

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

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 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- 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 UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 07/01/1973
2a Plan sponsor's name (employer, if for a single-employer plan) UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE FUND
2b Employer Identification Number (EIN) 23-7424474
2c Plan Sponsor's telephone number 570-347-9214
2d Business code (see instructions) 238220

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 (2023) v. 230707

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	465
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)	278
	6a(2)	306
	6b	237
	6c	
	6d	543
	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	35

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 4U

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" 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>5</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 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 23-7424474</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
HARTFORD LIFE AND ACCIDENT

(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
06-0838648	70815	874111G		01/01/2023	12/31/2023

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 13068</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CREATIVE BENEFITS, INC **3809 WESTCHESTER PIKE STE 190**
NEWTOWN SQUARE, PA 19703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13068			3

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	135124
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<p>A Name of plan UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 23-7424474</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
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00482661	451	01/01/2023	12/31/2023

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 738</p>	<p>(b) Total amount of fees paid 1213</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ONE DIGITAL PREMIER SERVICES LLC **200 GALERIA PARKWAY STE 1950**
ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
738	1213		6

(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	

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

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

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

(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.
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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)	0
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	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	25269
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE FUND		D Employer Identification Number (EIN) 23-7424474

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
NATIONAL VISION ADMINISTRATORS, LLC

(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
74-3033381	52429	1987	451	01/01/2023	12/31/2023

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

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

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

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

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

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	(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.
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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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

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)		28793
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2)).....		9b(3)	28793
	(4) Claims charged		9b(4)	29692
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)		2691
	(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)	2691
	(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 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 **07/01/2023** and ending **06/30/2024**

A Name of plan UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE FUND		D Employer Identification Number (EIN) 23-7424474

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

HIGHMARK, 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
23-1294723	54771	243050	304	01/01/2023	12/31/2023

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. 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)	0
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	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	847828
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 23-7424474	

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
SYMETRA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0742147	68608	16-015186-000	303	01/01/2023	12/31/2023

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 100339	(b) Total amount of fees paid 18172
--	--

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
CREATIVE BENEFITS, INC **3809 WESTCHESTER PIKE STE 190 NEWTOWN SQUARE, PA 19073**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
100339	18172		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> 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: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

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	668927
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.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 23-7424474	

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

SEI PRIVATE TRUST COMPANY **1 FREEDOM VALLEY DRIVE**
OAKS, PA 19456

23-3060382

(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

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(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)

CYNTHIA RUTKOWSKI

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62138	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)

LYNN ANDREOLI

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	55461	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)

PEOPLES SECURITY BANK

150 NORTH WASHINGTON AVE
SCRANTON, PA 18503

(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 50 51	NONE	39018	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)

HIGHMARK INC

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	35006	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)

CREATIVE BENEFITS, INC

3809 WEST CHESTER PIKE, STE 190
NEWTOWN SQUARE, PA 19073

23-2245507

(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?
22 50	NONE	25327	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 type="checkbox"/>

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

ALAN ROSS AND COMPANY PC

10 HEARTHSTONE COURT, STE 100
READING, PA 19606

20-5367494

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14150	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)

ODONOGHUE & ODONOGHUE

325 CHESTNUT STREET, SUITE 515
PHILADELPHIA, PA 19106

53-0120528

(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	11803	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)

CAROLYN MCLAUGHLIN-SMITH

16 CAMPUS BLVD
NEWTOWN SQUARE, PA 19073

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

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

PRIME THERAPEUTICS

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

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
CREATIVE BENEFITS, INC	22	10659
(d) Enter name and EIN (address) of source of indirect compensation HIGHMARK INC 23-1294723	(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
CAROLYN MCLAUGHLIN-SMITH	22	10944
(d) Enter name and EIN (address) of source of indirect compensation HIGHMARK INC 23-1294723	(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
PRIME THERAPEUTICS	49	5480
(d) Enter name and EIN (address) of source of indirect compensation HIGHMARK INC 23-1294723	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. PHARMACY DISPENSING FEE	

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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 23-7424474

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	553545	501076
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)	1986036	2198382
(2) U.S. Government securities	1c(2)	3197129	2018695
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6387380	6882061
(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)	3685755	4529215
(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	93833	80653
f Total assets (add all amounts in lines 1a through 1e)	1f	15903678	16210082
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	5078	4500
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5078	4500
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15898600	16205582

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)	6568509	
(B) Participants	2a(1)(B)	965206	
(C) Others (including rollovers)	2a(1)(C)	245933	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7779648
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9427	
(B) U.S. Government securities	2b(1)(B)	96258	
(C) Corporate debt instruments	2b(1)(C)	223631	
(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)		329316
(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)	247884	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		247884
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2025320	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1771473	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		253847
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-248106	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-248106

		(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)		691931
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9054520

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)	7350933	
(3) Other.....	2e(3)	393528	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7744461
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)	121758	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	14150	
(5) Investment advisory and investment management fees	2i(5)	42261	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	11803	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	813105	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1003077
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8747538

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		306982
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: ALAN ROSS & COMPANY, PC

(2) EIN: 20-5367494

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		2000000
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 _____.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN

FINANCIAL REPORT

JUNE 30, 2024 AND 2023

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Plumbers and Pipefitters
United Association Local Union No. 524
Health and Welfare Benefit Plan

Opinion

We have audited the financial statements of Plumbers and Pipefitters United Association Local Union No. 524 Health and Welfare Benefit 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 (modified cash basis) and of plan benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended June 30, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Plumbers and Pipefitters United Association Local Union No. 524 Health and Welfare Benefit Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the year ended June 30, 2024, in accordance with the modified cash basis of accounting as described in Note 2.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Plumbers and Pipefitters United Association Local Union No. 524 Health and Welfare Benefit 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on a modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances.

Management is also responsible 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 Plumbers and Pipefitters United Association Local Union No. 524 Health and Welfare Benefit Plan ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement 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 Plumbers and Pipefitters United Association Local Union No. 524 Health and Welfare Benefit 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 Plumbers and Pipefitters United Association Local Union No. 524 Health and Welfare Benefit Plan's ability to continue as a going concern for a reasonable period of time.

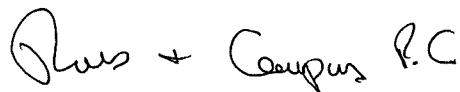
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

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 schedule of assets (held at end of year) as of June 30, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information and the schedule of administrative expenses for the year ended June 30, 2023 are the responsibility of management and were derived from and relate 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 GAAS.

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

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



Reading, Pennsylvania
April 7, 2025

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 (MODIFIED CASH BASIS)
 JUNE 30, 2024 and 2023

	2024	2023
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Cash and Equivalents	\$ 1,973,913	\$ 1,813,946
Certificates of Deposit	224,469	172,090
US Government Securities	2,018,695	3,197,129
Corporate Bonds	6,882,061	6,387,380
Mutual Funds	4,529,215	3,685,755
	15,628,353	15,256,300
CASH	501,076	553,545
PROPERTY AND EQUIPMENT		
Computer Software	104,984	104,984
Furniture and Equipment	17,975	17,975
	122,959	122,959
Less: Accumulated Depreciation	(42,306)	(29,126)
	80,653	93,833
TOTAL ASSETS	16,210,082	15,903,678
LIABILITIES		
Payroll Taxes Payable	4,500	5,078
NET ASSETS AVAILABLE FOR BENEFITS	\$ 16,205,582	\$ 15,898,600

The Accompanying Notes are an Integral Part of these Financial Statements.

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 (MODIFIED CASH BASIS)
 For the Year Ended June 30, 2024

ADDITIONS

Contributions

Employer Contributions	\$ 6,568,509
Participant Contributions	965,206
Amount received from other Plans under reciprocal agreements	<u>245,933</u>
	7,779,648
Less: Amounts paid to other Plans under reciprocal agreements	<u>(393,528)</u>
	<u>7,386,120</u>

Investment income

Net appreciation in fair value of investments	697,672
Interest	329,316
Dividends	<u>247,884</u>
	1,274,872
Less Investment Expenses	<u>(42,261)</u>
	<u>1,232,611</u>

TOTAL ADDITIONS

8,618,731

DEDUCTIONS

Benefits

Insurance Premiums Paid for Medical, Prescription Drug, Life and Disability Coverage	975,213
Medical Claims, net of recoveries	6,118,307
Dental Claims	230,606
Vision Claims	26,807
Stop Loss Insurance	672,939
Administrative Expenses	<u>287,877</u>

TOTAL DEDUCTIONS

8,311,749

Net Increase

306,982

Net Assets Available for Benefits:

Beginning of year	<u>15,898,600</u>
End of Year	<u>\$ 16,205,582</u>

The Accompanying Notes are an Integral Part of these Financial Statements.

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 STATEMENTS OF BENEFIT OBLIGATIONS
 June 30, 2024 and 2023

	2024	2023
Amounts Currently Payable for Participants:		
Claims and premiums payable	\$ 410,139	\$ 382,764
Accumulated eligibility credits	<u>3,064,494</u>	<u>3,131,658</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 3,474,633</u>	<u>\$ 3,514,422</u>

The Accompanying Notes are an Integral Part of these Financial Statements.

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
 Year Ended June 30, 2024

Amounts Currently Payable for Participants:

Balance at beginning of year	\$	382,764
Claims reported and approved for payment		7,378,308
Claims paid		<u>(7,350,933)</u>
Balance at end of year		<u>410,139</u>
Accumulated Eligibility Credits:		
Balance at beginning of year		3,131,658
Credits earned		(7,406,747)
Credits used		<u>7,339,583</u>
Balance at end of year		<u>3,064,494</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR		<u><u>\$ 3,474,633</u></u>

The Accompanying Notes are an Integral Part of these Financial Statements.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Plumbers and Pipefitters United Association Local Union No. 524 Health and Welfare Plan (the "Plan") provides only general information. The Plan became effective July 1, 1973. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan provides health and other benefits to all members of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, Local Union No. 524 (Local 524) employed under the terms of the collective bargaining agreement with the members of the Mechanical Contractors Association of Northeastern Pennsylvania, Inc. (MCA), and covered dependents. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits:

The Plan provides health benefits (medical, prescription drugs, dental, vision, life insurance, and accidental death and dismemberment), short-term disability and a health reimbursement account (HRA). Retired members are entitled to similar health benefits (in excess of Medicare coverage). The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Prior to January 1, 2020, the Plan fully insured all benefits with the exception of Dental, Vision and Health Reimbursement Agreement (HRA) benefits. The Plan's dental and vision benefits are self-insured. Effective January 1, 2020, the Plan became self insured for medical and prescription drugs and eliminated the HRA component. The claims for self-insured benefits are paid by a third-party claims processors under administrative services only (ASO) arrangements.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Experience-rated Contracts:

Certain insurance contracts are subject to experience-rating adjustments. Experience ratings (calculated as the difference between premiums paid and the total of claims paid and fees charged by the insurance company) are determined by the insurance company in the following year and may result in a premium surplus or deficit.

Stop Loss Coverage:

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

Contributions:

Participating employers contribute to the Fund based on an hourly rate for hours worked in accordance with Collective Bargaining Agreements with the Union. Under certain circumstances, employees may contribute to the Fund to maintain eligibility for benefits. Benefits are provided by employer and employee contributions and any income earned from investment of contributions. All funds are used exclusively for providing benefits and the paying of all expenses incurred with respect to the operations of the Plan.

The Plan also provides health benefits to participants during periods of unemployment, provided they have accumulated in the current year or in prior years credit amounts (expressed in hours) in excess of the hours required for current coverage. Members contribute specified amounts, determined on a quarterly basis, to cover any shortfalls in their individual accounts due to unemployment or underemployment. Members are required to cover a percentage of the cost of their benefits when their credit hours has been exhausted and they are unemployed. Members pay 67% of the cost.

The costs of the retiree benefits are shared by the plan and the retirees. Retirees pay 72% of the cost.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting:

The accompanying financial statements are prepared on the modified cash basis of accounting with revenue recognized when received and expenses as paid. However, investments are reported at fair value. Accordingly, the financial statements are not intended to present the net assets available for benefits and changes in net assets available for benefits of the plan in accordance with accounting principles generally accepted in the United States, which include reporting requirements under ASC 606 for revenue recognition and ASC 842 for lease accounting.

Revenue from employer contributions is determined by hours of work reported by participating employers and the contractual employer contribution rates in effect. Employer contributions are included in revenue during the period in which the employer contribution is received.

Investments:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when received. Dividends are recorded on 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.

Benefit Payments:

Premium payments are paid by the Plan and are recorded as benefits paid on behalf of participants in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when paid to the third-party claims processors.

See Independent Auditors' Report.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Use of estimates:

The preparation of the Plan's financial statements in conformity with modified cash basis requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Experience Rated Contracts:

For experience-rated contracts, premium surpluses are recorded when received from the insurance company. If the insurance company requires payment of additional premiums due a premium deficit, the expense is recorded when paid. Surpluses are recorded when received in the accompanying statement of changes in net assets available for benefits, as a reduction in the related benefit expense.

Subsequent Events:

The Plan has evaluated subsequent events through April 7, 2025 the date the financial statements were available to be issued.

Continuing Coverage:

After a participant becomes eligible under the Plan, continued coverage depends on whether a participant works for a minimum number of hours in each calendar quarter ("credit hours"). A participant must work in covered employment a minimum amount of hours in each work quarter to be eligible for benefits in the next eligibility quarter. In order to ensure that there is sufficient time for employment reports to be received and processed by the fund office; "lag months" are used in determining participants' quarterly eligibility. The lag months are the months between the end of a work quarter and the beginning of the next eligibility quarter.

Reciprocal Contributions, Payments and Agreements:

Reciprocal contributions represent payments received from other local health and welfare plans for work performed by plan participants out of the local union's area of operation. Reciprocal payments represent contributions received from participating employers for members of other local unions that are paid to other local benefit plans.

See Independent Auditors' Report.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Reciprocal Contributions, Payments and Agreements: (Continued)

The benefit fund of each local enters into a cooperative contractual arrangement to allow the contributions to be transferred to the employee's home benefit fund. The agreement determines the amount of contributions that will be transferred to or from the benefit fund. The participant must sign an authorization to transfer the contributions to the participant's home benefit fund.

Stop Loss:

Premiums for stop loss insurance are included in the deductions in the accompanying statement of changes in net assets available for benefits. Stop loss refunds totaling \$331,477 have been netted with claims paid in the accompanying statement of changes in net assets.

Property and Equipment:

Property and equipment are recorded at historical cost, less an allowance for depreciation. Upon sale or retirement, the cost and related accumulated depreciation are removed from the respective accounts and any gain or loss is included in income.

Depreciation is computed on the straight-line method for all depreciable assets over their estimated useful lives as follows:

Classification	Estimated Useful Lives Years
Office furniture and equipment	5-10
Computer Software	10

Note 3. Fair Value Measurements

The framework for measuring fair value 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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.

See Independent Auditors' Report.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 3. Fair Value Measurements (Continued)

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; 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's 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 June 30, 2024 and 2023.

US Government Securities and Foreign Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

Certificates of Deposit: Valued at amortized cost, which approximates fair value. These are included within cash equivalents as a Level 2 measurement in the table below.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

See Independent Auditors' Report.

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 NOTES TO FINANCIAL STATEMENTS

Note 3. Fair Value Measurements (Continued)

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

Cash and Equivalents: The Plan has a money market account held at a bank. The value relates to the net asset value in the funds as reported by the bank. The Plan also has a money market fund that is 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 net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

The following is a summary by level, within the fair value hierarchy, of the Fund's assets at fair value as of June 30, 2024 and 2023.

	<i>Assets at Fair Value as of June 30, 2024</i>			
	Level 1	Level 2	Level 3	Total
Cash and Equivalents	\$ 100,798	\$ 1,873,115	\$ -	\$ 1,973,913
Certificates of Deposit	-	224,469	-	224,469
US Government Securities	-	2,018,695	-	2,018,695
Corporate Bonds	-	6,882,061	-	6,882,061
Mutual Funds	4,529,215	-	-	4,529,215
	<u>\$ 4,630,013</u>	<u>\$ 10,998,340</u>	<u>\$ -</u>	<u>\$ 15,628,353</u>

	<i>Assets at Fair Value as of June 30, 2023</i>			
	Level 1	Level 2	Level 3	Total
Cash and Equivalents	\$ 105,090	\$ 1,708,856	\$ -	\$ 1,813,946
Certificates of Deposit	-	172,090	-	172,090
US Government Securities	-	3,197,129	-	3,197,129
Corporate Bonds	-	6,387,380	-	6,387,380
Mutual Funds	3,685,755	-	-	3,685,755
	<u>\$ 3,790,845</u>	<u>\$ 11,465,455</u>	<u>\$ -</u>	<u>\$ 15,256,300</u>

See Independent Auditors' Report.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4. Income Tax Status

The trust established under the Plan to hold plan assets is qualified pursuant to section 501(c)(9) of the Internal Revenue Code, and accordingly, the trust's income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service.

In addition, the Plan and the trust are required to operate in conformity with the Internal Revenue Code 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 is tax-exempt.

Accounting principles generally accepted in the United States of America require 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 Internal Revenue Service. The plan administrator has analyzed the positions taken by the plan, and has concluded that as of June 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to June 30, 2022.

Note 5. Uninsured Cash Balances

The Plan maintains the majority of its cash at one financial institution. The balance is insured by the Federal Deposit Insurance Corporation up to \$250,000. As of June 30, 2024 and 2023, the Plan had cash balances in excess of FDIC limits of \$2,345,559 and \$2,184,491, respectively. Management believes that the risk of loss is very low.

Note 6. Plan Termination

Although it has not expressed any intention to do so, the Plan's board of trustees, as Sponsor, has the right under the Plan to modify the benefits provided to and contributions required of members. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefit for or on account of the members. No assets of the Plan may revert to the participating employers or be used for purposes other than for exclusive benefit of the Plan's participants.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 7. Retirement Plan

In June 1999, a SIMPLE Plan was formed covering all eligible employees of the Plan. The Plan is required to match the employee elective deferral dollar for dollar, up to 3% of their compensation for any Plan year. In order to receive the full 3% match, the employee must defer 3% of their salary. The employees may defer up to \$6,000 of their salary. All funding is fully vested. The Plan's pension expense totaled \$3,653 and \$3,418 for the year ended June 30, 2024 and 2023, respectively.

Note 8. Related Party Transactions

Certain assets of the Plan are managed by Northeast Advisers, Inc. and held by Charles Schwab & Company, Inc. (formerly by TD Ameritrade Clearing, Inc.) and Peoples Security Bank & Trust, the custodians, as defined by the Plan. These transactions qualify as party-in-interest transactions.

The Plan is under the control of a Board of Trustees comprised of participating union members and employers. Administrative expenses are paid by the Plan.

Certain administrative functions are performed by officers and employees of the Union. No such officer or employee receives compensation from the Plan.

The Plan pays rent to the Union for the office space that the Plan employees occupy. The lease is on a month-to-month basis, as there is no formal lease agreement. The rent expense is \$800 per month and totaled \$9,600 and \$9,600 for the years ended June 30, 2024 and 2023, respectively.

Note 9. Risks and Uncertainties

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

See Independent Auditors' Report.

PLUMBERS AND PIPEFITTERS
UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 10. Benefit Obligations

The Plan has benefit obligations that consist of unpaid insurance premiums, claims incurred by active participants but not reported as of the end of the Plan year and accumulated eligibility credits. Accumulated eligibility credits represent the value of hours accumulated by the participants that by be used to provide future coverage.

The Plan has not recognized any benefit obligations relating to post-employment or post-retirement benefits since the Plan is not required to provide coverage beyond the participants' eligibility credits.

SUPPLEMENTARY INFORMATION

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FOR YEAR ENDED JUNE 30, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(c) COST	(d) CURRENT VALUE
* CASH AND EQUIVALENTS	PEOPLES SECURITY BANK MONEY MARKET FUND	\$ 1,873,115	\$ 1,873,115
* SCHWAB TREASURY OBLIGATIONS	SCHWAB TREASURY OBLIGATIONS	41,442	41,442
* TD BANK NA FDIC INSURED DEPOSIT ACCOUNT	TD BANK NA FDIC INSURED DEPOSIT ACCOUNT	59,356	59,356
		<u>1,973,913</u>	<u>1,973,913</u>
CERTIFICATES OF DEPOSIT	BMW BK NORTH AMER UTAH CD 4.20% 2/10/26	50,000	49,373
	MORGAN STANLEY PRIVATE BK NA CD 5.050% 10/15/26	50,000	50,486
	RAYMOND JAMES BK NATL ASSN CD 4.55% 2/10/25	75,000	74,676
	VERITEX CMNTY BK NA DALLAS T CD 4.700% 8/21/24	50,000	49,934
		<u>225,000</u>	<u>224,469</u>
US GOVERNMENT AGENCIES	FEDERAL FARM CR BKS DEB 0.900% 8/19/27	500,000	444,970
	FEDERAL HOME LN MTG CORP MTNF 1.000% 8/24/28	500,000	433,450
	FEDERAL HOME LOAN BANKS DEB 1.000% 3/25/27	250,000	227,170
	FEDERAL NATL MTG ASSN NOTE 5.125% 7/28/25	400,000	399,404
	FEDERAL NATL MTG ASSN NOTE 0.800% 8/26/27	250,000	221,600
	UNITED STATES TREAS BILLS DTD 03/21/24 3/20/25	142,846	144,605
	UNITED STATES TREAS NTS NOTE 4.25% 12/31/2024	49,987	49,734
	UNITED STATES TREAS NTS NOTE 4.125% 1/31/25	49,531	49,653
	UNITED STATES TREAS NTS NOTE 3.875% 8/15/33	46,539	48,109
		<u>2,188,903</u>	<u>2,018,695</u>
CORPORATE BONDS	ALLSTATE CORP NOTE 1.450% 12/15/30	99,960	79,905
	APPLE INC 3% DUE 11/13/2027	198,582	189,494
	APPLE INC NOTE 0.550% 8/20/25	498,820	474,860
	BANK AMERICA CORP MTNF 0.981% 9/25/25	150,000	148,316
	BANK AMERICA CORP MTNF 5.550% 12/03/25	250,000	249,033
	BANK AMERICA CORP MTNF 2.000% 9/02/31	99,625	78,038

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FOR YEAR ENDED JUNE 30, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(c) COST	(d) CURRENT VALUE
CORPORATE BONDS (CONTINUED)	BANK MONTREAL MEDIUM MTNF 1.850% 5/01/25	250,697	242,510
	BANK NEW YORK MELLON CORP MTNF 3.850% 4/28/28	96,490	96,456
	BANK NEW YORK MELLON CORP MTNF 4.947% 4/26/27	100,000	99,379
	BANK OF MONTREAL MTNF 1.000% 2/10/27	100,000	87,713
	BARCLAYS BANK PLC MTNF 1.600% 7/27/26	250,000	230,008
	BARCLAYS BANK PLC MTNF 4.000% 8/30/24	100,000	99,297
	BLACKROCK INC NOTE 1.900% 1/28/31	101,165	82,972
	BP CAP MKTS AMER INC NOTE 1.749% 8/10/30	150,000	124,680
	CHEVRON USA INC NOTE 0.687% 8/12/25	500,455	476,265
	COMCAST CORP NEW NOTE 1.950% 1/15/31	199,372	165,332
	EATON CORP OHIO NOTE 4.000% 11/02/32	118,710	116,680
	ELI LILLY & CO NOTE 4.500% 2/09/29	99,934	99,215
	EMERSON ELEC CO NOTE 0.875% 10/15/26	249,640	228,065
	EMERSON ELEC CO NOTE 1.800% 10/15/27	80,019	72,810
	HERSHEY CO NOTE 0.900% 6/01/25	99,900	96,009
	HONEYWELL INTL INC NOTE 4.250% 1/15/29	147,000	146,895
	ICE 4.35% 6/15/29	48,584	48,770
	JOHN DEERE CAPITAL CORPORATI MTNF 1.750% 3/09/27	126,890	114,791
	JP MORGAN CHASE & CO MTNF 1.200% 6/22/26	200,016	183,056
	JPMORGAN CHASE FINL CO LLC MTNF 5.600% 9/12/25	250,000	246,995
	JPMORGAN CHASE & CO MTNF 0.750% 10/30/25	200,000	185,036
	JPMORGAN CHASE & CO MTNF 1.000% 4/30/27	249,500	217,568
	MERCK & CO INC NOTE 3.400% 3/07/29	96,740	94,456
	MORGAN STANLEY FIN LLC MTNF 5.250% 1/17/31	250,000	244,355
	MORGAN STANLEY FIN LLC MTNF 5.400% 9/15/31	250,000	245,775
	MORGAN STANLEY MTNF 4.000% 7/23/25	99,474	98,504
	NOVARTIS CAPITAL CORP NOTE 1.750% 2/14/25	100,110	97,747
	PFIZER INC NOTE 0.800% 5/28/25	99,900	95,992

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FOR YEAR ENDED JUNE 30, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(c) CURRENT VALUE	(d) COST	(e) CURRENT VALUE
CORPORATE BONDS (CONTINUED)	PNC BK N A PITTSBURGH PA DIS MTNF 4.050% 7/26/28	190,242	187,044	190,242
	PNC FINL SVCS GROUP INC NOTE 1.150% 8/13/26	229,770	249,528	229,770
	QUALCOMM INC NOTE 1.300% 5/20/28	87,717	100,542	87,717
	SALESFORCE INC NOTE 0.625% 7/15/24	199,616	196,000	199,616
	THOMAS JEFFERSON UNIV DEB 2.368% 11/01/25	71,553	69,698	71,553
	TRUIST FINL CORP NOTE 2.150% 12/06/24	344,586	350,599	344,586
	VISA INC NOTE 0.750% 8/15/27	110,759	125,182	110,759
	WELLS FARGO & CO MTNF 3.000% 4/17/28	90,841	100,000	90,841
		<u>6,882,061</u>	<u>7,290,176</u>	
MUTUAL FUNDS	DODGE & COX STOCK FUND	782,110	640,147	782,110
	FIDELITY INVESTMENTS OVERSEAS RETAIL	273,504	226,698	273,504
	SCHWAB US LARGE-CAP VAL	249,318	250,000	249,318
	T ROWE PRICE FUNDS BLUE CHIP GROWTH INVESTOR	727,473	460,756	727,473
	VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	233,268	215,950	233,268
	VANGUARD US GROWTH ADMIRAL	492,082	350,182	492,082
	VANGUARD EQTY INCOME ADMIRAL	715,393	624,603	715,393
	VANGUARD INTMD TERM BOND INDEX ADMIRAL	446,512	483,725	446,512
	VANGUARD MID CAP INDEX ADMIRAL	247,086	168,591	247,086
	VANGUARD SM CAP INDEX ADMIRAL	273,314	216,658	273,314
	VANGUARD EXTENDED MKT INDEX ADMIRAL	89,155	79,194	89,155
		<u>4,529,215</u>	<u>3,716,504</u>	
		<u>\$ 15,628,353</u>	<u>\$ 15,394,496</u>	

PLUMBERS AND PIPEFITTERS
 UNITED ASSOCIATION LOCAL UNION NO. 524
 HEALTH AND WELFARE BENEFIT PLAN
 SCHEDULE OF ADMINSTRATIVE EXPENSES
 For the Year Ended June 30, 2024

FEES	
Benefits Administration	\$ 45,224
Benefits Consulting	25,327
Accounting	14,150
Legal	11,803
	96,504
ADMINISTRATIVE STAFF	
Salaries	\$ 121,758
Payroll Taxes	9,598
Pension Expenses	3,653
Payroll Fees	600
	135,609
OTHER ADMINISTRATIVE	
Dues and Memberships	\$ 1,425
Federal Excise Tax	3,322
Insurance	7,377
Office Supplies and Expenses	11,624
Postage and Delivery	4,919
Rent	9,600
Reciprocity Fee	510
Telephone	3,773
Bank Fees	34
Depreciation	13,180
	55,764
TOTAL ADMINISTRATIVE EXPENSES	\$ 287,877

See Independent Auditors' Report.

PLUMBERS AND PIPEFITTERS UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2023

EIN: 23-7424474
FORM: 5500
PLAN: #501

(a)	(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
*	CASH AND EQUIVALENTS	PEOPLES SECURITY BANK MONEY MARKET FUND	\$ 1,873,115	\$ 1,873,115
*		SCHWAB TREASURY OBLIGATIONS	41,442	41,442
*		TD BANK NA FDIC INSURED DEPOSIT ACCOUNT	59,356	59,356
			<u>1,973,913</u>	<u>1,973,913</u>
	CERTIFICATES OF DEPOSIT	BMW BK NORTH AMER UTAH CD 4.20% 2/10/26	50,000	49,373
		MORGAN STANLEY PRIVATE BK NA CD 5.050% 10/15/26	50,000	50,486
		RAYMOND JAMES BK NATL ASSN CD 4.55% 2/10/25	75,000	74,676
		VERITEX CMNTY BK NA DALLAS T CD 4.700% 8/21/24	50,000	49,934
			<u>225,000</u>	<u>224,469</u>
	US GOVERNMENT AGENCIES	FEDERAL FARM CR BKS DEB 0.900% 8/19/27	500,000	444,970
		FEDERAL HOME LN MTG CORP MTNF 1.000% 8/24/28	500,000	433,450
		FEDERAL HOME LOAN BANKS DEB 1.000% 3/25/27	250,000	227,170
		FEDERAL NATL MTG ASSN NOTE 5.125% 7/28/25	400,000	399,404
		FEDERAL NATL MTG ASSN NOTE 0.800% 8/26/27	250,000	221,600
		UNITED STATES TREAS BILLS DTD 03/21/24 3/20/25	142,846	144,605
		UNITED STATES TREAS NTS NOTE 4.25% 12/31/24	49,987	49,734
		UNITED STATES TREAS NTS NOTE 4.125% 1/31/25	49,531	49,653
		UNITED STATES TREAS NTS NOTE 3.875% 8/15/33	46,539	48,109
			<u>2,188,903</u>	<u>2,018,695</u>
	CORPORATE BONDS	ALLSTATE CORP NOTE 1.450% 12/15/30	99,960	79,905
		APPLE INC 3% DUE 11/13/27	198,582	189,494
		APPLE INC NOTE 0.550% 8/20/25	498,820	474,860
		BANK AMERICA CORP MTNF 0.981% 9/25/25	150,000	148,316
		BANK AMERICA CORP MTNF 5.550% 12/03/25	250,000	249,033
		BANK AMERICA CORP MTNF 2.000% 9/02/31	99,625	78,038
		BANK MONTREAL MEDIUM MTNF 1.850% 5/01/25	250,697	242,510

PLUMBERS AND PIPEFITTERS UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2023

EIN: 23-7424474
FORM: 5500
PLAN: #501

(a)	(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
	CORPORATE BONDS (CONTINUED)	BANK NEW YORK MELLON CORP MTNF 3.850% 4/28/28	96,490	96,456
		BANK NEW YORK MELLON CORP MTNF 4.947% 4/26/27	100,000	99,379
		BANK OF MONTREAL MTNF 1.000% 2/10/27	100,000	87,713
		BARCLAYS BANK PLC MTNF 1.600% 7/27/26	250,000	230,008
		BARCLAYS BANK PLC MTNF 4.000% 8/30/24	100,000	99,297
		BLACKROCK INC NOTE 1.900% 1/28/31	101,165	82,972
		BP CAP MKTS AMER INC NOTE 1.749% 8/10/30	150,000	124,680
		CHEVRON USA INC NOTE 0.687% 8/12/25	500,455	476,265
		COMCAST CORP NEW NOTE 1.950% 1/15/31	199,372	165,332
		EATON CORP OHIO NOTE 4.000% 11/02/32	118,710	116,680
		ELI LILLY & CO NOTE 4.500% 2/09/29	99,934	99,215
		EMERSON ELEC CO NOTE 0.875% 10/15/26	249,640	228,065
		EMERSON ELEC CO NOTE 1.800% 10/15/27	80,019	72,810
		HERSHEY CO NOTE 0.900% 6/01/25	99,900	96,009
		HONEYWELL INTL INC NOTE 4.250% 1/15/29	147,000	146,895
		ICE 4.35% 6/15/29	48,584	48,770
		JOHN DEERE CAPITAL CORPORATI MTNF 1.750% 3/09/27	126,890	114,791
		JP MORGAN CHASE & CO MTNF 1.200% 6/22/26	200,016	183,056
		JPMORGAN CHASE FINL CO LLC MTNF 5.600% 9/12/25	250,000	246,995
		JPMORGAN CHASE & CO MTNF 0.750% 10/30/25	200,000	185,036
		JPMORGAN CHASE & CO MTNF 1.000% 4/30/27	249,500	217,568
		MERCK & CO INC NOTE 3.400% 3/07/29	96,740	94,456
		MORGAN STANLEY FIN LLC MTNF 5.250% 1/17/31	250,000	244,355
		MORGAN STANLEY FIN LLC MTNF 5.400% 9/15/31	250,000	245,775
		MORGAN STANLEY MTNF 4.000% 7/23/25	99,474	98,504
		NOVARTIS CAPITAL CORP NOTE 1.750% 2/14/25	100,110	97,747
		PFIZER INC NOTE 0.800% 5/28/25	99,900	95,992
		PNC BK N A PITTSBURGH PA DIS MTNF 4.050% 7/26/28	187,044	190,242
		PNC FINL SVCS GROUP INC NOTE 1.150% 8/13/26	249,528	229,770
		QUALCOMM INC NOTE 1.300% 5/20/28	100,542	87,717

PLUMBERS AND PIPEFITTERS UNITED ASSOCIATION LOCAL UNION NO. 524
HEALTH AND WELFARE BENEFIT PLAN
SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2023

EIN: 23-7424474
FORM: 5500
PLAN: #501

(a)	(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
	CORPORATE BONDS (CONTINUED)	SALESFORCE INC NOTE 0.625% 7/15/24 THOMAS JEFFERSON UNIV DEB 2.368% 11/01/25 TRUIST FINL CORP NOTE 2.150% 12/06/24 VISA INC NOTE 0.750% 8/15/27 WELLS FARGO & CO MTNF 3.000% 4/17/28	196,000 69,698 350,599 125,182 100,000	199,616 71,553 344,586 110,759 90,841
			7,290,176	6,882,061
	MUTUAL FUNDS	DODGE & COX STOCK FUND FIDELITY INVESTMENTS OVERSEAS RETAIL SCHWAB US LARGE-CAP VAL T ROWE PRICE FUNDS BLUE CHIP GROWTH INVESTOR VANGUARD TOTAL INTL STOCK INDEX ADMIRAL VANGUARD US GROWTH ADMIRAL VANGUARD EQTY INCOME ADMIRAL VANGUARD INTMD TERM BOND INDEX ADMIRAL VANGUARD MID CAP INDEX ADMIRAL VANGUARD SM CAP INDEX ADMIRAL VANGUARD EXTENDED MKT INDEX ADMIRAL	640,147 226,698 250,000 460,756 215,950 350,182 624,603 483,725 168,591 216,658 79,194	782,110 273,504 249,318 727,473 233,268 492,082 715,393 446,512 247,086 273,314 89,155
			3,716,504	4,529,215
			\$ 15,394,496	\$ 15,628,353

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 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information - enter all requested information

1a Name of plan UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICE PIPEFITTERS LOCAL #524 HEALTH & WELFARE FUND	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) UNITED ASSOCIATION OF JOURNEYMEN HEALTH & WELFARE F 711 COREY STREET SCRANTON PA 18505	1c Effective date of plan 07/01/1973	2b Employer Identification Number (EIN) 23-7424474
	2c Plan Sponsor's telephone number (570) 347-9214	2d Business code (see instructions) 238220

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

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

SIGN HERE	<i>Patrick Dolan</i>	4/7/2025	PATRICK DOLAN
	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

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

Form 5500 (2023)
v. 230728

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	465
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)	278
a (2) Total number of active participants at the end of the plan year	6a(2)	306
b Retired or separated participants receiving benefits	6b	237
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	543
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	35

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 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 5
- (4) C (Service Provider Information)
- (5) D (DFE/Participating Plan Information)
- (6) G (Financial Transaction Schedules)