

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [X] 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. [X]
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 02/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND P.O. BOX 1449 GOODLETTSVILLE, TN 37070-1449
2b Employer Identification Number (EIN) 59-6158477
2c Plan Sponsor's telephone number 615-859-0131
2d Business code (see instructions) 525100

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include MARY SINCLAIR (plan administrator) and PATRICK K. O'LEARY (employer/plan sponsor).

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND P.O. BOX 1449 GOODLETTSVILLE, TN 37070-1449	3b Administrator's EIN 59-2775022 3c Administrator's telephone number 615-859-0131
---	---

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	165
---	----------	-----

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)	165
a(2) Total number of active participants at the end of the plan year	6a(2)	168
b Retired or separated participants receiving benefits	6b	8
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	176
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)	
g(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	
--	----------	--

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:
 4U

9a Plan funding 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	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) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached 1

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND		D Employer Identification Number (EIN) 59-6158477

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

AIG BENEFIT SOLUTIONS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0687550	19445	949-4556	191	08/01/2023	07/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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
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> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND	D Employer Identification Number (EIN) 59-6158477	

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)

SOUTHERN BENEFITS ADMINISTRATOR INC

PO BOX 1449
GOODLETTSVILLE, TN 37070

59-6154877

(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?
14	PLAN ADMINISTRATOR	118200	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)

VENABLE LAW FIRM, PA

7402 N 56TH ST,SUITE 380
TAMPA, FL 33617

59-1824867

(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	PLAN ATTORNEY	9129	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)

SOUTHERN BENEFIT ADMINISTRATORS,INC

P.O. BOX 1449
GOODLETTSVILLE, TN 37070-1449

59-6154877

(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?
14	PRINTING AND MAILING	14412	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)

GRAMLING & HAYA, CPA'S, PA

P.O. BOX 290069
TAMPA, FL 33687

59-1891796

(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	PLAN AUDITOR	17500	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)

UNITED MEMBERS INSURANCE

6826 W LINEBAUGH AVE
813-265-2300
TAMPA, FL 33625

(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?
		0	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)

VIVEKA HEALTH

104 W 14TH ST
NEW YORK, NY 10011

(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?
99	ESTIMATOR TOOL KIT	4486	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)

UMR 115 W WAUSAU AVENUE
WAUSAU, WI 54401

(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?
23	PPO SERVICES	80933	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)

HCC LIFE INSURANCE 225 TOWNPARK DR, 350
213-660-1793
KENNESAW, GA 30144

(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?
23	STOP LOSS PREMIUM	122495	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)

SOUTHERN BENEFIT ADMINISTRATOR, INC PO BOX 1449
GOODLETTSVILLE, TN 37070-1449

59-6154877

(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	ACTUARIAL FEES	9510	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)

UNITED HEALTHCARE

9700 HEALTH CARE LANE
HOPKINS, MN 55343

(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?
99	DISPUTE RESOLUTION	599	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"/>

(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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

A Name of plan SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL NO 15 MEDICAL FUND	D Employer Identification Number (EIN) 59-6158477

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	360536	542900
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	209809	226748
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1029753	1070850
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	1600098	1840498
Liabilities			
g Benefit claims payable	1g	225000	225000
h Operating payables	1h	2485	31108
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	227485	256108
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1372613	1584390

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)	2583534	
(B) Participants	2a(1)(B)	57091	
(C) Others (including rollovers)	2a(1)(C)	25776	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2666401
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	41096	
(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)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2707497

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	2233935	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2233935
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)	118200	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	9264	
(8) Legal fees.....	2i(8)	4804	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	129517	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		261785
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2495720

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		211777
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: GRAMLING & HAYA, CPA'S, PA

(2) EIN: 59-1891796

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	
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.			

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

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

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

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

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

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN

TAMPA, FLORIDA

FINANCIAL STATEMENTS

JULY 31, 2024 and 2023

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN

TAMPA, FLORIDA

FINANCIAL STATEMENTS

JULY 31, 2024 and 2023

C O N T E N T S

INDEPENDENT AUDITORS' REPORT

EXHIBIT A - STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
JULY 31, 2024 and 2023

EXHIBIT B - STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JULY 31, 2024 and 2023

EXHIBIT C - STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS - JULY 31, 2024 and 2023

EXHIBIT D - STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS FOR THE
YEARS ENDED JULY 31, 2024 and 2023

NOTES TO THE FINANCIAL STATEMENTS

SCHEDULE 1 - SCHEDULES OF ADMINISTRATIVE EXPENSES FOR THE
YEARS ENDED JULY 31, 2024 and 2023

SCHEDULE 2 - SCHEDULES OF ASSETS HELD FOR INVESTMENT PURPOSES -
JULY 31, 2024 and 2023

SCHEDULE 3 - SCHEDULES OF ASSETS DISPOSED OF WITHIN THE YEAR FOR THE
YEARS ENDED JULY 31, 2024 and 2023

SCHEDULE 4 - SCHEDULES OF ASSETS ACQUIRED WITHIN THE YEAR FOR THE YEARS
ENDED JULY 31, 2024 and 2023

SCHEDULE 5 - SCHEDULES OF EMPLOYER CONTRIBUTIONS FOR THE YEARS ENDED
JULY 31, 2024 and 2023

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Sheet Metal Workers Local Union No. 15
Medical Plan
Tampa, Florida

We have audited the accompanying financial statements of the Sheet Metal Workers Local Union No. 15 Medical Plan which comprise the statements of net assets available for benefits as of July 31, 2024 and 2023 and the related statements of changes in net assets available for benefits, plan's benefit obligations and changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sheet Metal Workers Local Union No. 15 Medical Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Sheet Metal Workers Local Union No. 15 Medical Plan as of July 31, 2024 and 2023, the related changes in net assets available for benefits, plan's benefit obligations and changes in plan's benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedules of Assets Held for Investment Purposes, Schedules of Assets Disposed of Within the Year, and Schedules of Assets Acquired Within the Year for the Years Ended July 31, 2024 and 2023 are referred to as "supplemental information" and are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement and Security Act of 1974. Such information is the responsibility of the Plan's 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 records used to prepare the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Other Matters - Supplemental Schedules Not Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplemental Schedules of Administrative Expenses, and Schedules of Employer Contributions for the Years Ended July 31, 2024 and 2023 are referred to as "supplemental information" and are presented for the purpose of additional analysis and are not a required part of the financial statements and are not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement and Security Act of 1974. Such information is the responsibility of the Plan's 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 records used to prepare the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Tampa, Florida
February 12, 2026

Dromeng + Idaga
Certified Public Accountants, P.A.

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JULY 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$ 1,613,750	\$ 1,390,290
Employers' contributions receivable	<u>226,748</u>	<u>209,809</u>
Total assets	<u>1,840,498</u>	<u>1,600,099</u>
<u>LIABILITIES</u>		
Accounts payable for administrative expenses	<u>31,108</u>	<u>2,486</u>
Total liabilities	<u>31,108</u>	<u>2,486</u>
Net assets available for benefits	<u>\$ 1,809,390</u>	<u>\$ 1,597,613</u>

EXHIBIT A
Read the accompanying Independent Auditors' Report
and Notes to the Financial Statements

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JULY 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ADDITIONS TO NET ASSETS:</u>		
Investment income:		
Interest and dividends	\$ 41,096	\$ 23,176
Realized gains (losses)	<u>0</u>	<u>(56,665)</u>
Net investment income (loss)	<u>41,096</u>	<u>(33,489)</u>
Employer contributions	2,384,721	2,029,962
SASMI contributions	25,776	38,290
Reciprocal transfers	<u>187,177</u>	<u>112,013</u>
Total employer contributions	2,597,674	2,180,265
Participants' contributions	<u>57,091</u>	<u>62,388</u>
Total contributions	<u>2,654,765</u>	<u>2,242,653</u>
Other additions		
Late penalties	<u>11,635</u>	<u>0</u>
Total additions	<u>2,707,496</u>	<u>2,209,164</u>
<u>DEDUCTIONS FROM NET ASSETS:</u>		
Health claims, processing, insurance and death benefits	2,233,935	2,205,342
Administrative expenses	<u>261,784</u>	<u>206,355</u>
Total deductions	<u>2,495,719</u>	<u>2,411,697</u>
<u>NET INCREASE/(DECREASE)</u>	211,777	(202,533)
<u>NET ASSETS</u>		
Beginning of year	<u>1,597,613</u>	<u>1,800,146</u>
End of year	<u>\$1,809,390</u>	<u>\$1,597,613</u>

EXHIBIT B
Read the accompanying Independent Auditors' Report
and Notes to the Financial Statements

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS
JULY 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS</u>		
Claims payable	\$ <u>195,154</u>	\$ <u>197,734</u>
<u>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OR ESTIMATED AMOUNTS</u>		
Claims incurred but not reported	29,846	27,266
Accumulated eligibility credits	<u>800,000</u>	<u>800,000</u>
	<u>829,846</u>	<u>827,266</u>
Plan's total benefit obligations	<u>\$1,025,000</u>	<u>\$1,025,000</u>

EXHIBIT C
 Read the accompanying Independent Auditors' Report
 and Notes to the Financial Statements

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
STATEMENTS OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS
FOR THE YEARS ENDED JULY 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS</u>		
Balance at beginning of year	\$ 197,734	\$ 300,481
Claims reported and approved for payment	2,233,936	2,113,293
Claims paid	<u>(2,231,127)</u>	<u>(2,216,040)</u>
Balance at end of year	<u>200,543</u>	<u>197,734</u>
 <u>OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS</u>		
Balance at beginning of year	827,266	864,519
Net change during year:		
Accumulated eligibility credits		(50,000)
Other	<u>(2,809)</u>	<u>12,747</u>
Balance at end of year	<u>824,457</u>	<u>827,266</u>
 Plan's total benefit obligations at the end of the year	 <u>\$ 1,025,000</u>	 <u>\$ 1,025,000</u>

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
NOTES TO THE FINANCIAL STATEMENTS
JULY 31, 2024 and 2023

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (1) Valuation of Investments: Investments are stated at fair value.
- (2) Plan Benefits: Estimated Plan liabilities for health claims, including claims incurred but not reported, future benefits based on accumulated eligibility of participants and estimated claims administration fees are included in the financial statements based on both historical and prospective Plan experience.
- (3) Concentration of Market Risk: Sheet Metal Workers Local Union No. 15 Medical Plan (the Plan) receives monies from construction related employers. These employers and the Plan rely on contractors and developers from the Central Florida construction and building trade industry for work. During the year ended July 31, 2024, five employers contributed 83.49% of the income from employers.

The Plan's investment strategy had been to invest in various types of bonds. However, a change in the investment adviser has shifted the concentration to mutual funds. See Note 4 for details of the investments.

- (4) Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- (5) Postretirement benefits: The amount reported as postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' services rendered as of the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. See Note 9.

NOTE 2 - DESCRIPTION OF THE PLAN

The following description of the Sheet Metal Workers Local Union No. 15 Medical Plan provides only general information of the Plan's provisions through year end. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
NOTES TO THE FINANCIAL STATEMENTS
JULY 31, 2024 and 2023

NOTE 2 - DESCRIPTION OF THE PLAN (continued)

General: The Plan provides health and welfare benefits to participants. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Retirement Equity Act and has been amended to comply with the Retirement Equity Act and various Budget Reconciliation and other laws effective January 1, 1989.

The Trustees of the Plan are empowered to provide the health and welfare benefits which the Trustees, at their discretion, deem prudent for eligible participants. The Trustees are further authorized to pay all expenses of operating the Plan.

The Trustees voted to change the Schedule of Benefits effective January 1, 2007.

Benefits: The Plan provides for life, accidental injury, hospital, medical, surgical, and other related benefits as specified in the Plan Document. The Plan is self-funded. Subject to various exclusions and limitations. The Plan also provides a \$10,000 regular death benefit to its participants and \$2,500 to eligible dependents.

To become eligible for benefits, a participant must have 280 credited hours during any qualifying period of three consecutive months or less. All participants who satisfy the minimum hourly requirement will be eligible for benefits during the month eligibility is gained as well as the immediate following month. A covered participant will continue to be eligible in each consecutive Benefit Month, as long as contributions are received for 140 hours. There is a three month delay in eligibility from the months the hours are worked. Hours worked in each Contribution Month in excess of 150 will be credited to an Hour Bank for the participant. The maximum number of hours which a covered participant may accumulate in the hour bank is 560. The participant can use these hours in a month that the total hours fall below 140. The hourly requirement may be satisfied by any one, or any combination, of the following: employer contributions, disability credits, self-contributions or SASMI (Stabilization Agreement of the Sheet Metal Industry) contributions.

Retirees are covered only by virtue of self-paying a monthly rate established by the Board Trustees. While the trustees hope to allow retirees this privilege for as long as possible, retirees have no permanent or vested right to the self-pay privilege or to any benefits provided by the Plan.

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
NOTES TO THE FINANCIAL STATEMENTS
JULY 31, 2024 and 2023

NOTE 2 - DESCRIPTION OF THE PLAN (continued)

Contributions: The Plan agreement provides that employers make monthly contributions to the Plan of a specified amount for each hour worked by employees. For the years ended July 31, 2024 and 2023 the amounts required to be contributed ranged from \$1.70 to \$5.80 per hour depending on the collective bargaining agreement in effect and the employee's status.

The Plan also receives self-contributions from certain individuals who are not currently employed by employers party to the collective bargaining agreement. In order to maintain eligibility the employee has the opportunity to pay the Plan a monthly premium which is established periodically by the Trustees.

Health Reimbursement Arrangement: Effective January 1, 2009, eligible employees can receive a funding credit of \$250 or \$500 depending on the hourly employer contribution. An employee must have six months of contiguous and continuous coverage under the Plan as of August 1 in order to be eligible for a Health Reimbursement Arrangement Credit on the following January 1.

NOTE 3 - CASH

Cash consists of the following:

	<u>2024</u>	<u>2023</u>
Checking - General	\$ 37,685	\$ 132,132
Checking - Claims	505,215	228,405
Savings Account	<u>1,070,850</u>	<u>1,029,753</u>
	<u>\$ 1,613,750</u>	<u>\$ 1,390,290</u>

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
NOTES TO THE FINANCIAL STATEMENTS
JULY 31, 2024 and 2023

NOTE 4 - PLAN TERMINATION

Although the Trustees have not expressed any intention to do so, if the Plan were to terminate, the Board of Trustees will, within the limits of the Plan's resources, adopt a plan to discharge all outstanding obligations and to provide that all remaining Plan assets be used in a manner which best carries out the basic purpose for which the Plan was established.

NOTE 5 - INCOME TAX STATUS

The Plan qualifies as a tax exempt organization under Section 501(c)(9) of the Internal Revenue Code. Therefore, there is no provision for income taxes in the accompanying financial statements. The Plan has evaluated its tax positions taken for all open tax years and has not identified any uncertain tax positions. The 2021, 2022 and 2023 tax years are open and subject to examination by the Internal Revenue Service and state taxing authorities. The Plan was audited by the U.S. Department of Labor for the year ended July 31, 2023.

NOTE 6 - CONTINGENCIES

The Plan is the plaintiff in several lawsuits against various employers for monies due the Plan. These lawsuits are at various stages and the outcomes are uncertain. Therefore, no provisions have been included in the accompanying financial statements.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying July 31, 2024 and 2023 financial statements to the Form 5500.

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,890,390	\$ 1,597,613
Benefit obligations currently payable	<u>(225,000)</u>	<u>(225,000)</u>
Net assets available for benefits Form 5500	<u>\$ 1,665,390</u>	<u>\$ 1,372,613</u>

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
NOTES TO THE FINANCIAL STATEMENTS
JULY 31, 2024 and 2023

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

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

	<u>2024</u>	<u>2023</u>
Benefits paid for participants per the financial statements	\$ 2,233,935	\$ 2,205,342
Add: Amounts payable at end of year	225,000	225,000
Less: Amounts payable at beginning of year	<u>(225,000)</u>	<u>(340,000)</u>
Benefits paid for participants per the Form 5500	<u>\$ 2,233,935</u>	<u>\$ 2,090,342</u>

Amounts currently payable to or for participants are recorded on the Form 5500.

NOTE 8 - EXCESS OF PLAN'S BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR PLAN BENEFITS

The Plan's Net Assets Available for Benefits exceed its Benefit Obligations by \$ 784,390 as of July 31, 2024. Postretirement benefit obligations (Notes 1 and 11) totaling \$ 5,040,667 would create a deficiency of \$ 4,256,277. The funding of these benefits are not covered by the contribution rate provided by the current bargaining agreement.

The Trustees have the flexibility to make additional adjustments to the benefits provided by the Plan if the current changes, as reported above, do not continue to reduce the excess of plan obligations over net assets available for plan benefits.

The weighted-average health care cost-trend rate assumption (see Note 11) has a significant effect on the amounts reported as postretirement benefit obligations in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of July 31, 2024 by \$ 5,548,354.

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
NOTES TO THE FINANCIAL STATEMENTS
JULY 31, 2024 and 2023

NOTE 9 - POSTRETIREMENT BENEFIT OBLIGATIONS

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by the contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry to the valuation date.

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

For measurement purposes various rates of increase in the per capita cost of covered health care benefits were assumed and are consistent with those used to measure the benefit obligation at July 31, 2024. A schedule of these rates is as follows:

<u>YEAR ENDING</u>	<u>MEDICAL</u>	<u>DRUG</u>	<u>DENTAL</u>
2024	7.20%	8.20%	5.40%
2025	7.90%	9.00%	5.40%
2026	7.40%	8.00%	5.30%
2027	6.80%	7.00%	5.20%
2028	6.20%	6.40%	5.10%
2029	6.10%	6.30%	5.00%
2030	6.00%	6.20%	4.90%

The following were other significant assumptions used in the valuations as of July 31, 2024

Weighted-average discount rate	5.25%
Average retirement age	62.0
Mortality Table	105% PRI-2012 Blue Collar Mortality Table

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
NOTES TO THE FINANCIAL STATEMENTS
JULY 31, 2024 and 2023

NOTE 9 - POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

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

POSTRETIREMENT BENEFIT OBLIGATIONS
NET OF AMOUNTS CURRENTLY PAYABLE

	<u>2024</u>	<u>2023</u>
Retired participants	\$ 272,522	\$ 329,023
Active participants fully eligible for benefits	1,845,156	1,837,295
Participants not yet fully eligible	<u>2,922,989</u>	<u>2,347,320</u>
	<u>\$ 5,040,667</u>	<u>\$ 4,513,638</u>

STATEMENTS OF CHANGES IN
POSTRETIREMENT BENEFIT OBLIGATIONS
NET OF AMOUNTS CURRENTLY PAYABLE

	<u>2024</u>	<u>2023</u>
Balance at beginning of year	\$ 4,513,638	\$ 6,914,513
Increase (decrease) in postretirement benefits attributable to:		
Plan amendments	0	(172,992)
Benefits earned	471,889	(2,265,752)
Estimated net benefits paid	(157,261)	(146,767)
Interest	225,682	276,581
Changes in actuarial assumptions	<u>(13,281)</u>	<u>(91,945)</u>
Balance at the end of the year	<u>\$ 5,040,667</u>	<u>\$ 4,513,638</u>

NOTE 10 - SUBSEQUENT EVENTS

Management has evaluated subsequent events for potential disclosure in or adjustment to these financial statements through February 12, 2026 the date that the accompanying financial statements were available to be issued. Based on such evaluation, no events have occurred that in the opinion of management warrant disclosure in or adjustment to the financial statements.

SHEET METAL WORKERS LOCAL UNION NO. 15
MEDICAL PLAN
SCHEDULES OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED JULY 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Administration fees	\$ 118,200	\$ 118,200
Annual audit	17,500	17,500
Printing and mailing	14,412	3,461
Trustee meetings expense	9,510	14,724
Consulting and actuarial fees	9,263	13,248
Insurance and bonding	9,129	16,459
Legal services	4,804	3,379
Bank charges	3,218	2,550
Self-Pay Credit Card charges	1,666	1,580
IFEBP membership	1,195	1,145
Independent Resolution Fee	1,078	0
Reciprocal transfers	<u>71,809</u>	<u>14,109</u>
	<u>\$ 261,784</u>	<u>\$ 206,355</u>

SCHEDULE 1

Read the accompanying Independent Auditors' Report
and Notes to the Financial Statements

SHEET METAL WORKERS LOCAL UNION NO. 15 MEDICAL PLAN

EIN: 59-6158477

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

JULY 31, 2024

(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		\$ <u>0</u>	\$ <u>0</u>

SHEET METAL WORKERS LOCAL UNION NO. 15 MEDICAL PLAN
EIN: 59-6158477
FORM 5500, SCHEDULE H, PART IV, LINE 4i -SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
JULY 31, 2023

(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		\$ <u>0</u>	\$ <u>0</u>

SCHEDULE 2 - Page 2

Read the accompanying Independent Auditors' Report
and Notes to the Financial Statements

SHEET METAL WORKERS LOCAL UNION NO. 15 MEDICAL PLAN
EIN: 59-6158477
FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF ASSETS DISPOSED OF WITHIN ONE YEAR
FOR THE YEAR ENDED JULY 31, 2024

(a) Identity of Party Involved	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Proceeds of Dispositions	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Schedule of Assets Disposed of Within the Year</u>					
		\$	0	\$	0
		\$	0	\$	0
		\$	0	\$	0

There were no category (i), (ii) or (iv) reportable transactions during 2024-2023.

SCHEDULE 3 - Page 1

Read the accompanying Independent Auditors' Report
 and Notes to the Financial Statements

SHEET METAL WORKERS LOCAL UNION NO. 15 MEDICAL PLAN
EIN: 59-6158477

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF ASSETS DISPOSED OF WITHIN THE YEAR
FOR THE YEAR ENDED JULY 31, 2023

(a) Identity of Party Involved	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Proceeds of Dispositions	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<u>Category (iii) - Schedule of Assets Disposed of Within the Year</u>					
		\$ 0	\$ 0	\$	0.00

There were no category (i), (ii) or (iv) reportable transactions during 2023-2022

SHEET METAL WORKERS LOCAL UNION NO. 15 MEDICAL PLAN

EIN: 59-6158477

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF ASSETS ACQUIRED WITHIN THE YEAR
FOR THE YEAR ENDED JULY 31, 2024

(a) Identity of Party Involved	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of Acquisitions
--------------------------------------	---	------------------------------

Category (iii) - Schedule of Assets Acquired Within the Year

\$ 0

\$ 0

There were no category (i), (ii) or (iv) reportable transactions during 2024-2023

SHEET METAL WORKERS LOCAL UNION NO. 15 MEDICAL PLAN

EIN: 59-6158477

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF ASSETS ACQUIRED WITHIN THE YEAR
FOR THE YEAR ENDED JULY 31, 2023

(a) Identity of Party Involved	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of Acquisitions
--------------------------------------	---	------------------------------

Category (iii) - Schedule of Assets Acquired Within the Year

\$	0
	<u>0</u>
\$	<u><u>0</u></u>

There were no category (i), (ii) or (iv) reportable transactions during 2023-2022

SCHEDULE 4 - Page 2

Read the accompanying Independent Auditors' Report
and Notes to the Financial Statements

SHEET METAL WORKERS LOCAL NO.15 MEDICAL PLAN

EIN: 59-6158477

SCHEDULES OF EMPLOYERS' CONTRIBUTIONS
FOR THE YEARS ENDED JULY 31, 2024 and 2023

<u>EMPLOYER NAME</u>	<u>2024</u>	<u>2023</u>
Lapin Sheet Metal Company	\$ 1,041,908	\$ 652,378
McDonald Air & Sheet Metal. Inc.	554,158	395,519
All Southern Fabricators. Inc.	243,825	279,104
Quality Metal Works. Inc.	83,053	86,139
Ferber Sheet Metal	67,461	140,226
Cadvantage Drafting Service. Inc.	62,667	63,436
Sheet Metal Workers Local No. 15	56,704	54,403
PI Construction LLC	35,904	29,885
W Soule Company	35,783	10,521
R. Neth & Son. Inc.	33,862	39,369
Vickers Metal Works. Inc.	31,982	57,510
Rays Metal Works. Inc.	30,995	30,498
Crown Corr., Inc.	22,840	9,019
Metalfab. Inc.	21,845	64,173
HVAC	13,872	6,943
East Coast Metal Systems	12,624	25,563
BIM Designs Incorporated	9,874	13,138
Arizona Sheet Metal	8,151	
Sodexo/Roth	7,997	11,544
Applegate USA. Inc.	6,312	25,694
CK United	1,952	
OOO Enterprises Inc.	952	5,290
Sheet Metal Workers Local No. 15 JATC		12,869
Northwest SMW		7,427
A Zahner		3,845
AAA All American Home Inspections. Inc.		3,731
John W. McDougall Co., Inc.		1,244
MG McGrath Inc. Shee Metal		494
	<u>\$ 2,384,721</u>	<u>\$ 2,029,962</u>

SCHEDULE 5

Read the accompanying Independent Auditors' Report
and Notes to the Financial Statements