR REL ORG & EB	51232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA MANAGEMENT INVESTMENT ADVI

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	PROVIDES SVRS FOR EBP	44940	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

REYNOLDS CONSULTING SERVICES, LLC

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	PROVIDES SRVS FOR REL EBP	44875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARNES, IACCARRINO & SHEPHERD LLP

26-3858697

(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	PRO SRVS REL EBP	40500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALAINA JEWELS

13-5608135

(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?
30	PRO SRVS FOR REL ORG & EB	37830	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GREGORY HOLLOMAN

13-5624913

(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?
30	PRO SRVS FOR REL ORG & EB	29802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REBECCA BROWN

13-5608135

(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?
30	PRO SRVS FOR REL ORG & EB	28580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO INVESTMENT ADVISORS INC

52-6435649

(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 51	PRO SRVS FOR REL ORG & EB	27164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LERNER CUMBO & ASSOCIATES

47-3140924

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	18287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROY BARNES, ESQ

47-3073857

(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?
20	PROVIDES SRVS FOR REL EBP	15406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCIO GARCIA

13-5608135

(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?
30	NONE	15405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COUNSEL ADVISORS INC

93-2423182

(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?
20	PRO SRVS FOR RELATED EBP	15010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS SCRIPTS, INC.

43-1420563

(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	12948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK

13-3566126

(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 51	PROVIDES SVRS FOR EBP	8243	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

LITTLER MENDELSON PLLC

94-2602731

(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?
20	PROVIDES SRVS FOR REL EBP	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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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 UNITED WIRE, METAL & MACHINE H & W FD	B Three-digit plan number (PN) ▶	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITED WIRE, METAL & MACHINE HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 13-5608135	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES MULTI SECTOR FULL DIS			
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY			
c EIN-PN 84-6391546-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15424311	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX VEBA FU			
b Name of sponsor of entity listed in (a): AMALGAMATED BANK			
c EIN-PN 13-4015803-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1122010	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan UNITED WIRE, METAL & MACHINE H & W FD		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED WIRE, METAL & MACHINE HEALTH & WELFARE FUND		D Employer Identification Number (EIN) 13-5608135

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2607929	1408958
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2993172	4777454
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1638868	1417372
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	600102	1679074
(2) U.S. Government securities	1c(2)	12	9
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	37465279	34706236
(5) Partnership/joint venture interests	1c(5)	16598738	23002582
(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)	24556522	16546321
(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)		
(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	26999	24873
f Total assets (add all amounts in lines 1a through 1e)	1f	86487621	83562879
Liabilities			
g Benefit claims payable	1g	9374400	12910300
h Operating payables	1h	396818	594429
i Acquisition indebtedness	1i		
j Other liabilities	1j	825992	24582
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10597210	13529311
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	75890411	70033568

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)	33161729	
(B) Participants	2a(1)(B)	141629	
(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)		33303358
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54581	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		54581
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	476834	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		476834
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	22147481	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20559583	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	3426244	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1487663
(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)		0
c Other income	2c		3323811
d Total income. Add all income amounts in column (b) and enter total	2d		43660389

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42939377	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	3625692	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		46565069
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)	1566044	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	74333	
(5) Investment advisory and investment management fees	2i(5)	515902	
(6) Bank or trust company trustee/custodial fees	2i(6)	8243	
(7) Actuarial fees	2i(7)	166505	
(8) Legal fees	2i(8)	118000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	37916	
(11) Other expenses	2i(11)	465220	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2952163
j Total expenses. Add all expense amounts in column (b) and enter total	2j		49517232

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5856843
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 AND TIDWELL LLP**

(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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

United Wire, Metal and Machine Health & Welfare Fund

Financial Report

December 31, 2024

CONTENTS

Page

Independent Auditor's Report.....	1
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Financial Statements

Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits.....	5
Statements of Benefit Obligations.....	6
Statements of Changes in Benefit Obligations.....	7
Notes to Financial Statements	8

Supplementary Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	21
Schedule H, Line 4j – Schedule of Reportable Transactions	26
Schedules of Benefits Paid to or on Behalf of Participants, Beneficiaries and Dependents and Service Fees	27
Schedules of Administrative Expenses.....	28

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

Independent Auditor's Report

Board of Trustees
United Wire, Metal and Machine Health
& Welfare Fund
Long Island City, NY

Opinion

We have audited the financial statements of United Wire, Metal and Machine Health & Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement 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 of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding Plan's the net assets available for benefits and plan's benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its 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 audit. 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 audit 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.

New York, New York
October 14, 2025

United Wire, Metal and Machine Health & Welfare Fund

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments at fair value		
Common stocks	\$ 34,706,236	\$ 37,465,279
U.S. government and governmental agencies obligations	9	12
Common collective trusts	16,546,321	24,556,522
Limited partnerships	23,002,582	16,598,738
Money market funds	1,679,074	600,102
Total investments	75,934,222	79,220,653
Receivables		
Employers' contributions, net of allowance for contributions deemed doubtful of collection of \$348,459 as of December 31, 2024 and 2023	4,777,454	2,993,172
Accrued interest and dividends	147,188	155,824
Due from related entities	303,605	-
Prescription rebate receivable	910,575	813,612
Total receivables	6,138,822	3,962,608
Cash	1,408,958	2,607,929
Property assets, net	24,873	26,999
Deposits and prepaid expenses	31,662	10,671
Right-of-use asset - operating lease	24,342	658,761
Total assets	83,562,879	86,487,621
LIABILITIES		
Accounts payable and accrued expenses	594,429	396,818
Due to related entities	-	144,182
Lease liability - operating lease	24,582	681,810
Total liabilities	619,011	1,222,810
NET ASSETS AVAILABLE FOR BENEFITS	\$ 82,943,868	\$ 85,264,811

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

United Wire, Metal and Machine Health & Welfare Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 6,501,805	\$ 5,821,220
Interest	54,581	61,281
Dividends	1,113,138	1,213,768
	7,669,524	7,096,269
Less investment expenses	524,145	499,008
Net investment income	7,145,379	6,597,261
Contributions		
Employers	33,161,729	29,584,743
Participants - COBRA	141,629	271,837
Total contributions	33,303,358	29,856,580
Prescription rebate income	2,548,648	2,155,761
Other income - class action settlements	1,322	-
Other	137,537	552,921
	2,687,507	2,708,682
Total additions	43,136,244	39,162,523
DEDUCTIONS		
Benefits paid to or on behalf of participants, beneficiaries and dependents	39,403,477	34,809,224
Service fees	3,625,692	3,433,912
Administrative expenses	2,417,576	2,360,488
Provision for contributions deemed doubtful of collection	10,442	3,775
Total deductions	45,457,187	40,607,399
Net (decrease)	(2,320,943)	(1,444,876)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	85,264,811	86,709,687
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 82,943,868	\$ 85,264,811

United Wire, Metal and Machine Health & Welfare Fund

Statements of Benefit Obligations Years Ended December 31, 2024 and 2023

	2024	2023
AMOUNT CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS BENEFICIARIES AND DEPENDENTS		
Health and welfare claims payable	\$ 2,929,445	\$ 5,702,262
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	9,980,855	3,672,138
Accumulated eligibility credits	7,860,500	6,777,700
	17,841,355	10,449,838
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>\$ 20,770,800</u>	<u>\$ 16,152,100</u>
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees and dependents	\$ 191,737	\$ -
Other participants fully eligible for benefits	93,079	-
Other participants not yet fully eligible for benefits	253,053	-
	537,869	-
TOTAL BENEFIT OBLIGATIONS	<u>\$ 21,308,669</u>	<u>\$ 16,152,100</u>

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

United Wire, Metal and Machine Health & Welfare Fund

Statements of Changes in Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
AMOUNT CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 5,702,262	\$ 5,075,259
Claims reported and approved for payment	36,630,660	35,436,227
Benefits paid	(39,403,477)	(34,809,224)
Balance at end of year	2,929,445	5,702,262
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	10,449,838	8,450,941
Net change during the year		
Claims incurred but not reported	6,308,717	703,497
Accumulated eligibility credits	1,082,800	1,295,400
Balance at end of year	17,841,355	10,449,838
Total obligations other than postretirement benefit obligations	20,770,800	16,152,100
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	-	-
Increase during the year attributable to plan changes	537,869	-
Balance at end of year	537,869	-
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 21,308,669</u>	<u>\$ 16,152,100</u>

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the United Wire, Metal and Machine Health & Welfare Fund (the Plan) 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 is a multi-employer welfare benefit plan, established under the provisions of an Agreement and Declaration of Trust, as amended, dated November 15, 1960, between Local 810, I.B.T. (the Union or Local), and various employers. The Plan was established for the purpose of providing health and welfare benefits to the Plan's participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

To become initially eligible for benefits, a participant must complete 90 days of covered employment with a participating employer or employers on a full-time basis. Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documents to the Plan Administrator.

Generally, a participant will remain eligible as long as actively employed with a participating employer. Participants may also continue to remain eligible for benefits through the use of accumulated eligibility credits for times of unemployment (less than full time) and upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Retired employees are entitled to benefits if they retired on or after April 1, 2024 from either the United Wire, Metal and Machine Pension Fund or the Local 810 Affiliated Pension Plan under a 30-year Retirement benefit as defined in the respective plans. Participants will have a one-time opportunity to elect Pre-Medicare retiree coverage after exhausting COBRA continuation coverage.

If the retiree is eligible to receive a pension benefit from either Pension Plan, leaves covered employment at age 65 or older and has at least 15 years of continuous service in covered employment, a prescription drug benefit is provided to the retiree and spouse, if the spouse is at least 65 years old.

Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documents to the Plan Administrator.

Contributions

The Plan receives contributions from employers who have executed a collective bargaining agreement with the Union. Contribution rates have been established under collective bargaining agreements entered into between the Union and various employers. Each employer is required to contribute to the Plan at the rate(s) specified in their respective collective bargaining agreements.

Benefits

The Plan provides health benefits (hospital, surgical, major medical, prescription drugs, dental, optical, death, and disability). Retired employees are entitled to similar health benefits (in excess of Medicare coverage). The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

Self-Insured Benefits

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

Third-Party Administrators

The Plan utilizes third-party administrators for the administration of the Plan's self-insured medical and prescription drug arrangements. 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 accompanying financial statements have been prepared on 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 certain 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 may differ from those estimates.

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, utilizing information provided by the investment adviser. See note 5 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. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cash

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

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 \$348,459. Changes in the allowance for doubtful accounts are recorded as deductions in the statements of changes in net assets available for benefits.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

Payment of Benefits

Claim payments are recorded when paid by the third-party claims processors or by the Plan. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as claims payable in the accompanying statements of benefit obligations. Payments made during the year are recorded as benefits paid in the accompanying statements of changes in net assets available for benefits.

Prescription Rebates

Prescription rebates due from the Plan's PBM are recorded when earned. Rebates due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset shown as additions on the statement of changes in net assets available for benefits.

Property Assets

Property assets are recorded at cost.

Depreciation is computed by the straight-line method, at rates calculated to amortize the cost of the assets over the respective estimated useful lives of the assets:

Data processing equipment	5-10 years
Automobile	5 years

Lease Accounting

The Plan determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be a lease or contain a lease if the contract conveys the right to control the use of the identified property, plant, or equipment (an identified asset) in exchange for consideration. The Plan determines these assets are leased because the Plan has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. The Plan's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Plan separately identifies lease and nonlease components, such as common area and other maintenance costs, in calculating the right of use (ROU) assets and lease liabilities for its office facilities. The Plan has elected the practical expedient to not separate lease and nonlease components and classifies the contract as a lease if consideration in the contract allocated to the lease is greater than the consideration allocated to the nonlease component.

Leases result in the recognition of ROU assets and lease liabilities on the statement of net assets available for benefits. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Plan determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. The Plan has elected to use the risk-free rate as a practical expedient for its discount rate in order to determine present value.

The lease term may include options to extend or to terminate the lease that the Plan is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

The Plan has elected not to record leases with an initial term of 12 months or less on the statement of net assets available for benefits. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Administrative Expenses

All administrative fees are paid by the Plan.

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.

Management's Review of Subsequent Events

Management has evaluated subsequent events for the Plan through October 14, 2025, the date the financial statements were available to be issued

Note 3. Benefit Obligations

Accumulated Eligibility Credits

Benefit obligations for accumulated eligibility of participants were estimated by the Plan's actuary based on the eligibility requirements as of December 31.

Claims Payable and Claims Incurred but not Reported

Plan obligations at December 31 for benefit claims payable represents those claims incurred prior to December 31, but unpaid at that date. Plan obligations at December 31 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles 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. Postretirement Benefit Obligations

A postretirement benefit obligation has been recognized for future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. Currently, retirees are not required to contribute to the Plan. The obligations represent the amounts that are expected to be funded by contributions from participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

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

The weighted average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increase by 1 percentage point in each year, it would increase the obligation as of December 31, 2024, by \$593,132.

The significant actuarial assumptions used to determine the postretirement and postemployment benefit obligations as of December 31, 2024 were as follows:

Discount rate:	5.50%
Health trend rates:	
Medical and hospital	7.0% in 2025, graded to 4.5% over 5 years
Prescription drug	9.0% in 2025, graded to 4.5% over 9 years
Dental and vision	3.0%
Mortality rates:	
Healthy	Pri-2012 Blue Collar Headcount-weighted Healthy Retiree/Employee Mortality Tables projected generationally using scale MP-2021
Disabled	Pri-2012 Headcount-weighted Disabled Retiree Mortality Tables, projected generationally using scale MP-2021

The Plan's postretirement benefit obligation at December 31, 2024 of \$537,869 is shown on the statement of benefit obligations.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

Note 5. 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.

The 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.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government and governmental agencies obligations: Valued utilizing inputs obtained from approved industry pricing services. To determine the value of these investments, a variety of inputs are utilized, which include, but are not limited to, market quotations, yields, maturities, and the bond's terms and conditions.

Common collective trusts: Valued at the NAV of units of the collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

Limited partnerships: Valued at the NAV of the ownership units. The NAV is based on the fair value of the underlying investments held by the limited partnership less their liabilities. Were the Plan to initiate a full redemption of the limited partnership, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Money market funds: Money market funds are 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:		
Common stocks	\$ 34,706,236	\$ 37,465,279
Money market funds	1,679,074	600,102
	36,385,310	38,065,381
Level 2:		
U.S. government and governmental agencies	9	12
Total assets in the fair value hierarchy	36,385,319	38,065,393
Investments measured at net asset value:		
Common collective trusts	16,546,321	24,556,522
Limited partnerships	23,002,582	16,598,738
	39,548,903	41,155,260
Investments at fair value	\$ 75,934,222	\$ 79,220,653

United Wire, Metal and Machine Health & Welfare 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
Collective trust fund		
NHIT: Multisector Full Discretion Trust		
Fair value	\$ 15,424,311	\$ 23,658,902
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	3 days	3 days
Longview Largecap 500 VEBA Index Fund		
Fair value	\$ 1,122,010	\$ 897,620
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	None	None
Limited Partnership		
Principal Enhanced Property Fund, L.P. (a)		
Fair value	\$ 12,556,259	\$ 12,445,944
Unfunded commitment	None	None
Redemption frequency	Quarterly	Quarterly
Other redemption restrictions	Subject to available capital	Subject to available capital
Redemption notice period	90 days	90 days
CCA Black, L.P. (b)		
Fair value	\$ 3,278,523	\$ 4,152,794
Unfunded commitment	None	None
Redemption frequency	Quarterly	Quarterly
Other redemption restrictions	12 month lockup period	12 month lockup period
Redemption notice period	120 days	120 days
Ullico Infrastructure Tax-Exempt Fund L.P. (c)		
Fair value	\$ 7,167,800	\$ -
Unfunded commitment	None	N/A
Redemption frequency	Quarterly	N/A
Other redemption restrictions	4 year lockup period	N/A
Redemption notice period	45 days	N/A

- (a) The Principal Enhanced Property Fund, L.P. is an open-end real estate investment vehicle that pursues an enhanced strategy that seeks to invest in a nationally diversified portfolio of stabilized, income producing assets, plus value-added and development projects that can generate higher risk-adjusted returns.
- (b) The CCA Black, L.P. investments consist of in-force non-variable universal life insurance policies insuring the lives of individuals of at least seventy years of age who have a life expectancy as of the date of purchase of between three and fifteen years at a price greater than the cash surrender value offered by the life insurance companies but less than the face amount of or the death benefit payable under such policies.
- (c) The Ullico Infrastructure Tax-Exempt Fund LP makes investments in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

Note 6. Property and Equipment

Property and equipment at cost, as of December 31, 2024 and 2023, consisted of the following:

	2024	2023
Data processing equipment	\$ 71,222	\$ 66,576
Automobile	13,755	13,755
Less accumulated depreciation	(60,104)	(53,332)
Net property assets	<u>\$ 24,873</u>	<u>\$ 26,999</u>

Depreciation expense for the years ended December 31, 2024 and 2023 totaled \$6,772 and \$8,356, respectively.

Note 7. Leases

The Plan occupies space owned by the 24-09 38th Avenue, LLC (Realty Corp.), a wholly owned subsidiary of the Pension Plan, located in Long Island City, NY. During 2021, the Fund and Realty Corp. entered into its most recent lease agreement, which was effective April 1, 2020. The term of the lease is for five years. The lease requires monthly payments of \$8,007, with annual rental increases of 3%. The Realty Corp. put the property up for sale during July 2024 and sold the property during 2025.

The remaining lease term is 3 months. The discount rate used was 0.42%.

Future minimum lease payments and reconciliation to the statement of net assets available for benefits at December 31, 2024, are as follows:

Years Ending December 31,	Operating Lease
2025	<u>\$ 24,741</u>
Total future undisclosed lease payments	24,741
Less present value discount	(159)
Lease Liability	<u>\$ 24,582</u>

Rent expenses under the operating lease were \$81,417 and \$111,240 for the years ended December 31, 2024 and 2023, respectively.

Note 8. Administrative Expenses

The Plan pays administrative expenses that consist primarily of salaries and related benefits paid to employees and professional fees. See Note 11 for shared expenses with related entities. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

Note 9. Tax Status

The Plan received an exemption letter from the Internal Revenue Service (IRS) dated May 24, 2002 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 10. 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 CBAs. 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.

Note 11. Related Party Transactions and Party in Interest Transactions

The Plan shares facilities, equipment and personnel with the United Wire Metal and Machine Pension Fund (the Pension Plan), the Union, and the Local 810 Affiliated Pension Plan (the Affiliated Pension Plan). The Plan shares administrative costs, subject to an allocation of such expenses, with the Pension Plan, Union, and Affiliated Pension Plan, with the goal of effectuating cost-savings and minimizing duplication of efforts.

Direct expenses are charged from the Plan and common administrative expenses are allocated based on percentages reflecting actual utilization. The amounts charged and/or allocated from the Plan to related entities totaled approximately \$1,151,000 and \$1,076,000 for the years ended December 31, 2024 and 2023, respectively.

In 1996, the Trustees authorized the Plan to enter into an agreement with the Union, in accordance with the procedures adopted by the Trustees following a U.S. Department of Labor investigation, whereby certain employees of the Union provide administrative services to the Plan and the Plan reimburses the Union for the reasonable and necessary cost of providing such services. Such reimbursements are reviewed annually by an independent certified public accountant.

Reimbursements from the Plan to the Union amounted to approximately \$167,000 and \$267,000 for the years ended December 31, 2024, and 2023, respectively.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

At December 31, 2024 and 2023, the amounts due (to) from related entities for shared administrative expenses were as follows:

	2024	2023
United Wire, Metal and Machine Pension Fund	\$ 263,470	\$ 8,959
24-09 38th Avenue LLC	(111,595)	(3,324)
Local 810 Affiliated Pension Plan	127,452	(731)
Local 810 I.B.T.	24,278	(149,086)
Due from (to) related entities, net	\$ 303,605	\$ (144,182)

Certain Plan investments are managed by Amalgamated Bank, the custodian for the Plan, replacing Wilmington Trust during 2023. As described in Note 2, the Plan paid expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

Note 12. 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 and contributions receivable. The Plan maintains accounts at several high quality financial institutions. While the Plan attempts to limit any financial exposure by maintaining accounts at several banks, its deposits may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts. Receivables consist of contributions due from employers participating in the Plan.

Contributions from three employers represent approximately 32% and 37% of the total contributions for the years ended December 31, 2024 and 2023, respectively, and 33% and 35% of the total contributions receivable at December 31, 2024 and 2023, respectively.

Benefit obligations are reported based on certain assumptions, which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

Note 13. 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 financial statements	\$ 82,943,868	\$ 85,264,811
Health and welfare claims payable and claims incurred but not reported	<u>(12,910,600)</u>	<u>(9,374,400)</u>
Net assets available for benefits per Form 5500	<u><u>\$ 70,033,268</u></u>	<u><u>\$ 75,890,411</u></u>

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

	2024	2023
Claims paid per the financial statements	\$ 39,403,477	\$ 34,813,409
Claims payable at end of year	2,929,445	5,702,262
Estimated IBNR at end of year	9,980,855	3,672,138
Claims payable at beginning of year	(5,702,262)	(5,075,259)
Estimated IBNR at beginning of year	<u>(3,672,138)</u>	<u>(2,968,641)</u>
Claims paid per Form 5500	<u><u>\$ 42,939,377</u></u>	<u><u>\$ 36,143,909</u></u>

United Wire, Metal and Machine Health & Welfare Fund

Notes to Financial Statements

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

	2024	2023
Net (decrease) per the financial statements	(2,320,943)	(1,444,876)
Less claims payable at end of year	(2,929,445)	(5,702,262)
Less estimated IBNR at end of year	(9,980,855)	(3,672,138)
Add claims payable at beginning of year	5,702,262	5,075,259
Add estimated IBNR at beginning of year	3,672,138	2,968,641
Net (decrease) Form 5500	\$ (5,856,843)	\$ (2,775,376)

Reconciliation of Investment Expenses

Investment expenses amounting to \$524,145 are shown as a reduction of investment income for financial statement purposes and are classified as investment advisory and management fees on Form 5500, Schedule H.

Supplementary Information

United Wire, Metal and Machine Health & Welfare Fund

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

Plan #501 / EIN: 13-5608135

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Current value
	Common stocks:						
	3M COMPANY	Equity	N/A	N/A	N/A	1,000	\$ 115,851 \$ 129,090
	ABBOTT LABORATORIES	Equity	N/A	N/A	N/A	1,003	107,833 113,449
	ABBVIE INC COM	Equity	N/A	N/A	N/A	805	95,835 143,049
	ACCENTURE PLC CLASS A	Equity	N/A	N/A	N/A	325	76,290 114,332
	ALPHABET INC CAP STK CL C	Equity	N/A	N/A	N/A	1,325	79,052 252,333
	ALPHABET INC CLASS A	Equity	N/A	N/A	N/A	1,375	120,228 260,288
	AMAZON. COM INC	Equity	N/A	N/A	N/A	2,700	270,886 592,353
	AMEREN CORPORATION	Equity	N/A	N/A	N/A	987	66,012 87,981
	AMERICAN ELECTRIC POWER	Equity	N/A	N/A	N/A	469	35,845 43,256
	AMERICAN EXPRESS CO.	Equity	N/A	N/A	N/A	600	104,477 178,074
	AMGEN INC	Equity	N/A	N/A	N/A	275	77,913 71,676
	ANALOG DEVICES INC COM	Equity	N/A	N/A	N/A	516	70,244 109,629
	APPLE INC	Equity	N/A	N/A	N/A	3,650	249,543 914,033
	APPROVIN CORP COM CL A	Equity	N/A	N/A	N/A	450	23,791 145,724
	ARCH CAPITAL GROUP LTD	Equity	N/A	N/A	N/A	1,225	78,997 113,129
	ARISTA NETWORKS INC COM SHS	Equity	N/A	N/A	N/A	1,616	59,110 178,616
	AT&T INC	Equity	N/A	N/A	N/A	4,735	71,037 107,816
	AUTOMATIC DATA PROCESSING INC.	Equity	N/A	N/A	N/A	339	54,489 99,235
	AUTOZONE INC	Equity	N/A	N/A	N/A	45	100,469 144,090
	AVALONBAY COMMUNITIES INC	Equity	N/A	N/A	N/A	158	34,825 34,755
	AVERY DENNISON CORP	Equity	N/A	N/A	N/A	150	20,341 28,070
	BANK OF AMERICA CORP	Equity	N/A	N/A	N/A	6,164	182,964 270,908
	BANK OF NEW YORK MELLON CORP	Equity	N/A	N/A	N/A	1,137	57,062 87,356
	BECTON DICKINSON & CO COM	Equity	N/A	N/A	N/A	141	34,555 31,989
	BELLRING BRANDS INC COMMON STOCK COM	Equity	N/A	N/A	N/A	1,400	87,423 105,476
	BERKSHIRE HATHAWAY INC CL-B	Equity	N/A	N/A	N/A	435	94,074 197,177
	BLACKROCK INC COM	Equity	N/A	N/A	N/A	212	108,095 217,323
	BLACKSTONE INC COM	Equity	N/A	N/A	N/A	217	18,232 37,415
	BOOZ ALLEN HAMILTON HOLDING	Equity	N/A	N/A	N/A	220	19,326 28,314
	BOSTON OMAHA CORP CL A COM STK	Equity	N/A	N/A	N/A	17,065	333,710 241,982
	BOSTON SCIENTIFIC CORP	Equity	N/A	N/A	N/A	1,475	103,111 131,747
	BRISTOL MYERS SQUIBB CO	Equity	N/A	N/A	N/A	2,697	154,045 152,542
	BROADCOM INC	Equity	N/A	N/A	N/A	2,111	106,375 489,414
	BROOKFIELD INFRASTRUCTURE CORP COM	Equity	N/A	N/A	N/A	10,140	369,792 405,701
	BROWN & BROWN INC	Equity	N/A	N/A	N/A	6,925	100,580 706,489
	CASS INFORMATION SYSTEMS INC	Equity	N/A	N/A	N/A	13,900	587,903 568,649
	CATERPILLAR INC COM	Equity	N/A	N/A	N/A	235	81,613 85,249
	CBIZ INC	Equity	N/A	N/A	N/A	5,096	71,494 417,006
	CDW CORPORATION	Equity	N/A	N/A	N/A	3,335	85,814 580,423
	CELSIUS HOLDINGS INC	Equity	N/A	N/A	N/A	2,700	111,328 71,118
	CHART INDUSTRIES INC	Equity	N/A	N/A	N/A	425	83,915 81,107
	CHEMED CORPORATION	Equity	N/A	N/A	N/A	960	485,483 508,608
	CHEVRON CORP NEW	Equity	N/A	N/A	N/A	892	104,984 129,197
	CHOICE HOTELS INTL INC	Equity	N/A	N/A	N/A	2,855	258,488 405,353
	CHUBB LIMITED	Equity	N/A	N/A	N/A	407	52,663 112,454
	CISCO SYSTEMS INC	Equity	N/A	N/A	N/A	2,354	79,324 139,357
	CME GROUP INC.	Equity	N/A	N/A	N/A	372	57,692 86,390
	CMS ENERGY CORP	Equity	N/A	N/A	N/A	402	13,501 26,793
	COCA COLA CO	Equity	N/A	N/A	N/A	2,552	152,839 158,888
	COLGATE PALMOLIVE CO.	Equity	N/A	N/A	N/A	1,150	115,317 104,547
	COMCAST CORPORATION CLASS A	Equity	N/A	N/A	N/A	3,201	109,146 120,134
	COMMON STOCK (Cont.) CSX CORPORATION	Equity	N/A	N/A	N/A	987	35,474 31,850
	CONOCOPHILLIPS	Equity	N/A	N/A	N/A	1,359	125,043 134,772
	CORCEPT THERAPEUTICS INC.	Equity	N/A	N/A	N/A	1,400	73,605 70,546
	COSTCO WHOLESALE CORP	Equity	N/A	N/A	N/A	185	59,850 169,510
	CUMMINS INC.	Equity	N/A	N/A	N/A	105	19,944 36,603
	DANAHER CORPORATION COM	Equity	N/A	N/A	N/A	400	72,006 91,820
	DESCARTES SYSTEMS GROUP	Equity	N/A	N/A	N/A	2,165	74,047 245,944
	DRAFTKINGS INC NEW COM CL	Equity	N/A	N/A	N/A	1,700	71,801 63,240
	DREAM FINDERS HOMES INC COM CL A	Equity	N/A	N/A	N/A	9,497	183,623 220,995
	DTE ENERGY COMPANY	Equity	N/A	N/A	N/A	180	13,610 21,735
	DUTCH BROS INC CL A COM	Equity	N/A	N/A	N/A	4,400	131,608 230,472
	DYCOM INDUSTRIES INC	Equity	N/A	N/A	N/A	300	59,050 52,218
	EATON CORP PLC	Equity	N/A	N/A	N/A	330	96,532 109,517

United Wire, Metal and Machine Health & Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued
Plan #501 / EIN: 13-5608135
December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
	Identity of issue	Description	Maturity date	Interest rate	Principal or shares	Cost	Current value
	Common stocks - continued:						
	EBAY INC COM	Equity	N/A	N/A	N/A	608	37,666
	ELEMENT SOLUTIONS INC	Equity	N/A	N/A	N/A	7,500	150,467
	ELI LILLY & CO COM	Equity	N/A	N/A	N/A	280	69,197
	ENCOMPASS HEALTH CORP	Equity	N/A	N/A	N/A	750	75,528
	ENTEGRIS INC	Equity	N/A	N/A	N/A	3,765	275,623
	ENTERGY CORP NEW	Equity	N/A	N/A	N/A	2,526	134,458
	EOG RESOURCES INC	Equity	N/A	N/A	N/A	535	36,653
	ESAB CORPORATION COM	Equity	N/A	N/A	N/A	1,130	108,230
	EVERCORE INC CLASS A	Equity	N/A	N/A	N/A	700	127,270
	EXLSERVICE HOLDINGS INC	Equity	N/A	N/A	N/A	29,840	421,256
	EXPONENT INC	Equity	N/A	N/A	N/A	6,711	563,095
	EXXON MOBIL CORP	Equity	N/A	N/A	N/A	3,289	245,717
	FIRSTSERVICE CORP	Equity	N/A	N/A	N/A	700	84,470
	FLOOR & DECOR HOLDINGS INC -A	Equity	N/A	N/A	N/A	5,800	221,105
	FRANKLIN ELECTRIC CO INC	Equity	N/A	N/A	N/A	2,765	154,849
	FRONTDOOR INC	Equity	N/A	N/A	N/A	3,781	129,792
	GALLAGHER ARTHUR J & CO	Equity	N/A	N/A	N/A	2,870	131,032
	GE HEALTHCARE TECHNOLOGIES INC COMMON ST	Equity	N/A	N/A	N/A	900	69,607
	GE VERNOVA INC COM	Equity	N/A	N/A	N/A	250	36,814
	GENERAL MILLS INC.	Equity	N/A	N/A	N/A	857	57,131
	GENUINE PARTS CO.	Equity	N/A	N/A	N/A	223	35,734
	GRACO INC COM	Equity	N/A	N/A	N/A	6,160	154,876
	HAGERTY INC CL A COM	Equity	N/A	N/A	N/A	17,385	172,713
	HOME BANCSHARES INC COM	Equity	N/A	N/A	N/A	6,020	36,934
	HONEYWELL INTL INC	Equity	N/A	N/A	N/A	500	49,990
	HOWMET AEROSPACE INC	Equity	N/A	N/A	N/A	1,750	62,905
	IDEX CORPORATION	Equity	N/A	N/A	N/A	1,975	23,509
	ILLINOIS TOOL WORKS	Equity	N/A	N/A	N/A	267	65,180
	INTERNATIONAL BUSINESS MACHS COM	Equity	N/A	N/A	N/A	496	67,501
	ITRON INC	Equity	N/A	N/A	N/A	950	65,099
	JOHNSON & JOHNSON	Equity	N/A	N/A	N/A	1,071	129,908
	JPMORGAN CHASE & CO.	Equity	N/A	N/A	N/A	2,108	168,911
	KLA CORP	Equity	N/A	N/A	N/A	112	17,214
	LAM RESEARCH CORP COM NEW	Equity	N/A	N/A	N/A	2,170	97,721
	LANDSTAR SYSTEM INC.	Equity	N/A	N/A	N/A	1,440	153,378
	LEIDOS HOLDINGS INC	Equity	N/A	N/A	N/A	900	102,959
	LIBERTY MEDIA CORP DEL COM LBTY ONE S C	Equity	N/A	N/A	N/A	1,900	134,593
	LIFE TIME GROUP HOLDINGS INC	Equity	N/A	N/A	N/A	5,900	117,906
	LINDE PLC SHS	Equity	N/A	N/A	N/A	301	98,657
	LOCKHEED MARTIN CORP	Equity	N/A	N/A	N/A	137	38,010
	MANHATTAN ASSOCIATES INC	Equity	N/A	N/A	N/A	450	69,970
	MARKEL GROUP INC COM	Equity	N/A	N/A	N/A	240	64,111
	MARRIOTT INTL INC CL A	Equity	N/A	N/A	N/A	350	69,453
	MARSH & MC LENNAN CO	Equity	N/A	N/A	N/A	541	42,449
	MARVELL TECHNOLOGY INC COM	Equity	N/A	N/A	N/A	1,400	99,345
	MASTERCARD INC-CLASS A	Equity	N/A	N/A	N/A	400	86,956
	MCDONALD'S CORP	Equity	N/A	N/A	N/A	381	66,433
	MCKESSON CORPORATION	Equity	N/A	N/A	N/A	125	36,026
	MEDTRONIC PLC SHS COM	Equity	N/A	N/A	N/A	664	58,115
	MERCK & CO INC	Equity	N/A	N/A	N/A	717	46,449
	META PLATFORMS INC CL A	Equity	N/A	N/A	N/A	740	211,872
	MICROCHIP TECH INC	Equity	N/A	N/A	N/A	9,020	139,030
	MICRON TECHNOLOGY INC	Equity	N/A	N/A	N/A	950	76,121
	MICROSOFT CORP COM	Equity	N/A	N/A	N/A	2,294	208,776
	MONDELEZ INTERNATIONAL INC-A	Equity	N/A	N/A	N/A	1,202	69,237
	MORGAN STANLEY	Equity	N/A	N/A	N/A	777	74,703
	NASDAQ INC	Equity	N/A	N/A	N/A	2,175	117,510
	NEW YORK TIMES CO-A	Equity	N/A	N/A	N/A	700	38,486
	NEXTERA ENERGY INC COM	Equity	N/A	N/A	N/A	647	20,622
	NOMAD FOODS LTD	Equity	N/A	N/A	N/A	36,500	766,216
	NORTHROP GRUMMAN CORP	Equity	N/A	N/A	N/A	154	55,551
	NUCOR CORPORATION	Equity	N/A	N/A	N/A	815	43,001

United Wire, Metal and Machine Health & Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued
Plan #501 / EIN: 13-5608135
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
	Common stocks - continued:							
	NVIDIA CORPORATION	Equity	N/A	N/A	N/A	6,800	172,338	913,172
	ONESPAWORLD HOLDINGS LTD	Equity	N/A	N/A	N/A	10,880	178,665	216,512
	ONTO INNOVATION INC	Equity	N/A	N/A	N/A	500	107,794	83,335
	PACKAGING CORP AMER	Equity	N/A	N/A	N/A	144	20,282	32,419
	PALO ALTO NETWORKS INC	Equity	N/A	N/A	N/A	570	55,583	103,717
	PARKER HANNIFIN CORP	Equity	N/A	N/A	N/A	182	33,878	115,757
	PEPSICO INC	Equity	N/A	N/A	N/A	274	29,193	41,664
	PINNACLE FINANCIAL PARTNERS	Equity	N/A	N/A	N/A	5,295	324,856	605,695
	PNC FINL SVCS GROUP INC COM	Equity	N/A	N/A	N/A	456	47,068	87,940
	POST HOLDINGS INC	Equity	N/A	N/A	N/A	1,200	134,793	137,352
	PPG INDUSTRIES INC	Equity	N/A	N/A	N/A	402	55,298	48,019
	PROCTER & GAMBLE CO	Equity	N/A	N/A	N/A	1,584	176,606	265,558
	PROLOGIS INC	Equity	N/A	N/A	N/A	283	34,565	29,913
	PUBLIC SERVICE ENTERPRISE GROUP INC	Equity	N/A	N/A	N/A	401	26,462	33,880
	PUBLIC STORAGE COM	Equity	N/A	N/A	N/A	100	28,315	29,944
	QUALCOMM INC	Equity	N/A	N/A	N/A	204	34,695	31,338
	QUANTA SVCS INC	Equity	N/A	N/A	N/A	400	44,192	126,420
	REGENERON PHARMACEUTICALS	Equity	N/A	N/A	N/A	95	64,889	67,671
	SAREPTA THERAPEUTICS INC	Equity	N/A	N/A	N/A	750	97,285	91,193
	SERVICENOW INC	Equity	N/A	N/A	N/A	175	79,688	185,521
	SHARKNINJA INC COM SHS	Equity	N/A	N/A	N/A	800	86,699	77,888
	SITEONE LANDSCAPE SUPPLY INC	Equity	N/A	N/A	N/A	3,872	481,467	510,213
	SOUTHERN CO	Equity	N/A	N/A	N/A	847	57,710	69,725
	SPS COMMERCE INC	Equity	N/A	N/A	N/A	1,889	70,488	347,557
	TARGA RESOURCES CORP	Equity	N/A	N/A	N/A	750	130,935	133,875
	TECK RESOURCES LTD	Equity	N/A	N/A	N/A	2,400	102,641	97,272
	TEXAS INSTRUMENTS INC	Equity	N/A	N/A	N/A	289	16,105	54,190
	TEXAS ROADHOUSE INC	Equity	N/A	N/A	N/A	750	79,420	135,323
	TG THERAPEUTICS INC	Equity	N/A	N/A	N/A	2,600	83,076	78,260
	THE HOME DEPOT INC	Equity	N/A	N/A	N/A	637	126,622	247,787
	THE TRADE DESK INC	Equity	N/A	N/A	N/A	1,300	93,535	152,789
	THERMO FISHER SCIENTIFIC INC COM	Equity	N/A	N/A	N/A	225	129,928	117,052
	TJX COMPANIES INC	Equity	N/A	N/A	N/A	1,886	180,199	227,848
	T-MOBILE US INC	Equity	N/A	N/A	N/A	850	120,182	187,621
	TRANE TECHNOLOGIES PLC	Equity	N/A	N/A	N/A	205	16,609	75,717
	TRAVELERS COMPANIES INC	Equity	N/A	N/A	N/A	675	121,992	162,601
	TRISURA GROUP LTD	Equity	N/A	N/A	N/A	22,025	402,680	600,842
	UNION PACIFIC CORP	Equity	N/A	N/A	N/A	354	46,559	80,726
	UNITEDHEALTH GROUP INC	Equity	N/A	N/A	N/A	519	181,234	262,541
	VALERO ENERGY CORP	Equity	N/A	N/A	N/A	535	48,433	65,586
	VERRA MOBILITY CORP	Equity	N/A	N/A	N/A	4,100	114,833	99,138
	VERTEX PHARMACEUTICALS INC	Equity	N/A	N/A	N/A	215	65,290	86,581
	VERTIV HOLDINGS CO	Equity	N/A	N/A	N/A	1,350	59,873	153,374
	VICI PPTYS INC COM	Equity	N/A	N/A	N/A	3,900	131,790	113,919
	VISA INC. CLASS A	Equity	N/A	N/A	N/A	254	57,934	80,274
	WALMART INC	Equity	N/A	N/A	N/A	2,225	91,524	201,029
	WALT DISNEY CO/THE	Equity	N/A	N/A	N/A	737	79,818	82,065
	WASTE MANAGEMENT	Equity	N/A	N/A	N/A	325	25,507	65,582
	WEC ENERGY GROUP INC	Equity	N/A	N/A	N/A	1,830	139,092	172,093
	WELLS FARGO & CO	Equity	N/A	N/A	N/A	3,938	220,945	276,605
	WELLTOWER INC COM	Equity	N/A	N/A	N/A	1,500	148,737	189,042
	Total common stocks						19,987,215	34,706,236

United Wire, Metal and Machine Health & Welfare Fund

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

Plan #501 / EIN: 13-5608135

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment				Cost	Current value
	Identity of Issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	
	U.S. government and governmental agencies obligations:						
	FNMA #254091	Fixed income	12/01/31	6.00%	N/A	9	9
	Total U.S. government and governmental agencies obligations					9	9

United Wire, Metal and Machine Health & Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued
Plan #501 / EIN: 13-5608135
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
	Common collective trusts:							
	Longview largecap 500 VEBA Index Fund	Common collective trust	N/A	N/A	N/A	1,177	843,906	1,122,010
	NHIT: Multisector Full Discretion Trust	Common collective trust	N/A	N/A	N/A	582,489	12,867,378	15,424,311
	Total common collective trusts						13,711,284	16,546,321
	Limited partnerships:							
	CCA Black, L.P.	Limited partnership	N/A	N/A	N/A	3,005,283	3,005,283	3,278,523
	Principal Enhanced Property Fund, L.P.	Limited partnership	N/A	N/A	N/A	983,251	12,964,241	12,556,259
	Ullico Infrastructure Tax-Exempt Fund L.P.	Limited partnership	N/A	N/A	N/A	24,080	6,972,836	7,167,800
	Total limited partnerships						22,942,360	23,002,582
	Money market funds:							
	Cash - Amaalgamated bank	Money Market Fund	N/A	N/A	N/A	3,918	3,918	3,918
	JP Morgan 100% US Treasury Money Market	Money market fund	N/A	4.30%	N/A	1,376,880	1,376,880	1,376,880
	JP Morgan Tr II US Gvt MM Inst	Money market fund	N/A	4.34%	N/A	298,276	298,276	298,276
	Total short-term investment funds						1,679,074	1,679,074
	Total investments						\$ 58,319,942	\$ 75,934,222

United Wire, Metal and Machine Health & Welfare Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 13-5608135

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					
	Ullico Infrastructure Tax-Exempt Fund L.P.	\$ 7,000,000	\$ -	\$ 7,000,000	\$ 7,000,000	\$ -
	Series of Transactions Exceeding					
	5% of Plan Assets					
	JPMorgan TR II US Gvt	2,357,552	-	2,357,552	2,357,552	-
	MM Inst		2,103,631	2,103,631	2,103,631	-
	JPMorgan 100% US Treasury	4,405,496	-	4,405,496	4,405,496	-
	Money Market		3,584,353	3,584,353	3,584,353	-

United Wire, Metal and Machine Health & Welfare Fund

Schedules of Benefits Paid to or on Behalf of Participants,
Beneficiaries and Dependents and Service Fees
Years Ended December 31, 2024 and 2023

	2024	2023
BENEFIT CLAIMS		
Hospital, surgical and major medical	\$ 30,380,894	\$ 26,541,846
Prescription drugs	5,547,486	5,049,742
Dental	3,084,894	2,818,129
Optical	308,203	312,507
Death	60,000	67,000
Other	22,000	20,000
Total benefit claims	39,403,477	34,809,224
SERVICE FEES		
Public goods pool (HCRA)	1,677,037	1,713,079
Hospital, medical, surgical and other	1,791,664	1,575,642
Dental	129,698	117,656
Prescription drugs	12,948	13,744
Transitional reinsurance and PCORI fees	14,345	13,791
Total service fees	3,625,692	3,433,912
TOTAL BENEFITS PAID TO OR ON BEHALF OF PARTICIPANTS BENEFICIARIES AND DEPENDENTS AND SERVICE FEES	\$ 43,029,169	\$ 38,243,136

United Wire, Metal and Machine Health & Welfare Fund

Schedules of Administrative Expenses Years Ended December 31, 2024 and 2023

	2024	2023
Salaries	\$ 1,869,531	\$ 1,727,499
Allocated common administrative expenses - local	166,544	267,438
Payroll taxes	149,315	135,031
Employee benefits		
Welfare	166,871	181,932
Pension	365,202	350,226
Printing and publication	62,903	31,134
Insurance	52,994	108,102
Rent	81,417	111,240
Depreciation	6,772	8,356
Computer expenses	69,915	49,618
Fees, dues and subscriptions	2,152	5,782
Postage and delivery	10,493	10,891
Telephone	39,841	38,611
Equipment rental and maintenance	35,675	23,567
Conferences and seminars	12,404	20,504
Travel	500	2,857
Professional fees		
Legal	118,000	103,000
Accounting and auditing	74,333	74,333
Actuarial	166,505	81,911
Consulting	25,032	36,162
Professional trustees	37,916	18,861
Miscellaneous	54,680	49,860
	3,568,995	3,436,915
Less reimbursed expenses	(1,151,419)	(1,076,427)
TOTAL ADMINISTRATIVE EXPENSES	\$ 2,417,576	\$ 2,360,488

United Wire, Metal and Machine Health & Welfare Fund

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

Plan #501 / EIN: 13-5608135

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	Current value
	Common stocks:						
	3M COMPANY	Equity	N/A	N/A	N/A	1,000	\$ 115,851 \$ 129,090
	ABBOTT LABORATORIES	Equity	N/A	N/A	N/A	1,003	107,833 113,449
	ABBVIE INC COM	Equity	N/A	N/A	N/A	805	95,835 143,049
	ACCENTURE PLC CLASS A	Equity	N/A	N/A	N/A	325	76,290 114,332
	ALPHABET INC CAP STK CL C	Equity	N/A	N/A	N/A	1,325	79,052 252,333
	ALPHABET INC CLASS A	Equity	N/A	N/A	N/A	1,375	120,228 260,288
	AMAZON. COM INC	Equity	N/A	N/A	N/A	2,700	270,886 592,353
	AMEREN CORPORATION	Equity	N/A	N/A	N/A	987	66,012 87,981
	AMERICAN ELECTRIC POWER	Equity	N/A	N/A	N/A	469	35,845 43,256
	AMERICAN EXPRESS CO.	Equity	N/A	N/A	N/A	600	104,477 178,074
	AMGEN INC	Equity	N/A	N/A	N/A	275	77,913 71,676
	ANALOG DEVICES INC COM	Equity	N/A	N/A	N/A	516	70,244 109,629
	APPLE INC	Equity	N/A	N/A	N/A	3,650	249,543 914,033
	APPROVIN CORP COM CL A	Equity	N/A	N/A	N/A	450	23,791 145,724
	ARCH CAPITAL GROUP LTD	Equity	N/A	N/A	N/A	1,225	78,997 113,129
	ARISTA NETWORKS INC COM SHS	Equity	N/A	N/A	N/A	1,616	59,110 178,616
	AT&T INC	Equity	N/A	N/A	N/A	4,735	71,037 107,816
	AUTOMATIC DATA PROCESSING INC.	Equity	N/A	N/A	N/A	339	54,489 99,235
	AUTOZONE INC	Equity	N/A	N/A	N/A	45	100,469 144,090
	AVALONBAY COMMUNITIES INC	Equity	N/A	N/A	N/A	158	34,825 34,755
	AVERY DENNISON CORP	Equity	N/A	N/A	N/A	150	20,341 28,070
	BANK OF AMERICA CORP	Equity	N/A	N/A	N/A	6,164	182,964 270,908
	BANK OF NEW YORK MELLON CORP	Equity	N/A	N/A	N/A	1,137	57,062 87,356
	BECTON DICKINSON & CO COM	Equity	N/A	N/A	N/A	141	34,555 31,989
	BELLRING BRANDS INC COMMON STOCK COM	Equity	N/A	N/A	N/A	1,400	87,423 105,476
	BERKSHIRE HATHAWAY INC CL-B	Equity	N/A	N/A	N/A	435	94,074 197,177
	BLACKROCK INC COM	Equity	N/A	N/A	N/A	212	108,095 217,323
	BLACKSTONE INC COM	Equity	N/A	N/A	N/A	217	18,232 37,415
	BOOZ ALLEN HAMILTON HOLDING	Equity	N/A	N/A	N/A	220	19,326 28,314
	BOSTON OMAHA CORP CL A COM STK	Equity	N/A	N/A	N/A	17,065	333,710 241,982
	BOSTON SCIENTIFIC CORP	Equity	N/A	N/A	N/A	1,475	103,111 131,747
	BRISTOL MYERS SQUIBB CO	Equity	N/A	N/A	N/A	2,697	154,045 152,542
	BROADCOM INC	Equity	N/A	N/A	N/A	2,111	106,375 489,414
	BROOKFIELD INFRASTRUCTURE CORP COM	Equity	N/A	N/A	N/A	10,140	369,792 405,701
	BROWN & BROWN INC	Equity	N/A	N/A	N/A	6,925	100,580 706,489
	CASS INFORMATION SYSTEMS INC	Equity	N/A	N/A	N/A	13,900	587,903 568,649
	CATERPILLAR INC COM	Equity	N/A	N/A	N/A	235	81,613 85,249
	CBIZ INC	Equity	N/A	N/A	N/A	5,096	71,494 417,006
	CDW CORPORATION	Equity	N/A	N/A	N/A	3,335	85,814 580,423
	CELSIUS HOLDINGS INC	Equity	N/A	N/A	N/A	2,700	111,328 71,118
	CHART INDUSTRIES INC	Equity	N/A	N/A	N/A	425	83,915 81,107
	CHEMED CORPORATION	Equity	N/A	N/A	N/A	960	485,483 508,608
	CHEVRON CORP NEW	Equity	N/A	N/A	N/A	892	104,984 129,197
	CHOICE HOTELS INTL INC	Equity	N/A	N/A	N/A	2,855	258,488 405,353
	CHUBB LIMITED	Equity	N/A	N/A	N/A	407	52,663 112,454
	CISCO SYSTEMS INC	Equity	N/A	N/A	N/A	2,354	79,324 139,357
	CME GROUP INC.	Equity	N/A	N/A	N/A	372	57,692 86,390
	CMS ENERGY CORP	Equity	N/A	N/A	N/A	402	13,501 26,793
	COCA COLA CO	Equity	N/A	N/A	N/A	2,552	152,839 158,888
	COLGATE PALMOLIVE CO.	Equity	N/A	N/A	N/A	1,150	115,317 104,547
	COMCAST CORPORATION CLASS A	Equity	N/A	N/A	N/A	3,201	109,146 120,134
	COMMON STOCK (Cont.) CSX CORPORATION	Equity	N/A	N/A	N/A	987	35,474 31,850
	CONOCOPHILLIPS	Equity	N/A	N/A	N/A	1,359	125,043 134,772
	CORCEPT THERAPEUTICS INC.	Equity	N/A	N/A	N/A	1,400	73,605 70,546
	COSTCO WHOLESALE CORP	Equity	N/A	N/A	N/A	185	59,850 169,510
	CUMMINS INC.	Equity	N/A	N/A	N/A	105	19,944 36,603
	DANAHER CORPORATION COM	Equity	N/A	N/A	N/A	400	72,006 91,820
	DESCARTES SYSTEMS GROUP	Equity	N/A	N/A	N/A	2,165	74,047 245,944
	DRAFTKINGS INC NEW COM CL	Equity	N/A	N/A	N/A	1,700	71,801 63,240
	DREAM FINDERS HOMES INC COM CL A	Equity	N/A	N/A	N/A	9,497	183,623 220,995
	DTE ENERGY COMPANY	Equity	N/A	N/A	N/A	180	13,610 21,735
	DUTCH BROS INC CL A COM	Equity	N/A	N/A	N/A	4,400	131,608 230,472
	DYCOM INDUSTRIES INC	Equity	N/A	N/A	N/A	300	59,050 52,218
	EATON CORP PLC	Equity	N/A	N/A	N/A	330	96,532 109,517

United Wire, Metal and Machine Health & Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued
Plan #501 / EIN: 13-5608135
December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment					
	Identity of issue	Description	Maturity date	Interest rate	Principal or shares	Cost	Current value
	Common stocks - continued:						
	EBAY INC COM	Equity	N/A	N/A	N/A	608	37,666
	ELEMENT SOLUTIONS INC	Equity	N/A	N/A	N/A	7,500	150,467
	ELI LILLY & CO COM	Equity	N/A	N/A	N/A	280	69,197
	ENCOMPASS HEALTH CORP	Equity	N/A	N/A	N/A	750	75,528
	ENTEGRIS INC	Equity	N/A	N/A	N/A	3,765	275,623
	ENTERGY CORP NEW	Equity	N/A	N/A	N/A	2,526	134,458
	EOG RESOURCES INC	Equity	N/A	N/A	N/A	535	36,653
	ESAB CORPORATION COM	Equity	N/A	N/A	N/A	1,130	108,230
	EVERCORE INC CLASS A	Equity	N/A	N/A	N/A	700	127,270
	EXLSERVICE HOLDINGS INC	Equity	N/A	N/A	N/A	29,840	421,256
	EXPONENT INC	Equity	N/A	N/A	N/A	6,711	563,095
	EXXON MOBIL CORP	Equity	N/A	N/A	N/A	3,289	245,717
	FIRSTSERVICE CORP	Equity	N/A	N/A	N/A	700	84,470
	FLOOR & DECOR HOLDINGS INC -A	Equity	N/A	N/A	N/A	5,800	221,105
	FRANKLIN ELECTRIC CO INC	Equity	N/A	N/A	N/A	2,765	154,849
	FRONTDOOR INC	Equity	N/A	N/A	N/A	3,781	129,792
	GALLAGHER ARTHUR J & CO	Equity	N/A	N/A	N/A	2,870	131,032
	GE HEALTHCARE TECHNOLOGIES INC COMMON ST	Equity	N/A	N/A	N/A	900	69,607
	GE VERNOVA INC COM	Equity	N/A	N/A	N/A	250	36,814
	GENERAL MILLS INC.	Equity	N/A	N/A	N/A	857	57,131
	GENUINE PARTS CO.	Equity	N/A	N/A	N/A	223	35,734
	GRACO INC COM	Equity	N/A	N/A	N/A	6,160	154,876
	HAGERTY INC CL A COM	Equity	N/A	N/A	N/A	17,385	172,713
	HOME BANCSHARES INC COM	Equity	N/A	N/A	N/A	6,020	36,934
	HONEYWELL INTL INC	Equity	N/A	N/A	N/A	500	49,990
	HOWMET AEROSPACE INC	Equity	N/A	N/A	N/A	1,750	62,905
	IDEX CORPORATION	Equity	N/A	N/A	N/A	1,975	23,509
	ILLINOIS TOOL WORKS	Equity	N/A	N/A	N/A	267	65,180
	INTERNATIONAL BUSINESS MACHS COM	Equity	N/A	N/A	N/A	496	67,501
	ITRON INC	Equity	N/A	N/A	N/A	950	65,099
	JOHNSON & JOHNSON	Equity	N/A	N/A	N/A	1,071	129,908
	JPMORGAN CHASE & CO.	Equity	N/A	N/A	N/A	2,108	168,911
	KLA CORP	Equity	N/A	N/A	N/A	112	17,214
	LAM RESEARCH CORP COM NEW	Equity	N/A	N/A	N/A	2,170	97,721
	LANDSTAR SYSTEM INC.	Equity	N/A	N/A	N/A	1,440	153,378
	LEIDOS HOLDINGS INC	Equity	N/A	N/A	N/A	900	102,959
	LIBERTY MEDIA CORP DEL COM LBTY ONE S C	Equity	N/A	N/A	N/A	1,900	134,593
	LIFE TIME GROUP HOLDINGS INC	Equity	N/A	N/A	N/A	5,900	117,906
	LINDE PLC SHS	Equity	N/A	N/A	N/A	301	98,657
	LOCKHEED MARTIN CORP	Equity	N/A	N/A	N/A	137	38,010
	MANHATTAN ASSOCIATES INC	Equity	N/A	N/A	N/A	450	69,970
	MARKEL GROUP INC COM	Equity	N/A	N/A	N/A	240	64,111
	MARRIOTT INTL INC CL A	Equity	N/A	N/A	N/A	350	69,453
	MARSH & MC LENNAN CO	Equity	N/A	N/A	N/A	541	42,449
	MARVELL TECHNOLOGY INC COM	Equity	N/A	N/A	N/A	1,400	99,345
	MASTERCARD INC-CLASS A	Equity	N/A	N/A	N/A	400	86,956
	MCDONALD'S CORP	Equity	N/A	N/A	N/A	381	66,433
	MCKESSON CORPORATION	Equity	N/A	N/A	N/A	125	36,026
	MEDTRONIC PLC SHS COM	Equity	N/A	N/A	N/A	664	58,115
	MERCK & CO INC	Equity	N/A	N/A	N/A	717	46,449
	META PLATFORMS INC CL A	Equity	N/A	N/A	N/A	740	211,872
	MICROCHIP TECH INC	Equity	N/A	N/A	N/A	9,020	139,030
	MICRON TECHNOLOGY INC	Equity	N/A	N/A	N/A	950	76,121
	MICROSOFT CORP COM	Equity	N/A	N/A	N/A	2,294	208,776
	MONDELEZ INTERNATIONAL INC-A	Equity	N/A	N/A	N/A	1,202	69,237
	MORGAN STANLEY	Equity	N/A	N/A	N/A	777	74,703
	NASDAQ INC	Equity	N/A	N/A	N/A	2,175	117,510
	NEW YORK TIMES CO-A	Equity	N/A	N/A	N/A	700	38,486
	NEXTERA ENERGY INC COM	Equity	N/A	N/A	N/A	647	20,622
	NOMAD FOODS LTD	Equity	N/A	N/A	N/A	36,500	766,216
	NORTHROP GRUMMAN CORP	Equity	N/A	N/A	N/A	154	55,551
	NUCOR CORPORATION	Equity	N/A	N/A	N/A	815	43,001

United Wire, Metal and Machine Health & Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued
Plan #501 / EIN: 13-5608135
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
	Common stocks - continued:							
	NVIDIA CORPORATION	Equity	N/A	N/A	N/A	6,800	172,338	913,172
	ONESPAWORLD HOLDINGS LTD	Equity	N/A	N/A	N/A	10,880	178,665	216,512
	ONTO INNOVATION INC	Equity	N/A	N/A	N/A	500	107,794	83,335
	PACKAGING CORP AMER	Equity	N/A	N/A	N/A	144	20,282	32,419
	PALO ALTO NETWORKS INC	Equity	N/A	N/A	N/A	570	55,583	103,717
	PARKER HANNIFIN CORP	Equity	N/A	N/A	N/A	182	33,878	115,757
	PEPSICO INC	Equity	N/A	N/A	N/A	274	29,193	41,664
	PINNACLE FINANCIAL PARTNERS	Equity	N/A	N/A	N/A	5,295	324,856	605,695
	PNC FINL SVCS GROUP INC COM	Equity	N/A	N/A	N/A	456	47,068	87,940
	POST HOLDINGS INC	Equity	N/A	N/A	N/A	1,200	134,793	137,352
	PPG INDUSTRIES INC	Equity	N/A	N/A	N/A	402	55,298	48,019
	PROCTER & GAMBLE CO	Equity	N/A	N/A	N/A	1,584	176,606	265,558
	PROLOGIS INC	Equity	N/A	N/A	N/A	283	34,565	29,913
	PUBLIC SERVICE ENTERPRISE GROUP INC	Equity	N/A	N/A	N/A	401	26,462	33,880
	PUBLIC STORAGE COM	Equity	N/A	N/A	N/A	100	28,315	29,944
	QUALCOMM INC	Equity	N/A	N/A	N/A	204	34,695	31,338
	QUANTA SVCS INC	Equity	N/A	N/A	N/A	400	44,192	126,420
	REGENERON PHARMACEUTICALS	Equity	N/A	N/A	N/A	95	64,889	67,671
	SAREPTA THERAPEUTICS INC	Equity	N/A	N/A	N/A	750	97,285	91,193
	SERVICENOW INC	Equity	N/A	N/A	N/A	175	79,688	185,521
	SHARKNINJA INC COM SHS	Equity	N/A	N/A	N/A	800	86,699	77,888
	SITEONE LANDSCAPE SUPPLY INC	Equity	N/A	N/A	N/A	3,872	481,467	510,213
	SOUTHERN CO	Equity	N/A	N/A	N/A	847	57,710	69,725
	SPS COMMERCE INC	Equity	N/A	N/A	N/A	1,889	70,488	347,557
	TARGA RESOURCES CORP	Equity	N/A	N/A	N/A	750	130,935	133,875
	TECK RESOURCES LTD	Equity	N/A	N/A	N/A	2,400	102,641	97,272
	TEXAS INSTRUMENTS INC	Equity	N/A	N/A	N/A	289	16,105	54,190
	TEXAS ROADHOUSE INC	Equity	N/A	N/A	N/A	750	79,420	135,323
	TG THERAPEUTICS INC	Equity	N/A	N/A	N/A	2,600	83,076	78,260
	THE HOME DEPOT INC	Equity	N/A	N/A	N/A	637	126,622	247,787
	THE TRADE DESK INC	Equity	N/A	N/A	N/A	1,300	93,535	152,789
	THERMO FISHER SCIENTIFIC INC COM	Equity	N/A	N/A	N/A	225	129,928	117,052
	TJX COMPANIES INC	Equity	N/A	N/A	N/A	1,886	180,199	227,848
	T-MOBILE US INC	Equity	N/A	N/A	N/A	850	120,182	187,621
	TRANE TECHNOLOGIES PLC	Equity	N/A	N/A	N/A	205	16,609	75,717
	TRAVELERS COMPANIES INC	Equity	N/A	N/A	N/A	675	121,992	162,601
	TRISURA GROUP LTD	Equity	N/A	N/A	N/A	22,025	402,680	600,842
	UNION PACIFIC CORP	Equity	N/A	N/A	N/A	354	46,559	80,726
	UNITEDHEALTH GROUP INC	Equity	N/A	N/A	N/A	519	181,234	262,541
	VALERO ENERGY CORP	Equity	N/A	N/A	N/A	535	48,433	65,586
	VERRA MOBILITY CORP	Equity	N/A	N/A	N/A	4,100	114,833	99,138
	VERTEX PHARMACEUTICALS INC	Equity	N/A	N/A	N/A	215	65,290	86,581
	VERTIV HOLDINGS CO	Equity	N/A	N/A	N/A	1,350	59,873	153,374
	VICI PPTYS INC COM	Equity	N/A	N/A	N/A	3,900	131,790	113,919
	VISA INC. CLASS A	Equity	N/A	N/A	N/A	254	57,934	80,274
	WALMART INC	Equity	N/A	N/A	N/A	2,225	91,524	201,029
	WALT DISNEY CO/THE	Equity	N/A	N/A	N/A	737	79,818	82,065
	WASTE MANAGEMENT	Equity	N/A	N/A	N/A	325	25,507	65,582
	WEC ENERGY GROUP INC	Equity	N/A	N/A	N/A	1,830	139,092	172,093
	WELLS FARGO & CO	Equity	N/A	N/A	N/A	3,938	220,945	276,605
	WELLTOWER INC COM	Equity	N/A	N/A	N/A	1,500	148,737	189,042
	Total common stocks						19,987,215	34,706,236

United Wire, Metal and Machine Health & Welfare Fund

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

Plan #501 / EIN: 13-5608135

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment				Cost	Current value
	Identity of Issue	Description	Maturity date	Interest rate	Collateral	Principal or shares	
	U.S. government and governmental agencies obligations:						
	FNMA #254091	Fixed income	12/01/31	6.00%	N/A	9	9
	Total U.S. government and governmental agencies obligations					9	9

United Wire, Metal and Machine Health & Welfare Fund
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Continued
Plan #501 / EIN: 13-5608135
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
	Common collective trusts:							
	Longview largecap 500 VEBA Index Fund	Common collective trust	N/A	N/A	N/A	1,177	843,906	1,122,010
	NHIT: Multisector Full Discretion Trust	Common collective trust	N/A	N/A	N/A	582,489	12,867,378	15,424,311
	Total common collective trusts						13,711,284	16,546,321
	Limited partnerships:							
	CCA Black, L.P.	Limited partnership	N/A	N/A	N/A	3,005,283	3,005,283	3,278,523
	Principal Enhanced Property Fund, L.P.	Limited partnership	N/A	N/A	N/A	983,251	12,964,241	12,556,259
	Ullico Infrastructure Tax-Exempt Fund L.P.	Limited partnership	N/A	N/A	N/A	24,080	6,972,836	7,167,800
	Total limited partnerships						22,942,360	23,002,582
	Money market funds:							
	Cash - Amaalgamated bank	Money Market Fund	N/A	N/A	N/A	3,918	3,918	3,918
	JP Morgan 100% US Treasury Money Market	Money market fund	N/A	4.30%	N/A	1,376,880	1,376,880	1,376,880
	JP Morgan Tr II US Gvt MM Inst	Money market fund	N/A	4.34%	N/A	298,276	298,276	298,276
	Total short-term investment funds						1,679,074	1,679,074
	Total investments						\$ 58,319,942	\$ 75,934,222

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
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 UNITED WIRE, METAL & MACHINE H & W FD
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1953
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) UNITED WIRE, METAL & MACHINE HEALTH & WELFARE FUND 45-06 PEARSON STREET, 2ND FLOOR LONG ISLAND CITY NY 11101
2b	Employer Identification Number (EIN) ** - *** 8135
2c	Plan Sponsor's telephone number (212) 691-4100
2d	Business code (see instructions) 339900

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

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

SIGN HERE	<i>Lorraine Buonacore</i>	<u>10/14/25</u>	LORRAINE BUONACORE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Donna Santoro</i>	<u>10/14/25</u>	DONNA SANTORO
	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 ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**4b** EIN**4d** PN**a** Sponsor's name**c** Plan Name**5** Total number of participants at the beginning of the plan year**5** 2,786**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)** 2,743**a** (2) Total number of active participants at the end of the plan year**6a(2)** 2,870**b** Retired or separated participants receiving benefits**6b** 173**c** Other retired or separated participants entitled to future benefits**6c****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 3,043**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** 100**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 4D 4E 4F 4L 4Q 4U

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ Trust
 (4) ☐ General assets of the sponsor

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

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

b General Schedules

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

United Wire, Metal and Machine Health & Welfare Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501 / EIN: 13-5608135

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					
	Ullico Infrastructure Tax-Exempt Fund L.P.	\$ 7,000,000	\$ -	\$ 7,000,000	\$ 7,000,000	\$ -
Series of Transactions Exceeding						
	5% of Plan Assets					
	JPMorgan TR II US Gvt	2,357,552	-	2,357,552	2,357,552	-
	MM Inst		2,103,631	2,103,631	2,103,631	-
	JPMorgan 100% US Treasury	4,405,496	-	4,405,496	4,405,496	-
	Money Market		3,584,353	3,584,353	3,584,353	-