

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN BOARD OF TRUSTEE</u></p> <p><u>12 EDISON PLACE</u> <u>SPRINGFIELD, NJ 07081</u></p>	<p>1c Effective date of plan <u>10/01/1950</u></p> <p>2b Employer Identification Number (EIN) <u>23-1599740</u></p> <p>2c Plan Sponsor's telephone number <u>215-537-0900</u></p> <p>2d Business code (see instructions) <u>238100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/08/2025	WILLIAM KOLFENBACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1741
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)	1382
	6a(2)	1629
	6b	356
	6c	0
	6d	1985
	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	258

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 4H

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN BOARD OF TRUSTEE		D Employer Identification Number (EIN) 23-1599740

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
FIDELIO 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
23-2436056	28231	IW0709	1985	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid 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

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(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)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(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	1540567
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 **10/01/2023** and ending **09/30/2024**

A Name of plan IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN	B Three-digit plan number (PN) ▶	501

C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN BOARD OF TRUSTEE	D Employer Identification Number (EIN) 23-1599740
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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
AMALGAMATED 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
13-5501223	60216	30HS02	1410	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid 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
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	(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)	
(2) Dividends and credits		
(3) Interest credited during the year		
(4) Transferred from separate account.....		
(5) Other (specify below)		
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input checked="" type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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	128623
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 **10/01/2023** and ending **09/30/2024**

<p>A Name of plan IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN</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 IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN BOARD OF TRUSTEE</p>	<p>D Employer Identification Number (EIN) 23-1599740</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
THE UNION LABOR 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
13-1423090	69744	SL10536	1670	10/01/2023	09/30/2024

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

<p>(a) Total amount of commissions paid 29239</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

BOLTON PARTENRS INC **325 SENTRY PARKWAY EAST**
BUILDING 5, SUITE 200
BLUE BELL, PA 19422

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
29239			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	

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	(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	

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)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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	1012247
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 **10/01/2023** and ending **09/30/2024**

A Name of plan IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN BOARD OF TRUSTEE		D Employer Identification Number (EIN) 23-1599740

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
AMALGAMATED 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
13-5501223	60216	26AP15	1645	10/01/2023	09/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)**

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	236503
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 **10/01/2023** and ending **09/30/2024**

A Name of plan IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN BOARD OF TRUSTEE	D Employer Identification Number (EIN) 23-1599740	

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

INVESCO	225 LIBERTY ST FL 141 NEW YORK, NY 10281
----------------	---

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

VANGUARD	455 DEVON PARK DRIVE WAYNE, PA 19087
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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

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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)

IRON WORKERS LOCAL 11 WELFARE FUND

22-6041517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	630022	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)

INDEPENDENCE BLUE CROSS

23-2184623

(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	506145	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)

BOLTON PARTNERS

325 SENTRY PARKWAY EAST
SUITE 100
BLUE BELL, PA 19422

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	182596	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)

BENECARD

3131 PRINCETON AVE
LAWRENCEVILLE, NJ 08648

(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	179820	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)

DANIEL JORDAN

23-1599740

(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	93052	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)

BONNIE LANDSMANN

23-1599740

(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	92729	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3700 KOPPERS STREET, SUITE 400
BALTIMORE, MD 21227

(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?
15 50	NONE	74932	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)

MORGAN STANLEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	57619	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)

LEADER DATA PROCESSING

75 KIWANIS BLVD.
WEST HAZLETON, PA 18201

(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?
15 50	NONE	54000	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)

KATHLEEN ROWE

23-1599740

(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	43802	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)

CLEARY & JOSEM, LLP

23-2657967

(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 50	NONE	43411	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)

FISCHER DORWART, P.C.

23-2247478

(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	39600	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)

SUSANIN WIDMAN & BRENNAN, PC

656 EAST SWEDES FORD ROAD
SUITE 330
WAYNE, PA 19087

(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 50	NONE	35000	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)

ALLIED TRADE

23-2591093

(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?
16 50	NONE	29616	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)

WEAVER BARKSDALE & ASSOCIATES

ONE BURTON HILLS BLVD.
SUITE 100
NASHVILLE, TN 37215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	9365	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)

NATIONAL VISION ADMINISTRATORS

74-3033381

(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	9350	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)

OLMEC SYSTEM LLC

22-3461295

(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?
15 50	NONE	8963	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN BOARD OF TRUSTEE	D Employer Identification Number (EIN) 23-1599740

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	11019984	12596560
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2139576	1559986
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1518182	1395595
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	438904	688341
(2) U.S. Government securities	1c(2)	8568940	10598772
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	13523299	17165637
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2786892	3493273
(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)	4916743	10117585
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	44912520	57615749
Liabilities			
g Benefit claims payable	1g	2241017	2535274
h Operating payables	1h	47446	75944
i Acquisition indebtedness	1i		
j Other liabilities	1j	1302082	540915
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3590545	3152133
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	41321975	54463616

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)	35879791	
(B) Participants	2a(1)(B)	329968	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		36209759
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2071	
(B) U.S. Government securities	2b(1)(B)	398230	
(C) Corporate debt instruments	2b(1)(C)	758918	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	727	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1159946
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	85727	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	240141	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		325868
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	8008190	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7824380	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		183810
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2299730	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		961721
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		41140834

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23488435	
(2) To insurance carriers for the provision of benefits.....	2e(2)	2893243	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		26381678
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)	229583	
(2) Contract administrator fees.....	2i(2)	603831	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	39600	
(5) Investment advisory and investment management fees	2i(5)	57620	
(6) Bank or trust company trustee/custodial fees	2i(6)	10942	
(7) Actuarial fees	2i(7)	182596	
(8) Legal fees	2i(8)	84206	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2170	
(11) Other expenses	2i(11)	406967	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1617515
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27999193

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13141641
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: FISCHER DORWART, PC

(2) EIN: 23-2247478

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 _____.

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

Financial Statements
Supplemental Schedules
And
Independent Auditor's Report
Years Ended September 30, 2024 and 2023

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

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GARY R. FISCHER, CPA
STEPHEN M. DORWART, CPA

Pennsylvania Office
4775 Linglestown Road
Harrisburg, PA 17112

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Iron Workers District Council
Philadelphia and Vicinity
Health Benefits Plan
Philadelphia, Pennsylvania

Opinion

We have audited the accompanying financial statements of Iron Workers District Council, Philadelphia and Vicinity, Health Benefits Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Iron Workers District Council, Philadelphia and Vicinity, Health Benefits Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the plan's ability to continue as a going concern 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of administrative expenses is presented for the purpose of additional analysis and is not a required part of the basic financial statements. The schedule of assets held for investment purposes at end of year is presented for the purpose of additional analysis and are not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.



Audubon, New Jersey
July 7, 2025

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2024 AND 2023

	2024	2023
<u>ASSETS</u>		
Investments at fair value:		
U.S. government securities	\$ 10,598,772	\$ 8,568,940
Corporate bonds	17,165,637	13,523,299
Money market funds	688,341	438,904
Mutual Funds	10,117,585	4,916,743
Common stocks	3,493,273	2,786,892
Total investments	42,063,608	30,234,778
Receivables:		
Employer contributions	1,559,986	2,139,576
Prescription rebates	305,480	432,904
Stop loss	-	-
Due from other related funds	513,855	535,865
Administrative reimbursement	2,402	2,499
Accrued interest and dividends	262,134	217,508
Total receivables	2,643,857	3,328,352
Cash and equivalents	12,596,560	11,019,984
Deposits	241,609	241,609
Prepaid expenses	28,867	29,513
Property and equipment - net	-	-
Right of use asset - Lease	41,248	58,284
Total assets	57,615,749	44,912,520
<u>LIABILITIES</u>		
Accounts payable and accrued expenses	75,944	47,446
Due to other related funds	369,075	1,111,914
Estimated litigation settlement	130,592	131,884
Lease liability	41,248	58,284
Total liabilities	616,859	1,349,528
NET ASSETS AVAILABLE FOR BENEFITS	\$ 56,998,890	\$ 43,562,992

The Accompanying Notes are an Integral
Part of the Financial Statements

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	2024	2023
Addition to plan assets:		
Employer contributions	\$ 35,879,791	\$ 36,028,027
Investment income:		
Interest and dividends	1,485,814	730,828
Net change in value of investments	3,445,260	(227,366)
	4,931,074	503,462
Less: Investment fees	68,562	54,261
Net investment income	4,862,512	449,201
Total additions	40,742,303	36,477,228
Deductions from plan assets:		
Benefits paid to or for participants:		
Self insured benefits:		
Medical and hospitalization	18,481,432	18,091,867
Prescription	4,498,158	3,553,378
Long term disability	81,933	93,018
Optical	52,655	57,977
Pensioners life	98,000	97,000
Total self insured benefits	23,212,178	21,893,240
Group disability & AD&D insurance	365,126	352,306
Dental insurance	1,540,567	1,352,661
Stop loss insurance - net	987,550	(599,452)
	26,105,421	22,998,755
Less: Cobra reimbursements	299,268	534,826
Pensioners co-pay	30,700	62,850
Net benefits paid	25,775,453	22,401,079
Administrative expenses	1,530,952	1,544,828
Total deductions	27,306,405	23,945,907
Net change	13,435,898	12,531,321
Net assets available for benefits, beginning of year	43,562,992	31,031,671
Net assets available for benefits, end of year	\$ 56,998,890	\$ 43,562,992

The Accompanying Notes are an Integral
Part of the Financial Statements

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

**STATEMENT OF BENEFIT OBLIGATIONS
SEPTEMBER 30, 2024 AND 2023**

	2024	2023
<hr/>		
Amounts currently payable to or for participants:		
Health claims payable	\$ 1,304,050	\$ 750,802
Claims incurred but not reported	805,599	1,049,980
	<hr/>	<hr/>
	2,109,649	1,800,782
	<hr/>	<hr/>
Postemployment benefit obligations, net of amounts current payable:		
Accumulated eligibility credits	43,265,229	29,968,122
Long-term disability benefits	425,625	440,235
	<hr/>	<hr/>
	43,690,854	30,408,357
	<hr/>	<hr/>
Postretirement benefit obligations:		
Retired participants	2,794,111	3,275,236
Other participants fully eligible	1,473,174	1,054,756
Participants not yet fully eligible	19,880,817	18,880,716
	<hr/>	<hr/>
	24,148,102	23,210,708
	<hr/>	<hr/>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 69,948,605</u>	<u>\$ 55,419,847</u>

The Accompanying Notes are an Integral
Part of the Financial Statements

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

**STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2024 AND 2023**

	2024	2023
<hr/>		
Amounts currently payable to or for participants:		
Balance at beginning of year	\$ 1,800,782	\$ 2,682,650
Claims reported and approved for payment	26,658,669	22,999,907
Claims and insurance premiums paid	(26,105,421)	(22,998,755)
Change in claims incurred but not reported	(244,381)	(883,020)
	<hr/>	<hr/>
Balance at end of year	2,109,649	1,800,782
Postemployment benefit obligations, net of amounts currently payable:		
Balance at beginning of year	30,408,357	21,282,352
Change in postemployment benefits attributable to:		
Benefits earned net of benefits paid	13,282,497	9,126,005
	<hr/>	<hr/>
Balance at end of year	43,690,854	30,408,357
Postretirement benefit obligations:		
Balance at beginning of year	23,210,708	22,707,365
Increase (decrease) postemployment benefits attributable to:		
Benefits earned net of benefits paid	(1,046,161)	(1,062,947)
Interest	1,278,852	1,140,088
Plan change	(916,341)	-
Change in actuarial assumptions	1,621,044	426,202
	<hr/>	<hr/>
Balance at end of year	24,148,102	23,210,708
	<hr/>	<hr/>
TOTAL BENEFIT OBLIGATIONS	\$ 69,948,605	\$ 55,419,847
	<hr/> <hr/>	<hr/> <hr/>

The Accompanying Notes are an Integral
Part of the Financial Statements

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

The following brief description of the Iron Workers District Council Philadelphia and Vicinity Health Benefits Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The Plan operates under multiemployer collective bargaining agreements between various contractor associations and local unions included in the District Council of Philadelphia and Vicinity. The agreements provide, among other things, for employers of Iron Workers to contribute to the Plan for each hour paid to employees.

The purpose of the Plan is to provide, in accordance with the trust, health and death benefits for all eligible members and their dependents (as specified in the Plan) for life insurance, disability, hospital, medical and other similar benefits, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan's Board of Trustees, as sponsor, has the right under the Plan to modify the benefits provided to participants. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, eligibility credits, claims payable and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions

The Plan agreement provides that contractors of Iron Workers make contributions to the Plan at a rate currently ranging from \$12.45 to \$14.62 for each hour worked in accordance with their Collective Bargaining Agreement. Under the Plan, no active employee contributions are required.

Pensioners who are covered for health benefits are required to contribute a co-pay of \$300 per month. Those pensioners that are not eligible for health benefits may elect to pay for extended COBRA coverage until they are Medicare eligible.

Employer's contributions are based on remittances received during the year plus those received during the normal cut-off period. No provision has been made for delinquent contractor contributions based on the uncertainty of collection.

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Cash and Equivalents

Cash and equivalents represent operating checking account balances. The Plan maintains cash balances in a financial institution located in the Philadelphia area. Accounts at this institution are insured by the Federal Deposit Insurance Corporation up to \$250,000. At September 30, 2024, the Plan's uninsured cash balances were approximately \$12,300,000.

Depreciation

Equipment is recorded at cost. Depreciation is computed over the assets' estimated useful life using the straight-line method. Maintenance and minor repairs are charged to operations as incurred.

Income Taxes

The IRS has determined and informed the company by a letter that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and 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 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Postretirement Benefit Obligations

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of this Plan to employees' service rendered to the date of the financial statements reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

For measurement purposes, healthcare cost trend rates were as follows:

	September 30, 2024	September 30, 2023
Medical & Prescription	7.50% 2024 7.00% 2025-2029 5.29% 2030-2034 4.64% 2035-2039 4.60% 2040-2044 4.57% 2045-2049	7.50% 2023-2024 7.00% 2025-2029 5.29% 2030-2034 4.64% 2035-2039 4.60% 2040-2044 4.57% 2045-2049

The weighted average health care cost trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage, it would increase the obligation at September 30, 2024 by \$2,466,236.

The following were other significant assumptions used in the valuations as of September 30, 2024 and 2023:

	2024	2023
Weighted average discount rate	4.74%	5.60%
Retirement age: 62	65%	65%
63	45%	45%
64-66	35%	35%
67+	100%	100%
Mortality	PRI-2012 BC (MP-2021)	PRI-2012 BC (MP-2021)

2024 - Actuarial valuation assumptions updated the per capita cost assumption to reflect claims experience for the plan year ending September 30, 2024. The mortality and termination rates were updated to be consistent with those used in the Iron Workers District Council (Philadelphia and Vicinity) Retirement and Pension Plan's Actuarial Valuation as of October 1, 2023. The trend assumption for dental and optical benefits was updated to 4.5% per annum. The trend assumption for administrative costs was updated to 3.0% per annum. The single-equivalent discount rate increased from 5.60% to 4.74% based on matching the plan's projected cashflows to the spot rates in the FTSE Pension Discount Curve as of the measurement dates.

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

2023 - Actuarial valuation assumption increased obligations by \$426,202 due to the discount rate increase from 5.16% to 5.60%, per capita cost assumption was adjusted for claims experience and updates related to the Long-Run Medical Cost Trend model.

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

The Plan presently provides benefits to members retiring between the ages of 62 and 65 with 25 years of pension credit until their 65th birthday and active members who, in the event employment is terminated, meet the eligibility rules. Subject to the provisions of ERISA, the Trustees have the right to discontinue any future benefits due to economic conditions which may affect the funding status of the Plan.

Other Plan Benefit Obligations

Plan obligations at September 30, 2024 and 2023 for health claims incurred but not reported, accumulated eligibility credit, and for future disability payments at September 30 are estimated by the Plan's actuary in accordance with accepted actuarial principles.

The Plan maintains a Health Reimbursement Account (HRA) account for all eligible participants. The benefit obligation of \$43,265,229 is the sum of the account balances as of at September 30, 2024. The monthly deductions from the HRA are assumed to cover the cost of benefits.

Subsequent Events

Management has evaluated events and transactions occurring subsequent to September 30, 2024 for items that should potentially be recognized or disclosed in these financial statements. The evaluation was conducted through the date these financial statements were available for issue.

3. INVESTMENTS

During the years ended September 30, 2024 and 2023, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$3,445,260 and (\$227,366), respectively.

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (Continued)

Level 3: Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e. supported with little or no market activity).

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the period.

Common Stocks, Corporate Bonds and U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded. Certain securities are valued based upon yields currently available on comparable securities of issuers with similar credit ratings.

Registered Investment Companies (Mutual Funds): Valued at the net asset value (NAV) of shares held by the Plan at year end.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

	<u>Fair Value Measurements at Reporting Date Using:</u>			
	Total	Quoted Prices	Significant Other	Significant
	Fair Value	In Active Markets	Observable	Unobservable
		for Identical Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
<u>September 30, 2024</u>				
U.S. Government Securities	\$ 10,598,772	\$ 5,026,130	\$ 5,572,642	\$ -
Corporate Bonds	17,165,637	-	17,165,637	-
Money Market Funds	688,341	688,341	-	-
Registered Investment Co's	10,117,585	10,117,585		
Common Stocks	3,493,273	3,493,273	-	-
Total	<u>\$ 42,063,608</u>	<u>\$ 19,325,329</u>	<u>\$ 22,738,279</u>	<u>\$ -</u>
<u>September 30, 2023</u>				
U.S. Government Securities	\$ 8,568,940	\$ 4,718,938	\$ 3,850,002	\$ -
Corporate Bonds	13,523,299	-	13,523,299	-
Money Market Funds	438,904	438,904	-	-
Registered Investment Co's	4,916,743	4,916,743		
Common Stocks	2,786,892	2,786,892	-	-
Total	<u>\$ 30,234,778</u>	<u>\$ 12,861,477</u>	<u>\$ 17,373,301</u>	<u>\$ -</u>

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

NOTES TO FINANCIAL STATEMENTS

4. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

	<u>Fair Value Measurements at Reporting Date Using:</u>			
	Total Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Other Significant Unobservable Inputs (Level 3)
<u>September 30, 2024</u>				
U.S. Government Securities	\$ 10,598,772	\$ 5,026,130	\$ 5,572,642	\$ -
Corporate Bonds	17,165,637	-	17,165,637	-
Money Market Funds	688,341	688,341	-	-
Registered Investment Co's	10,117,585	10,117,585		
Common Stocks	3,493,273	3,493,273	-	-
Total	<u>\$ 42,063,608</u>	<u>\$ 19,325,329</u>	<u>\$ 22,738,279</u>	<u>\$ -</u>
<u>September 30, 2023</u>				
U.S. Government Securities	\$ 8,568,940	\$ 4,718,938	\$ 3,850,002	\$ -
Corporate Bonds	13,523,299	-	13,523,299	-
Money Market Funds	438,904	438,904	-	-
Registered Investment Co's	4,916,743	4,916,743		
Common Stocks	2,786,892	2,786,892	-	-
Total	<u>\$ 30,234,778</u>	<u>\$ 12,861,477</u>	<u>\$ 17,373,301</u>	<u>\$ -</u>

5. RELATED PARTY TRANSACTIONS

The Health Benefits Plan along with the Retirement and Pension Plan are jointly administered. Expenses for salaries, payroll taxes, office expenses and other joint expenditures are paid by the Health Benefits Plan and reimbursed by the Pension Plan in accordance with a formula adopted by the Trustees. During the year ended September 30, 2021, Iron Workers Local 11 Benefit Funds assumed the administration of the Plan. Costs for administration were charged based on actual time and expenses. The Plan and the Local 11 Funds have certain common trustees. The fees charged are reflected as administrative reimbursement on the accompanying Schedule of Administrative Expenses.

6. OFFICE EMPLOYEES' ANNUITY FUND

The Board of Trustees of the Iron Workers District Council Health Benefits and Pension Plans sponsor a defined contribution Pension Plan that covers full-time employees of the Health Benefits and Pension Plans. Current contributions to the Plan are based on a contribution rate of \$5.00 per hour.

The contribution is paid by both the Health Benefits and Pension Plans in accordance with a formula adopted by the Trustees. The amount of contribution expense paid by the Health Benefits Plan for the years ended September 30, 2024 and 2023 was \$19,968 and \$19,680, respectively.

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

NOTES TO FINANCIAL STATEMENTS

7. LITIGATION

The Plan was a defendant in two class action suits (consolidated for trial in the U. S. District Court for the Eastern District of Pennsylvania) filed by retired ironworkers for alleged violations of ERISA and Federal and New Jersey statutes pertaining to age discrimination relating to alleged wrongful termination by the Plan of retired benefits. Under the terms of the settlement, the Trustees of the Plan have agreed to pay Medicare Part B premiums up to \$32 per month for the retired plaintiff class members.

The estimated settlement liability at September 30, 2024 and 2023 is \$130,592 and \$131,884, respectively.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net assets available for benefits per the accompanying financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 56,998,890	\$ 43,562,992
Benefit obligations currently payable	(2,109,649)	(1,800,782)
Long term disability benefits payable	<u>(425,625)</u>	<u>(440,235)</u>
Net assets available for benefits per the Form 5500	<u>\$ 54,463,616</u>	<u>\$ 41,321,975</u>

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the benefits paid to participants per the financial statements to the Form 5500 for the years ended September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Benefits paid to or for participants per the financial statements	\$ 26,105,421	\$ 22,998,755
Benefit obligations currently payable:		
Beginning of the year	(1,800,782)	(2,682,650)
End of the year	2,109,649	1,800,782
Long term disability benefits payable:		
Beginning of the year	(440,235)	(513,643)
End of the year	425,625	440,235
Medical consultants included in professional fees	<u>(18,000)</u>	<u>(11,100)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 26,381,678</u>	<u>\$ 22,032,379</u>

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

NOTES TO FINANCIAL STATEMENTS

10. LEASES

The Plan leases office space jointly with the Iron Workers District Council Pension Plan under an operating lease through December 2026. Lease expense under the lease for the year ended September 30, 2024 and 2023 was \$19,310 and \$19,310, respectively.

For the year ended September 30, 2024, the organization reported lease liabilities in accordance with ASU Topic 842 – Leases. At September 30, 2024, the operating lease right-of-use assets were \$41,248 and the corresponding lease liabilities were \$41,248 at a discount rate of 4.50%. The organization elected not to include short-term leases (i.e. leases with initial terms of 12 months or less) on the Statement of Financial Position. Minimum future lease payments under non-cancelable operating leases having remaining terms in excess of one year as of September 30, 2024 for each of the next five years, thereafter and in aggregate are:

Year End September 30	<u>Amount</u>
2025	\$ 19,310
2026	19,310
2027	<u>4,829</u>
Future Lease Payments	43,449
Less Effects of Discounting	<u>2,201</u>
Lease Liability Recognized	<u>\$ 41,428</u>

11. PLAN AMENDMENTS AND MODIFICATIONS

The Board of Trustees amended the plan of benefits to expand qualified reimbursable benefits provided under the Health Reimbursement Account.

**IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN**

**ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023**

	2024	2023
Salaries and wages	\$ 229,583	\$ 223,761
Administrative reimbursement	603,831	520,086
Payroll taxes	19,031	19,144
ACA Fees	8,247	7,547
Employee benefits	138,658	132,561
Professional services:		
Attorneys	84,206	145,852
Accountant	39,600	39,600
Consultant	182,596	176,786
Payroll audits	-	41,547
Conference and meeting expense	2,170	4,166
Data processing	138,496	142,354
Dues and subscriptions	4,611	3,737
Insurance	28,946	36,851
Leased automobiles	3,247	5,548
Occupancy expense	19,310	19,310
Office supplies and expenses	13,788	11,516
Printing	10,323	10,128
Postage	1,752	2,346
Telephone	2,557	1,988
Total	<u>\$ 1,530,952</u>	<u>\$ 1,544,828</u>

The Accompanying Notes are an Integral
Part of the Financial Statements

**IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2024**

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

**SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR**

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
<u>Government Securities</u>				
United States Treasury Note	08/15/27	3.750%	348,537	351,641
United States Treasury Note	08/15/34	3.875%	204,070	201,297
United States Treasury Note	05/15/27	4.500%	99,793	102,250
United States Treasury Note	04/30/29	4.625%	130,904	135,718
United States Treasury Note	03/31/29	4.125%	74,253	76,687
United States Treasury Note	03/31/26	4.500%	29,765	30,321
United States Treasury Note	02/28/29	4.250%	274,947	282,584
United States Treasury Note	08/31/29	3.625%	68,428	68,186
United States Treasury Note	08/31/26	3.750%	300,984	300,434
United States Treasury Note	07/31/29	4.000%	30,371	30,564
United States Treasury Note	02/29/28	4.000%	50,992	50,680
United States Treasury Note	10/31/28	4.875%	353,568	367,049
United States Treasury Note	11/15/26	4.625%	276,106	280,489
United States Treasury Note	01/31/28	3.500%	370,798	379,124
United States Treasury Note	06/30/28	4.000%	373,813	380,552
United States Treasury Bond	08/15/54	4.250%	35,950	35,733
United States Treasury Bond	02/15/54	4.250%	18,750	20,380
United States Treasury Bond	05/15/54	4.625%	127,976	135,566
United States Treasury Bond	08/15/44	4.125%	45,351	44,634
United States Treasury Bond	05/15/43	3.875%	347,386	346,500
United States Treasury Bond	05/15/53	3.625%	297,452	286,650
United States Treasury Bond	11/15/43	4.750%	64,629	64,716
United States Treasury Bond	11/15/42	4.000%	520,000	511,631
United States Treasury Bond	02/15/53	3.625%	239,863	227,285
United States Treasury Bond	08/15/53	4.125%	88,995	99,570
United States Treasury Bond	08/15/43	4.375%	194,045	215,890
Federal National MTG ASSN Pool	10/01/52	4.000%	114,224	104,848
Federal National MTG ASSN Pool	03/01/52	3.000%	29,758	25,635
Federal National MTG ASSN Pool	04/01/53	4.000%	946,602	905,937
Federal National MTG ASSN Pool	09/01/52	3.500%	141,947	140,112
Federal National MTG ASSN Pool	11/01/53	5.500%	724,453	712,812
Federal National MTG ASSN Pool	01/01/53	4.500%	160,227	162,740
FHLMC 30 YR Gold	07/01/53	4.500%	72,396	68,337
FHLMC 30 YR Gold	03/01/52	3.000%	22,266	20,576
FHLMC 30 YR Gold	06/01/53	5.000%	371,742	374,167
FHLMC 30 YR Gold	01/01/53	3.000%	838,639	788,141
FHLMC 30 YR Gold	12/01/52	4.000%	66,262	64,204
FHLMC 30 YR Gold	07/01/53	4.500%	1,925,000	1,862,000
FHLMC 30 YR Gold	03/01/53	3.000%	115,786	108,715
Government National MTG ASSN Pool	05/20/52	3.500%	236,994	234,417
<u>Corporate Bonds</u>				
Abbvie Inc	11/21/29	3.200%	99,454	105,191
Allegion PLC	10/01/29	3.500%	137,862	147,124

**IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2024**

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

**SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR**

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Allegion US Holding Co Inc	10/01/27	3.550%	125,215	132,925
Altria Group Inc	02/14/29	4.800%	136,212	140,724
Altria Group Inc	05/06/30	3.400%	126,757	134,062
Amazon.com Inc	12/05/44	4.950%	30,362	31,129
American Tower Corp	02/15/34	5.450%	128,060	133,736
American Tower Corp	08/15/29	3.800%	137,632	144,903
Amgen Inc	05/01/45	4.400%	25,721	26,900
Aon Corp	09/12/32	5.000%	109,290	112,923
Aptiv PLC	03/01/32	3.250%	93,703	98,542
AT&T Inc	02/01/52	3.300%	28,150	28,792
AT&T Inc	03/01/29	4.350%	260,184	273,493
Baltimore Gas & Electric Co	06/01/52	4.550%	49,888	49,571
Bank of America Crop	03/20/51	4.083%	57,802	60,747
Bank of America Crop	09/15/34	5.872%	72,503	80,827
Bat Capital Corp	04/02/30	4.906%	135,811	145,089
Bat Capital Corp	03/25/28	2.259%	124,469	136,703
Bath & Body Works Inc	06/15/29	7.500%	136,829	142,473
Berry Global Inc	01/15/26	1.570%	125,547	132,784
Berry Global Inc	01/15/27	1.650%	139,030	150,163
Block Financial LLC	07/15/28	2.500%	125,933	136,502
Block Financial LLC	08/15/30	3.875%	139,069	151,263
Boyd Gaming Corp	12/01/27	4.750%	137,801	144,369
BP Capital Markets America Inc	04/06/30	3.633%	102,455	106,775
Broadcom Corp	01/15/27	3.875%	104,829	109,230
Broadcom Corp	01/15/27	3.875%	264,447	277,047
Campbell Soup Co	03/15/28	4.150%	106,038	110,039
Carlisle Cos Inc	12/01/27	3.750%	252,534	265,519
CDW LLC	04/01/28	4.250%	124,222	133,402
CDW LLC	02/15/29	3.250%	137,055	148,035
Citigroup Inc	11/17/33	6.270%	95,575	98,785
CNH Industrial Capital LLC	07/15/26	1.450%	98,093	104,627
Comcast Corp	04/01/40	3.750%	54,969	56,218
Conagra Brands Inc	11/01/28	4.850%	262,135	272,242
Cown Castle Inc	03/01/34	5.800%	122,001	123,043
CSX Corp	11/15/32	4.100%	104,156	108,110
Cummins Inc	02/20/34	5.150%	101,383	105,163
CVS Health Corp	09/15/31	2.125%	87,844	92,878
Deere & Co	04/15/50	3.750%	61,471	59,597
Dell International LLC	02/01/28	5.250%	109,655	113,623
Dick's Sporting Goods Inc	01/15/32	3.150%	263,693	300,016
Discovery Communications LLC	03/20/28	3.950%	260,689	267,523
Dollar Tree Inc	05/15/25	4.000%	124,867	127,258
Dollar Tree Inc	05/15/28	4.200%	140,234	144,106
Duke Energy Carolinas	01/15/33	4.950%	89,889	92,776
Duke Energy Corp	09/15/33	5.750%	92,799	96,779
Eagle Materials Inc	07/01/31	2.500%	267,791	279,053
Eli Lilly & Co	02/27/53	4.875%	45,285	50,021

**IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2024**

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

**SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR**

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Encompass Helath Corp	02/01/28	4.500%	137,560	149,304
Enterprise Products Operating LLC	01/31/33	5.350%	111,814	115,466
Expedia Group Inc	08/01/27	4.625%	125,211	130,981
Expedia Inc	02/15/28	3.800%	134,785	140,280
Fifth Third Bancorp	10/27/28	6.361%	62,546	63,182
Fiserv Inc	07/01/29	3.500%	63,683	65,702
Fiserv Inc	08/21/33	5.625%	197,607	202,332
Flex LTD	05/12/30	4.875%	260,103	271,279
Fortune Brands Innovations Inc	09/15/29	3.250%	260,221	272,988
Genuine Parts Co	11/01/28	6.500%	256,017	270,503
Gilead Sciences Inc	10/15/33	5.250%	64,895	68,493
Global Payments Inc	02/15/25	2.650%	124,586	130,850
Global Payments Inc	05/15/30	2.900%	137,504	147,657
Goldman Sachs Group Inc	04/22/32	2.615%	90,026	97,145
HCA Inc	02/15/26	5.875%	116,367	117,218
HCA Inc	09/01/28	5.625%	122,114	127,678
HP Inc	04/15/29	4.000%	123,710	133,861
HP Inc	04/15/32	4.200%	134,081	145,352
JP Morgan Chase & Co	10/15/40	5.500%	76,892	80,496
Keurig Dr. Pepper Inc	04/15/52	4.500%	47,595	49,809
Kraft Heinz Foods Co	04/01/30	3.750%	101,992	107,227
Kraft Heinz Foods Co	06/01/26	3.000%	125,005	131,230
Kraft Heinz Foods Co	05/15/27	3.875%	50,534	53,600
Lam Research Corp	06/15/50	2.875%	37,952	38,372
LKQ Corp	06/15/33	6.250%	272,537	275,913
Lowes Cos Inc	04/01/31	2.625%	92,561	98,909
Lowes Cos Inc	07/01/33	5.150%	38,806	40,651
Lowes Cos Inc	04/05/29	3.650%	146,439	149,310
Microchip Technology Inc	09/01/25	4.250%	123,279	126,430
Molson Coors Beverage	07/15/26	3.000%	261,023	273,936
Motorolla Solutions Inc	02/23/28	4.600%	125,546	131,300
Motorolla Solutions Inc	05/23/29	4.600%	128,115	135,193
Nvidia Corp	04/01/30	2.850%	107,760	113,430
Olin Corp	09/15/27	5.125%	121,728	127,350
Olin Corp	08/01/29	5.625%	139,248	144,732
Omnicon Group Inc	08/01/31	2.600%	91,390	97,556
Oracle Corp	03/25/28	2.300%	124,226	134,289
Oracle Corp	04/01/30	2.950%	137,727	146,040
Parker Hannifin Corp	09/15/29	4.500%	106,825	111,314
Pepsico Inc	07/18/52	4.200%	32,070	31,411
Philip Morris International Inc	02/15/33	5.375%	220,040	220,663
PNC Finl Services Group Inc	01/24/34	5.068%	106,851	111,420
Prologis LP	04/15/30	2.250%	93,381	99,372
Qorvo Inc	10/15/29	4.375%	262,701	276,708
Quanta Services Inc	10/01/30	2.900%	50,410	52,423
QVC Inc	02/15/25	4.450%	82,250	99,378
SBA Communications Corp	02/01/29	3.125%	296,036	324,131

**IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2024**

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

**SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR**

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Service Corp International	06/01/29	5.125%	321,255	340,637
Southwest Airlines	06/15/27	5.125%	109,623	111,907
Steel Dynamics Inc	04/15/30	3.450%	98,628	104,167
Steel Dynamics Inc	12/15/26	5.000%	249,165	251,869
Steel Dynamics Inc	04/15/30	3.450%	17,748	18,939
Target Corp	04/15/29	3.375%	103,160	107,491
Teledyne Technologies Inc	04/01/31	2.750%	258,018	277,712
Tenet Healthcare Corp	10/01/28	6.125%	287,330	299,020
T-Mobile USA Inc	07/15/33	5.050%	107,971	112,632
Transdigm Inc	11/15/27	5.500%	332,678	351,763
Trimble Inc	06/15/28	4.900%	253,147	265,699
Truist Financial Corp	01/26/34	5.122%	106,476	111,155
Union Pacific Corp	02/14/32	2.800%	81,837	90,980
United Rentals North America Inc	01/15/28	4.875%	291,656	302,937
United Rentals North America Inc	07/15/30	4.000%	40,655	44,465
Verizon Communications Inc.	03/16/27	4.125%	123,187	127,814
Verizon Communications Inc.	09/21/28	4.329%	138,036	143,671
Walmart Inc	04/15/33	4.100%	91,554	100,319
Wells Fargo & Co	01/23/35	5.499%	90,045	94,186
Wells Fargo & Co	04/04/51	5.013%	51,567	53,867
Welltower OP LLC	04/15/28	4.250%	66,613	70,044
Westinghouse Air Brake Technologies Corp	09/15/28	4.700%	263,235	272,315
Willis North America Inc	06/15/27	4.650%	124,037	128,983
Willis North America Inc	09/15/28	4.500%	138,676	144,854
Wrkco Inc	06/01/32	4.200%	101,317	107,258
Zimmer Biomet Holdings Inc	04/01/25	3.550%	83,434	84,405
Zimmer Biomet Holdings Inc	01/15/26	3.050%	125,565	130,884

Common Stock

Abbott Laboratories	350	Shares	37,249	39,904
Abbvie Inc	361	Shares	53,901	71,290
Accenture PLC Ireland CL A	54	Shares	15,355	19,088
Air Prod & Chem Inc	226	Shares	63,667	67,289
Alexandria Real Estate EQ Inc	61	Shares	9,921	7,244
American Express Co.	248	Shares	44,050	67,258
Analog Devices	289	Shares	56,435	66,519
Apple Inc.	42	Shares	6,514	9,783
Ares Management Corp	227	Shares	31,957	35,376
Avalonbay Comm Inc	71	Shares	12,836	15,993
Bank of America Corp	2,119	Shares	74,638	84,082
Becton Dickinson & Co	113	Shares	27,406	27,244
Blackrock Inc	48	Shares	34,594	45,714
Blackstone Inc	252	Shares	33,479	38,589
Bristol Myers Squibb Co	1,134	Shares	79,357	58,673
Capital One Financial Corp	148	Shares	19,700	22,160

**IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2024**

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

**SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR**

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Cencora Inc	86	Shares	13,765	19,460
Charles Schwab New	1,034	Shares	71,257	67,014
Chevron Corp	477	Shares	76,697	70,248
Chubb Ltd	144	Shares	30,318	41,528
CME Group Inc	96	Shares	17,907	21,115
CMS Energy CP	326	Shares	19,820	23,025
CocaCola Co	538	Shares	32,010	38,661
Comcast Corp	1,497	Shares	59,593	62,530
ConocoPhillips	774	Shares	85,512	81,487
Corning Inc	680	Shares	22,938	30,702
CVS Health Corp	306	Shares	24,997	19,241
Deere & Co	132	Shares	52,129	55,088
Dominion Energy	595	Shares	32,634	34,385
Dover Corp	288	Shares	44,440	55,221
Eaton Corp PLC SHS	152	Shares	26,428	50,379
Eil Lilly & Co	22	Shares	7,303	19,552
EOG Resources Inc	421	Shares	53,597	51,754
Exxon Mobil Corp	475	Shares	55,281	55,680
Gallagher Arthur J & Co	102	Shares	19,304	28,700
Genl Dynamics Corp	223	Shares	53,274	67,391
Hartford Fin Sers Grp Inc	234	Shares	18,154	27,521
Hershey Company	128	Shares	26,202	24,548
Home Depot Inc	140	Shares	45,345	56,728
Honeywell Intl Inc	160	Shares	32,537	33,074
Intl Business Machines Corp	93	Shares	12,571	20,529
Johnson & Johnson	348	Shares	55,522	56,397
Lowe's Companies Inc	235	Shares	52,823	63,650
Marsh & McLennan Cos Inc	68	Shares	11,313	15,170
McDonalds Corp	154	Shares	40,960	46,895
Medtronic PLC SHS	363	Shares	30,839	32,681
Merck & Co Inc New Com	197	Shares	22,039	22,371
Metlife Inc	453	Shares	32,572	37,363
Microchip Technology Inc	440	Shares	39,200	35,328
Microsoft Corp	135	Shares	35,784	58,090
Mondelez Intl Inc	401	Shares	26,155	29,542
Morgan Stanley	635	Shares	62,236	66,192
Nextera Energy Inc	552	Shares	42,080	46,661
Norfolk Southern Corp	275	Shares	62,351	68,338
Northrop Grumman CP	35	Shares	15,552	18,389
NXP Semiconductors	104	Shares	19,478	24,961
Parker Hannifin Corp	73	Shares	27,070	46,424
PepsiCo Inc NC	162	Shares	28,546	27,548
Pfizer Inc	550	Shares	23,584	15,917
Phillip Morris Intl Inc	598	Shares	60,105	72,597
PNC Finl SVCS GP	297	Shares	45,141	54,900
PPG Industries Inc	302	Shares	39,320	40,003
Procter & Gamble	290	Shares	40,468	50,228

**IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2024**

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

**SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR**

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Progressive Corp Ohio	87	Shares	12,366	22,013
Prologis Inc	231	Shares	28,716	29,171
Public Service Enterprise GP	333	Shares	20,435	29,707
Republic Services Inc	78	Shares	10,088	15,602
RTX Corporation	353	Shares	35,585	42,769
Seagate Technology Holdings	283	Shares	20,439	30,997
Texas Instruments	257	Shares	44,285	53,088
The Cigna Group	98	Shares	28,970	34,014
TJX Cos Inc New	460	Shares	36,777	54,068
Travelers Companies Inc	98	Shares	18,403	23,017
Truist Finl Corp	1,072	Shares	41,238	45,849
Union Pacific Corp	164	Shares	39,876	40,423
United Parcel Service Inc.	392	Shares	69,120	53,445
United Health Group Inc.	177	Shares	87,210	103,488
US Bancorp	250	Shares	8,545	11,432
Ventas Inc	386	Shares	21,006	24,754
Verizon Communications	479	Shares	19,141	21,512
Walmart Inc	631	Shares	30,607	50,953
Wells Fargo & Co	1,678	Shares	77,293	94,790
Xcel Energy Inc	448	Shares	30,119	29,254
Yum Brands Inc	154	Shares	20,626	21,515
<u>Mutual Funds</u>				
Invesco S&P 500 Equal Weight	20,601	Shares	3,118,465	3,690,875
Vanguard Short Term Gov BD	54,885	Shares	3,169,154	3,239,313
AFL-CIO Housing Investment Trust	3,198	Shares	3,065,583	3,187,397
<u>Cash & Equivalents</u>				
Morgan Stanley Cash			688,341	688,341
Total Assets Held for Investment Purposes			<u>\$ 40,162,375</u>	<u>\$ 42,063,608</u>

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

**SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD**