

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: IMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 04/12/1954
2a Plan sponsor's name (employer, if for a single-employer plan): IMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND WELFARE FUND
2b Employer Identification Number (EIN): 02-0351951
2c Plan Sponsor's telephone number: 201-947-8000
2d Business code (see instructions): 332700

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	276
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)	276
	6a(2)	299
	6b	
	6c	
	6d	299
	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	8

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4L

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 02-0351951</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1045815	53228	4957657	329	05/01/2024	04/30/2025

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2581546
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 02-0351951

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

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1045815	53228	4959039	329	05/01/2024	04/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2529390
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 02-0351951	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WEAVER AND TIDWELL, L.L.P

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	28000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERRILL LYNCH

13-5674085

(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	NONE	26501	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CBIZ BENEFITS AND INSURANCE SVCS

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	16245	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLUE CROSS BLUE SHIELD OF MA

04-1045815

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	13491	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LANGAN AND DEMPSEY

04-2125930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 02-0351951

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	268640	315569
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3235	3235
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	913208	1334772
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	665015	773318
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1697385	1656466
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3547483	4083360
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	29545	14513
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	393820	436699
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	423365	451212
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3124118	3632148

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)	5655116	
(B) Participants.....	2a(1)(B)	1992	
(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)		5657108
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8225	
(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)		8225
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	96911	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		96911
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	234725	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	196236	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		38489
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	22624	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		46699
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5870056

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	93840	
(2) To insurance carriers for the provision of benefits	2e(2)	5158297	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5252137
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	17967	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	28000	
(5) Investment advisory and investment management fees	2i(5)	26501	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	16245	
(8) Legal fees	2i(8)	9000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	12176	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		109889
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5362026

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		508030
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**International Association of Machinists
and Aerospace Workers District No. 15
New England Area Health and Welfare Fund**

Financial Report

April 30, 2025

CONTENTS

Page

Independent Auditor's Report..... 1

Financial Statements

Statements of Net Assets Available for Benefits..... 4

Statements of Changes in Net Assets Available for Benefits..... 5

Statements of Plan's Benefit Obligations 6

Statements of Changes in Plan's Benefit Obligations..... 7

Notes to Financial Statements 8

ERISA-Required Supplementary Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 17

Schedule H, Line 4j – Schedule of Reportable Transactions 20

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

Independent Auditor's Report

To the Board of Trustees
International Association of Machinists and Aerospace Workers
District No. 15 New England Area Health and Welfare Fund

Opinion

We have audited the financial statements of International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and Plan's benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and Plan's benefit obligations for the years ended April 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits and Plan's benefit obligations as of April 30, 2025 and 2024, and the changes in its net assets available for benefits and Plan's benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment 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 April 30, 2025, is presented for purposes of additional analysis and are not a required part of the financial statements but certain supplementary information is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

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

The Board of Trustees
International Association of Machinists and Aerospace Workers
District No. 15 New England Area Health and Welfare Fund

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

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Jericho, New York
January 28, 2026

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Statements of Net Assets Available for Benefits
April 30, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Mutual funds and exchange-traded funds	\$ 1,656,466	\$ 1,697,385
Common stocks	773,318	665,015
Interest-bearing cash	645,023	884,265
Money market fund	689,749	28,943
Total investments	3,764,556	3,275,608
Receivables		
Employers' contributions	315,569	268,640
Prepaid expenses	3,235	3,235
Total assets	4,083,360	3,547,483
LIABILITIES		
Accounts payable and accrued expenses	12,852	27,602
Bank overdraft	1,661	1,943
Total liabilities	14,513	29,545
NET ASSETS AVAILABLE FOR BENEFITS	\$ 4,068,847	\$ 3,517,938

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

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Statements of Changes in Net Assets Available for Benefits Years Ended April 30, 2025 and 2024

ADDITIONS	2025	2024
Investment income		
Net appreciation in fair value of investments	\$ 107,812	\$ 93,311
Interest and dividends	105,136	88,079
	212,948	181,390
Less investment expenses	26,501	20,670
Net investment income	186,447	160,720
Contributions		
Employers	5,655,116	4,937,971
COBRA participants	1,992	3,560
Total contributions	5,657,108	4,941,531
Total additions	5,843,555	5,102,251
DEDUCTIONS		
Benefits paid to or on behalf of participants, beneficiaries or dependents		
Payments for group insurance premiums	5,115,418	4,601,239
Dental benefits	93,326	97,702
Optical benefits	514	907
Total benefits paid to or on behalf of participants, beneficiaries or dependents	5,209,258	4,699,848
ADMINISTRATIVE EXPENSES	83,388	92,091
Total deductions	5,292,646	4,791,939
Net increase	550,909	310,312
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	3,517,938	3,207,626
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 4,068,847	\$ 3,517,938

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

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Statements of Plan's Benefit Obligations Years Ended April 30, 2025 and 2024

	2025	2024
Amount currently payable to or for participants, beneficiaries and dependents		
Claims payable	\$ -	\$ -
Other obligations for current benefit coverage, at present value of estimated amounts		
Future benefits based on participants' accumulated eligibility	436,699	393,820
Postretirement benefit obligations		
Other participants fully eligible for benefits	107,000	88,474
Other participants not yet fully eligible for benefits	199,757	143,417
Total postretirement benefit obligations	306,757	231,891
TOTAL BENEFIT OBLIGATIONS	\$ 743,456	\$ 625,711

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Statements of Changes in Plan's Benefit Obligations Years Ended April 30, 2025 and 2024

	2025	2024
Amount currently payable to or for participants, beneficiaries and dependents		
Balance at beginning of year	\$ -	\$ -
Claims and premiums reported and approved for payment	5,209,258	4,699,848
Claims and premiums paid	(5,209,258)	(4,699,848)
	-	-
Balance at end of year	-	-
Other obligations for current benefit coverage, at present value of estimated amounts		
Balance at beginning of year	393,820	350,935
Net change during the year		
Benefits earned and other changes	42,879	42,885
	42,879	42,885
Balance at end of year	436,699	393,820
Postretirement benefit obligations		
Balance at beginning of year	231,891	236,428
Increase (decrease) during the year attributable to		
Benefits earned and other changes	26,117	6,423
Changes in actuarial assumptions	48,749	(10,960)
	74,866	(4,537)
Balance at end of year	306,757	231,891
TOTAL BENEFIT OBLIGATIONS	\$ 743,456	\$ 625,711

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Notes to Financial Statements

Note 1. Description of the Plan

The following brief description of the International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund (the Plan) provides only general information about the Plan's provisions. Participants should refer to the *Plan agreement* for a complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit health and welfare plan established on April 12, 1954 pursuant to collective bargaining agreements between the International Association of Machinists and Aerospace Workers (the Union), and various employers operating in the New England region. The Plan is governed by the board of trustees (the Trustees). The Plan provides benefits for eligible participants and their dependents and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

Eligibility

Coverage under the Plan generally begins on the first of the month following eight consecutive weeks of contributions received from an employee's contributing employer.

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

Contributions

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

The Plan is noncontributory for employees except for COBRA premiums as required by law and certain retirees who elect to continue coverage and contribute a percentage of the estimated costs of providing their postretirement benefits, and is funded mainly from contributions received from employers.

Benefits

The Plan provides hospital, medical, prescription, dental, optical and other fringe benefits for eligible members and dependents of members. Dental and optical benefits are self-insured. All other benefits are provided through an insurance contract maintained with an insurance carrier. Coverage for benefits generally becomes effective on the first day of the month following eight consecutive weeks of contributions received from a contributing employer. Members may also continue to remain eligible for benefits through the use of accumulated eligibility credits for a certain amount of time of unemployment. The Plan also provides supplemental benefits to eligible retirees, as well as the continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Notes to Financial Statements

Insured Benefits

The Plan fully insures the hospital, medical and prescription benefits. Premiums are paid to the insurance company from the general assets of the Plan.

Self-Insured Benefits

All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's 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 claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Insurance Premiums

The Plan pays insurance premiums to an insurance carrier for the Plan's fully insured arrangements under the Plan.

Third-Party Administrators

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

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims payable and disclosure of contingent assets and liabilities. Actual results could 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 and procedures. See Note 4 for discussion of fair value measurements.

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

Cash

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

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Notes to Financial Statements

Employers' Contributions and Related Receivables

Contributions receivable 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 April 30, 2025 and 2024, the allowance for doubtful accounts was \$0. Changes in the allowance for doubtful accounts are recorded in administrative expenses in the statements of changes in net assets available for benefits.

Payment of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying statements of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processor. These payments are recorded as claims paid in the accompanying statements of changes in net assets available for benefits.

Management's Review of Subsequent Events

Management has evaluated subsequent events for the Plan through January 20, 2026, the date the financial statements were available to be issued.

Note 3. Postretirement Benefit Obligations

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. 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.

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 April 30, 2025 and 2024, by \$30,595 and \$23,334, respectively.

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Notes to Financial Statements

The significant actuarial assumptions used to determine the postretirement benefit obligations as of April 30, 2025 and 2024 were as follows:

Assumptions	
Discount Rate:	5.35% at April 30, 2025; 5.50% at April 30, 2024
Healthcare Trend Rates	
Medical:	8.00% graded to 4.69% over 15 years. (7.4% graded to 4.752% over 12 years in 2024)
Post-Retirement Mortality Rates	
Healthy:	Pri-2012 Headcount-Weighted Blue Collar Mortality Tables with generational projection from 2012 using Mortality Improvement Scale MP-2021
Disabled:	None assumed

Termination Rates Before Retirement:

2025 and 2024	
Age	Withdrawal
20	24.3%
25	19.5%
30	15.5%
35	12.1%
40	9.4%
45	7.3%
50	5.6%
55	4.2%
60	3.0%

Retirement Rates: Members with at least five years of participation in the Plan and at least 20 years of service with a participating employer are assumed to retire as follows:

2025 and 2024	
Age	Rate per Year
55-59	2%
60-61	10%
62	25%
63-64	15%
65 or older	100%

Dependents: Demographic data was available for spouses of current retirees. For future retirees, husbands were assumed to be three years older than their wives. Of those future retirees who elect to continue their health coverage at retirement, 80% of male and 50% of female participants were assumed to have an eligible spouse who also opts for health coverage at that time, respectively.

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Notes to Financial Statements

Plan Utilization: All employees potentially eligible for postretirement benefits have been included in the valuation. It is assumed that 50% (in 2025 and 2024) of future eligible retirees will elect health care coverage under the HMO plan upon retirement.

Retiree Contributions: Retiree contributions are assumed to increase at health care cost trend rate.

Plan Design: Development of plan liabilities was based on plan benefits in effect.

The major benefit provisions included in the valuation are as follows:

Eligibility: Individuals who retired before December 1, 2005 are eligible at any age and with any years of service. Individuals who retired on or after December 1, 2005 are eligible after 5 years of participation in the Plan and at least 20 years of service with a participating employer.

Duration of Coverage: Individuals who retired before December 1, 2005 receive coverage until they are eligible for Medicare. Individuals who retired on or after December 1, 2005 receive coverage until the earlier of five years from the date of retirement or the age when they become eligible for Medicare.

Dependent Coverage: Eligible dependents will also have health coverage until the time the retiree attains age 65, or when the dependent becomes eligible for Medicare, whichever occurs earlier.

Other Plan Benefits: It is assumed that retiree contributions will cover the full cost of dental and optical benefits.

Valuation Method: The Projected Unit Credit actuarial cost method was used to determine liabilities. Under this method, the postretirement health costs are assumed to be earned ratably from date of hire to the participant's full eligibility age (age 55 and at least 20 years of service with a participating employer).

The assumption change reflected in the statement of changes in plan's benefit obligations for the year ended April 30, 2025 is a change in the discount rate to 5.35% as of April 30, 2025 from 5.50% as of April 30, 2024.

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Notes to Financial Statements

Note 4. Fair Value Measurements

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2025 and 2024:

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

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

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The money market fund is deemed to be actively traded.

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Notes to Financial Statements

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of April 30, 2025 and 2024:

	2025	2024
Level 1:		
Mutual funds and exchange-traded funds	\$ 1,656,466	\$ 1,697,385
Common stocks	773,318	665,015
Money market fund	689,749	28,943
	3,119,533	2,391,343
Level 2:		
Interest-bearing cash	645,023	884,265
Investments at fair value	\$ 3,764,556	\$ 3,275,608

Note 5. Administrative Expenses

The Plan pays administrative expenses that consist primarily of professional fees and claims processing administration. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Note 6. Tax Status

The Plan received an exemption letter from the Internal Revenue Service (IRS) 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 2025 and 2024 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.

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Notes to Financial Statements

Note 7. Plan Termination

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

Note 8. Related Party Transactions and Party in Interest Transactions

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

Note 9. Risks and Uncertainties

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

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

Contributions from two employers represent approximately 94% and 97% of the total contributions for the years ended April 30, 2025 and 2024, respectively. Contributions from one employer represents approximately 83% and 89% of total contributions receivable as of April 30, 2025 and 2024, respectively.

International Association of Machinists and Aerospace Workers
District No. 15 New England Area Health and Welfare Fund
Notes to Financial Statements

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at April 30, 2025 and 2024 to Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 4,068,847	\$ 3,517,938
Less future benefits based on participants' accumulated eligibility	<u>(436,699)</u>	<u>(393,820)</u>
Net assets available for benefits per Form 5500	<u>\$ 3,632,148</u>	<u>\$ 3,124,118</u>

The following is a reconciliation of premiums paid per the financial statements for the years ended April 30, 2025 and 2024, to Form 5500:

	<u>2025</u>	<u>2024</u>
Payments for group insurance premiums per the financial statements	\$ 5,115,418	\$ 4,601,239
Add future benefits based on participants' accumulated eligibility at April 30, 2025	436,699	393,820
Less future benefits based on participants' accumulated eligibility at April 30, 2024	<u>(393,820)</u>	<u>(350,935)</u>
Payments for group insurance premiums paid per Form 5500	<u>\$ 5,158,297</u>	<u>\$ 4,644,124</u>

Supplementary Information

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

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

Plan #501/ EIN: 02-0351951

April 30, 2025

(a)	(b)	(c) Description of investment		(d)	(e)
Identity of issue	Description	Principal or shares	Cost	Current value	
Mutual funds and exchange-traded funds:					
Consumer Discretionary	ETF	1	\$ 57	\$ 111	
First Trust Cloud	ETF	1	11	21	
GS GQG Partners	ETF	2,896	61,366	62,438	
Health Care Select Spdr	ETF	1	20	33	
Invesco S&P 500 Equal	ETF	178	27,171	30,107	
Ishares Biotechnology	ETF	1	43	49	
Ishares Core High	ETF	642	67,022	73,894	
Ishares Tr Core Msci Eaf	ETF	803	55,056	63,204	
Ishares Edge Msci	ETF	1	1	1	
Ishares Core Total Bond	ETF	1	27	24	
Janus Henderson Global	RIC	572	36,743	39,191	
Macquarie Small Cap Core	RIC	1,093	31,668	29,398	
MFS Total Return Bond	RIC	78,396	798,014	746,329	
NYLI Mackay Us	RIC	26,200	211,667	199,645	
NYLI Mackay Short	RIC	28,744	270,090	269,910	
Real Estate Select	ETF	1	7	8	
SPDR S P Biotech	ETF	100	8,808	8,295	
SPDR US Financial Sector	ETF	1	1	1	
Vanguard Consumer	ETF	1	81	123	
Vanguard Materials ETF	ETF	1	1	1	
Vanguard Information	ETF	1	25	63	
Vanguard Industrial ETF	ETF	1	120	237	
Vanguard FTSE Emerging	ETF	1	27	25	
Victory Pioneer	RIC	13,906	136,152	133,358	
Total mutual funds and exchange-traded funds			1,704,178	1,656,466	

(a) * = Party-in-interest

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

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

Plan #501/ EIN: 02-0351951

April 30, 2025

(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:								
	Abbott Labs	Equity	N/A	N/A	N/A	89	9,479	11,637
	Alphabet Inc Shs Cl A	Equity	N/A	N/A	N/A	203	26,923	32,236
	Amazon Com Inc Com	Equity	N/A	N/A	N/A	175	27,724	32,274
	Apple Inc	Equity	N/A	N/A	N/A	263	43,686	55,888
	Asml Hldg Nv Ny Reg Shs	Equity	N/A	N/A	N/A	12	8,273	8,017
	Astrazeneca	Equity	N/A	N/A	N/A	96	7,444	6,892
	At&T Inc	Equity	N/A	N/A	N/A	359	5,645	9,944
	Becton Dickinson Co	Equity	N/A	N/A	N/A	30	7,060	6,213
	Berkshire Hathawayinc	Equity	N/A	N/A	N/A	48	17,951	25,596
	Blackrock Inc	Equity	N/A	N/A	N/A	9	6,802	8,228
	Blackstone Inc	Equity	N/A	N/A	N/A	64	8,036	8,429
	Boston Scientific Corp	Equity	N/A	N/A	N/A	112	7,063	11,521
	Broadcom Inc	Equity	N/A	N/A	N/A	180	17,963	34,645
	Capital One Financial	Equity	N/A	N/A	N/A	22	4,375	3,966
	Cheniere Energy	Equity	N/A	N/A	N/A	23	3,999	5,316
	Chevron Corp	Equity	N/A	N/A	N/A	51	8,182	6,939
	Chipotle Mexican Grill	Equity	N/A	N/A	N/A	78	4,420	3,941
	Cisco Systems Inc Com	Equity	N/A	N/A	N/A	98	5,386	5,658
	Coca Cola Com	Equity	N/A	N/A	N/A	124	7,560	8,996
	Constellation Energy	Equity	N/A	N/A	N/A	18	3,913	4,022
	Costco Wholesale Crp Del	Equity	N/A	N/A	N/A	14	7,569	12,929
	Deere Co	Equity	N/A	N/A	N/A	9	3,769	4,172
	Disney (Walt) Co Com Stk	Equity	N/A	N/A	N/A	31	2,836	2,819
	Dupont De Nemours Inc	Equity	N/A	N/A	N/A	87	6,721	5,741
	Eaton Corp Plc	Equity	N/A	N/A	N/A	28	6,997	8,242
	Eli Lilly & Co	Equity	N/A	N/A	N/A	7	5,556	6,293
	Equinix Inc	Equity	N/A	N/A	N/A	4	3,117	3,443
	Exxon Mobil Corp Com	Equity	N/A	N/A	N/A	94	9,724	9,929
	Freeport-Mcmoran Inc	Equity	N/A	N/A	N/A	118	4,829	4,252
	GE Aerospace	Equity	N/A	N/A	N/A	32	6,124	6,449
	General Motors Co	Equity	N/A	N/A	N/A	34	1,442	1,538
	Hilton Worldwide	Equity	N/A	N/A	N/A	25	4,869	5,637
	Home Depot Inc	Equity	N/A	N/A	N/A	33	11,105	11,896
	Johnson And Johnson Com	Equity	N/A	N/A	N/A	43	7,247	6,721
	JPMorgan Chase & Co	Equity	N/A	N/A	N/A	75	11,043	18,347
	KKR & Co Inc Cl A	Equity	N/A	N/A	N/A	72	5,465	8,227
	LVMH Moet Hennessy Adr	Equity	N/A	N/A	N/A	48	7,245	5,298
	Marvell Tech Inc	Equity	N/A	N/A	N/A	119	8,018	6,946
	Mastercard Inc	Equity	N/A	N/A	N/A	8	4,138	4,384
	Merck And Co Inc Shs	Equity	N/A	N/A	N/A	50	5,296	4,260
	Meta Platforms Inc	Equity	N/A	N/A	N/A	39	20,104	21,411
	Metlife Inc Com	Equity	N/A	N/A	N/A	21	1,783	1,583
	Microsoft Corp	Equity	N/A	N/A	N/A	138	43,650	54,546
	Mondelez International	Equity	N/A	N/A	N/A	107	7,678	7,290
	Morgan Stanley	Equity	N/A	N/A	N/A	92	8,539	10,619
	Nextera Energy Inc Shs	Equity	N/A	N/A	N/A	97	7,573	6,487
	Nutanix Inc	Equity	N/A	N/A	N/A	63	3,712	4,328
	Nvidia	Equity	N/A	N/A	N/A	442	20,263	48,143
	Palo Alto Networks Inc	Equity	N/A	N/A	N/A	110	13,714	20,562
	PNC Financial Services Group	Equity	N/A	N/A	N/A	30	4,168	4,821
	Procter & Gamble Co	Equity	N/A	N/A	N/A	43	6,448	6,991
	Prologis Inc	Equity	N/A	N/A	N/A	49	6,007	5,008
	Quanta Services Inc	Equity	N/A	N/A	N/A	40	8,920	11,708
	RTX Corp	Equity	N/A	N/A	N/A	69	6,226	8,703
	Salesforce Inc	Equity	N/A	N/A	N/A	44	10,382	11,823
	Semptra	Equity	N/A	N/A	N/A	97	7,467	7,204
	Sysco Corporation	Equity	N/A	N/A	N/A	107	7,752	7,640

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

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

Plan #501/ EIN: 02-0351951

April 30, 2025

(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:							
	Tesla Inc	Equity	N/A	N/A	N/A	45	13,535	12,697
	Thermo Fisher Scientific	Equity	N/A	N/A	N/A	20	10,728	8,580
	UBER Technologies Inc	Equity	N/A	N/A	N/A	55	4,311	4,456
	Union Pacific Corp	Equity	N/A	N/A	N/A	18	4,381	3,882
	Unitedhealth Group Inc	Equity	N/A	N/A	N/A	16	7,940	6,583
	Valero Energy Corp New	Equity	N/A	N/A	N/A	47	7,042	5,456
	Vertiv Holding Company	Equity	N/A	N/A	N/A	106	8,837	9,050
	Visa Inc Cl A Shrs	Equity	N/A	N/A	N/A	55	13,044	19,003
	Vistra Corp	Equity	N/A	N/A	N/A	25	3,431	3,630
	Walmart Inc	Equity	N/A	N/A	N/A	113	6,238	10,989
	Waste Management Inc New	Equity	N/A	N/A	N/A	43	7,337	10,031
	Wells Fargo and Co	Equity	N/A	N/A	N/A	82	6,542	5,823
	3M Company	Equity	N/A	N/A	N/A	46	6,259	6,390
	Total common stocks						639,005	773,318
	Interest-bearing cash:							
	Cash - interest Bearing - Amalgamated Bank	Cash	Demand	Variable	N/A	645,023	645,023	645,023
	Money market fund:							
	ML Bank Deposit Program	Money Market Fund	Demand	Variable	N/A	689,749	689,749	689,749
	Total investments						<u>\$ 3,677,955</u>	<u>\$ 3,764,556</u>

(a) * = Party-in-interest

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501/ EIN: 02-0351951

April 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of assets	Purchase price	Selling price	Cost	Current value of assets on transaction date	Net gain or (loss)	
Series of Transactions Exceeding 5% of Plan Assets:						
Blackrock Core Bond	\$ 182,803	\$ -	\$ 182,803	\$ 182,803	\$ -	
Blackrock Core Bond	-	658,428	656,248	658,428	2,180	
BLF FedFund Cash Reserve	-	817,441	817,441	817,441	-	
BLF FedFund Cash Reserve	825,117	-	825,117	825,117	-	
ML Bank Deposit Program	-	139,759	139,759	139,759	-	
ML Bank Deposit Program	804,695	-	804,695	804,695	-	

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

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

Plan #501/ EIN: 02-0351951

April 30, 2025

(a)	(b)	(c) Description of investment		(d)	(e)
Identity of issue	Description	Principal or shares	Cost	Current value	
Mutual funds and exchange-traded funds:					
Consumer Discretionary	ETF	1	\$ 57	\$ 111	
First Trust Cloud	ETF	1	11	21	
GS GQG Partners	ETF	2,896	61,366	62,438	
Health Care Select Spdr	ETF	1	20	33	
Invesco S&P 500 Equal	ETF	178	27,171	30,107	
Ishares Biotechnology	ETF	1	43	49	
Ishares Core High	ETF	642	67,022	73,894	
Ishares Tr Core Msci Eaf	ETF	803	55,056	63,204	
Ishares Edge Msci	ETF	1	1	1	
Ishares Core Total Bond	ETF	1	27	24	
Janus Henderson Global	RIC	572	36,743	39,191	
Macquarie Small Cap Core	RIC	1,093	31,668	29,398	
MFS Total Return Bond	RIC	78,396	798,014	746,329	
NYLI Mackay Us	RIC	26,200	211,667	199,645	
NYLI Mackay Short	RIC	28,744	270,090	269,910	
Real Estate Select	ETF	1	7	8	
SPDR S P Biotech	ETF	100	8,808	8,295	
SPDR US Financial Sector	ETF	1	1	1	
Vanguard Consumer	ETF	1	81	123	
Vanguard Materials ETF	ETF	1	1	1	
Vanguard Information	ETF	1	25	63	
Vanguard Industrial ETF	ETF	1	120	237	
Vanguard FTSE Emerging	ETF	1	27	25	
Victory Pioneer	RIC	13,906	136,152	133,358	
Total mutual funds and exchange-traded funds			1,704,178	1,656,466	

(a) * = Party-in-interest

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

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

Plan #501/ EIN: 02-0351951

April 30, 2025

(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:								
	Abbott Labs	Equity	N/A	N/A	N/A	89	9,479	11,637
	Alphabet Inc Shs Cl A	Equity	N/A	N/A	N/A	203	26,923	32,236
	Amazon Com Inc Com	Equity	N/A	N/A	N/A	175	27,724	32,274
	Apple Inc	Equity	N/A	N/A	N/A	263	43,686	55,888
	Asml Hldg Nv Ny Reg Shs	Equity	N/A	N/A	N/A	12	8,273	8,017
	Astrazeneca	Equity	N/A	N/A	N/A	96	7,444	6,892
	At&T Inc	Equity	N/A	N/A	N/A	359	5,645	9,944
	Becton Dickinson Co	Equity	N/A	N/A	N/A	30	7,060	6,213
	Berkshire Hathawayinc	Equity	N/A	N/A	N/A	48	17,951	25,596
	Blackrock Inc	Equity	N/A	N/A	N/A	9	6,802	8,228
	Blackstone Inc	Equity	N/A	N/A	N/A	64	8,036	8,429
	Boston Scientific Corp	Equity	N/A	N/A	N/A	112	7,063	11,521
	Broadcom Inc	Equity	N/A	N/A	N/A	180	17,963	34,645
	Capital One Financial	Equity	N/A	N/A	N/A	22	4,375	3,966
	Cheniere Energy	Equity	N/A	N/A	N/A	23	3,999	5,316
	Chevron Corp	Equity	N/A	N/A	N/A	51	8,182	6,939
	Chipotle Mexican Grill	Equity	N/A	N/A	N/A	78	4,420	3,941
	Cisco Systems Inc Com	Equity	N/A	N/A	N/A	98	5,386	5,658
	Coca Cola Com	Equity	N/A	N/A	N/A	124	7,560	8,996
	Constellation Energy	Equity	N/A	N/A	N/A	18	3,913	4,022
	Costco Wholesale Crp Del	Equity	N/A	N/A	N/A	14	7,569	12,929
	Deere Co	Equity	N/A	N/A	N/A	9	3,769	4,172
	Disney (Walt) Co Com Stk	Equity	N/A	N/A	N/A	31	2,836	2,819
	Dupont De Nemours Inc	Equity	N/A	N/A	N/A	87	6,721	5,741
	Eaton Corp Plc	Equity	N/A	N/A	N/A	28	6,997	8,242
	Eli Lilly & Co	Equity	N/A	N/A	N/A	7	5,556	6,293
	Equinix Inc	Equity	N/A	N/A	N/A	4	3,117	3,443
	Exxon Mobil Corp Com	Equity	N/A	N/A	N/A	94	9,724	9,929
	Freeport-Mcmoran Inc	Equity	N/A	N/A	N/A	118	4,829	4,252
	GE Aerospace	Equity	N/A	N/A	N/A	32	6,124	6,449
	General Motors Co	Equity	N/A	N/A	N/A	34	1,442	1,538
	Hilton Worldwide	Equity	N/A	N/A	N/A	25	4,869	5,637
	Home Depot Inc	Equity	N/A	N/A	N/A	33	11,105	11,896
	Johnson And Johnson Com	Equity	N/A	N/A	N/A	43	7,247	6,721
	JPMorgan Chase & Co	Equity	N/A	N/A	N/A	75	11,043	18,347
	KKR & Co Inc Cl A	Equity	N/A	N/A	N/A	72	5,465	8,227
	LVMH Moet Hennessy Adr	Equity	N/A	N/A	N/A	48	7,245	5,298
	Marvell Tech Inc	Equity	N/A	N/A	N/A	119	8,018	6,946
	Mastercard Inc	Equity	N/A	N/A	N/A	8	4,138	4,384
	Merck And Co Inc Shs	Equity	N/A	N/A	N/A	50	5,296	4,260
	Meta Platforms Inc	Equity	N/A	N/A	N/A	39	20,104	21,411
	Metlife Inc Com	Equity	N/A	N/A	N/A	21	1,783	1,583
	Microsoft Corp	Equity	N/A	N/A	N/A	138	43,650	54,546
	Mondelez International	Equity	N/A	N/A	N/A	107	7,678	7,290
	Morgan Stanley	Equity	N/A	N/A	N/A	92	8,539	10,619
	Nextera Energy Inc Shs	Equity	N/A	N/A	N/A	97	7,573	6,487
	Nutanix Inc	Equity	N/A	N/A	N/A	63	3,712	4,328
	Nvidia	Equity	N/A	N/A	N/A	442	20,263	48,143
	Palo Alto Networks Inc	Equity	N/A	N/A	N/A	110	13,714	20,562
	PNC Financial Services Group	Equity	N/A	N/A	N/A	30	4,168	4,821
	Procter & Gamble Co	Equity	N/A	N/A	N/A	43	6,448	6,991
	Prologis Inc	Equity	N/A	N/A	N/A	49	6,007	5,008
	Quanta Services Inc	Equity	N/A	N/A	N/A	40	8,920	11,708
	RTX Corp	Equity	N/A	N/A	N/A	69	6,226	8,703
	Salesforce Inc	Equity	N/A	N/A	N/A	44	10,382	11,823
	Semptra	Equity	N/A	N/A	N/A	97	7,467	7,204
	Sysco Corporation	Equity	N/A	N/A	N/A	107	7,752	7,640

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

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

Plan #501/ EIN: 02-0351951

April 30, 2025

(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:							
	Tesla Inc	Equity	N/A	N/A	N/A	45	13,535	12,697
	Thermo Fisher Scientific	Equity	N/A	N/A	N/A	20	10,728	8,580
	UBER Technologies Inc	Equity	N/A	N/A	N/A	55	4,311	4,456
	Union Pacific Corp	Equity	N/A	N/A	N/A	18	4,381	3,882
	Unitedhealth Group Inc	Equity	N/A	N/A	N/A	16	7,940	6,583
	Valero Energy Corp New	Equity	N/A	N/A	N/A	47	7,042	5,456
	Vertiv Holding Company	Equity	N/A	N/A	N/A	106	8,837	9,050
	Visa Inc Cl A Shrs	Equity	N/A	N/A	N/A	55	13,044	19,003
	Vistra Corp	Equity	N/A	N/A	N/A	25	3,431	3,630
	Walmart Inc	Equity	N/A	N/A	N/A	113	6,238	10,989
	Waste Management Inc New	Equity	N/A	N/A	N/A	43	7,337	10,031
	Wells Fargo and Co	Equity	N/A	N/A	N/A	82	6,542	5,823
	3M Company	Equity	N/A	N/A	N/A	46	6,259	6,390
	Total common stocks						639,005	773,318
	Interest-bearing cash:							
	Cash - interest Bearing - Amalgamated Bank	Cash	Demand	Variable	N/A	645,023	645,023	645,023
	Money market fund:							
	ML Bank Deposit Program	Money Market Fund	Demand	Variable	N/A	689,749	689,749	689,749
	Total investments						<u>\$ 3,677,955</u>	<u>\$ 3,764,556</u>

(a) * = Party-in-interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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)

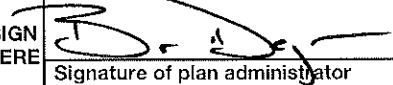
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND	1b Three-digit plan number (PN) ▶	501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IAMAW DISTRICT NO. 15 NEW ENGLAND AREA HEALTH AND W 140 SYLVAN AVENUE SUITE 106 ENGLEWOOD CLIFFS NJ 07632	1c Effective date of plan 04/12/1954	2b Employer Identification Number (EIN) 02-0351951
	2c Plan Sponsor's telephone number 201-947-8000	2d Business code (see instructions) 332700

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		1-28-2024	BRIAN DEGNAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

5 Total number of participants at the beginning of the plan year	5	276
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)	276
a(2) Total number of active participants at the end of the plan year	6a(2)	299
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	299
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	8

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E 4F 4L

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

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

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

International Association of Machinists and Aerospace Workers District No. 15 New England Area Health and Welfare Fund

Schedule H, Line 4j – Schedule of Reportable Transactions

Plan #501/ EIN: 02-0351951

April 30, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of assets	Purchase price	Selling price	Cost	Current value of assets on transaction date	Net gain or (loss)	
Series of Transactions Exceeding 5% of Plan Assets:						
Blackrock Core Bond	\$ 182,803	\$ -	\$ 182,803	\$ 182,803	\$ -	
Blackrock Core Bond	-	658,428	656,248	658,428	2,180	
BLF FedFund Cash Reserve	-	817,441	817,441	817,441	-	
BLF FedFund Cash Reserve	825,117	-	825,117	825,117	-	
ML Bank Deposit Program	-	139,759	139,759	139,759	-	
ML Bank Deposit Program	804,695	-	804,695	804,695	-	