

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☒ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 10/03/1955
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) IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST 5295 S COMMERCE DR STE 220 BRIDGE BUILDING MURRAY, UT 84107	2b Employer Identification Number (EIN) 87-6123188 2c Plan Sponsor's telephone number 801-904-4897 2d Business code (see instructions) 525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	08/15/2025	LILLIAN SANTILLANES
	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 ☒ 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 1535
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) 1459 6a(2) 1447 6b 69 6c 6d 1516 6e 6f 1516 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 150

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 4E 4F

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 3
- (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
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	D Employer Identification Number (EIN) 87-6123188

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTH CARE 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
36-2739571	79413	300231		11/01/2022	10/31/2023

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

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

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

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

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

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

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

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

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

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

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

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(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.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(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) ▶ **BASIC LIFE**

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 ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	D Employer Identification Number (EIN) 87-6123188

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.
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1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTH CARE 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
36-2739571	79413	300231		11/01/2022	10/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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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	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

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 ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	D Employer Identification Number (EIN) 87-6123188

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.
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1 Coverage Information:

(a) Name of insurance carrier
HCC 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
35-1817054	92711	HCL34443		11/01/2022	10/31/2023

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STOP LOSS INSURANCE SERVICES 940 ADAMS STREET SUITE G
BENICIA, CA 94510

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(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 ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	D Employer Identification Number (EIN) 87-6123188

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

x

No
- b

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

(b)

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

(b)

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

(b)

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

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(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)

CIGNA HEALTH & LIFE INSURANCE CO

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 38 62 31 56 13 50 12		519219	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPUSYS OF UTAH, INC.

85-0203669

(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 14 12		254257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOCIATES, LLC

350 INTERLOCKEN BLVD S220
BROOMFIELD, CO 80021

(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		5915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HAYNIE & COMPANY

1785 WEST 2300 SOUTH
SALT LAKE CITY, UT 84119

(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		101671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAEL LETSON

378 VINTAGE PARK DRIVE
FROST CITY, CA 94404

(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		138519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

555 SOUTHWEST OAK
PORTLAND, OR 97204

93-0826646

(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		9520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MMPL

2101 FOURTH AVENUE STE 2170
SEATTLE, WA 98121

(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		177977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

ONE MAIN STREET
CAMBRIDGE, MA 02142

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		21902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TELADOC HEALTH INC

2 MANHATTANVILLE RD
PURCHASE, NY 10577

04-3705970

(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		28916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGALL BRYANT & HAMILL

35-2679129

(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		33996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS ADMINISTRATORS

700 TOWER DRIVE STE 300
TROY, MI 48098-2808

(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		294552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVERX

224 NORTH PARK AVE
FREMONT, NE 68025

(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		2123852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	D Employer Identification Number (EIN) 87-6123188

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5083537	6961530
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2132057	2737352
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	361153	384221
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	204395	230803
(2) U.S. Government securities	1c(2)	10063917	9451578
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7705174	7109222
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	3236384	10434129
(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)		0
(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)	9026300	6890443
(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	5866	52363
f Total assets (add all amounts in lines 1a through 1e)	1f	37818783	44251641
Liabilities			
g Benefit claims payable	1g	2599600	3915800
h Operating payables	1h	1031855	-961588
i Acquisition indebtedness	1i		
j Other liabilities	1j	5878960	6731084
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9510415	9685296
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	28308368	34566345

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)	21625189	
(B) Participants	2a(1)(B)	620094	
(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)		22245283
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	734367	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		734367
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	94417	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		94417
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3069675
c Other income	2c		1014734
d Total income. Add all income amounts in column (b) and enter total	2d		27158476

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18172475	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1031774	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		19204249
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	496867	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	44554	
(5) Investment advisory and investment management fees	2i(5)	59016	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	138519	
(8) Legal fees	2i(8)	169312	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	787982	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1696250
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20900499

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6257977
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: **HAYNIE & COMPANY**

(2) EIN: **87-0328572**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Ironworkers' Intermountain Health & Welfare Trust

**Financial Statements and
Independent Auditors' Report**

October 31, 2024 and 2023



Ironworkers' Intermountain Health & Welfare Trust

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 <u>Supplementary Information</u>	
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) October 31, 2024	Schedule "1"
Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions Year Ended October 31, 2024	Schedule "2"



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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Ironworkers' Intermountain
Health and Welfare Trust
Salt Lake City, Utah

Dear Board of Trustees:

We have audited the accompanying financial statements of Ironworkers' Intermountain Health and Welfare Trust, which comprise the statements of net assets available for benefits as of October 31, 2024 and 2023, and the related statement of changes in net assets available for benefits 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 assets, liabilities, and net assets of Ironworkers' Intermountain Health and Welfare Trust as of October 31, 2024 and 2023, and the changes in net assets available for benefits 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 Ironworkers' Intermountain Health and Welfare Trust 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 Ironworkers' Intermountain Health and Welfare Trust's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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.

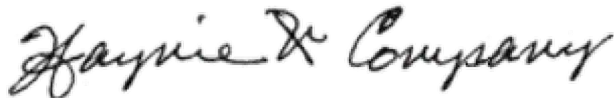
In performing an audit in accordance with generally accepted auditing standards, we:

- 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 Ironworkers' Intermountain Health and Welfare Trust's internal control. According, 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 Ironworkers' Intermountain Health and Welfare Trust'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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held at end of year and the schedule of reportable transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental 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 the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script that reads "Haynie & Company".

Salt Lake City, Utah
August 13, 2025

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
OCTOBER 31, 2024 and 2023

	2024	2023
<u>Assets</u>		
Investments at Fair Value		
Money Market Accounts	\$ 6,717,356	\$ 2,287,093
U.S. Government Securities	9,451,578	10,063,917
Corporate Obligations	6,666,953	6,873,669
Municipal Obligations	442,269	831,505
Mutual Funds	6,890,443	9,026,300
Partnerships	10,434,129	3,236,384
Total Investments	40,602,728	32,318,868
Receivables		
Employer Contributions	2,727,028	2,132,057
Accrued Interest, Rebates, Other Receivables	394,545	361,153
Total Receivables	3,121,573	2,493,210
Other Assets		
Cash - Supplemental Retirement	25,263	72,941
Cash - Sickness and Injury Fund	449,714	446,854
Cash - General Checking	1,488,995	2,481,044
Prepaid Expenses	52,363	5,866
Total Other Assets	2,016,335	3,006,705
Total Assets	45,740,636	37,818,783
<u>Liabilities</u>		
Accounts Payable	266,990	277,891
Checks Written in Excess of Cash	260,416	753,964
Health Reimbursement Accounts	6,731,084	5,878,960
Total Liabilities	7,258,490	6,910,815
<u>Net Assets Available for Benefits</u>	<u>\$ 38,482,146</u>	<u>\$ 30,907,968</u>

The accompanying notes are an integral part of these financial statements.

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED OCTOBER 31, 2024 and 2023

	2024	2023
<u>Additions To Net Assets Attributed To:</u>		
Contributions		
Employer Contributions	\$ 20,472,654	\$ 17,934,174
Retired and Disabled Self-Premiums	620,094	808,057
Net Reciprocal Transfers In	1,152,535	676,627
Liquidated Damages	74	9,905
Rebates, Subsidies & Misc. Inc.	1,014,660	414,212
	<u>23,260,017</u>	<u>19,842,975</u>
Total Contributions and Other Income		
Investment Income (Loss)		
Net Appreciation (Depreciation)		
In Fair Value of Investments	3,069,675	(1,351,542)
Interest & Dividends	828,785	1,390,452
	<u>3,898,460</u>	<u>38,910</u>
Total Investment Income		
Less Investment Expenses	(59,016)	(42,326)
	<u>3,839,444</u>	<u>(3,416)</u>
Net Investment Income (Loss)		
Total Additions	<u>27,099,461</u>	<u>19,839,559</u>
<u>Deductions From Net Assets Attributed To:</u>		
Payments To or For Participants:		
Medical Benefits	13,700,396	11,206,112
Prescription Benefits	2,123,852	1,986,379
Dental Claims	866,548	1,027,968
Vision Claims	76,213	68,213
Insurance Premiums	1,031,774	988,139
Supplemental Retirement Paid	83,767	62,052
Sick Fund Paid	5,500	8,000
	<u>\$ 17,888,050</u>	<u>\$ 15,346,863</u>
Total Payments to or for Participants		

The accompanying notes are an integral part of these financial statements.

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED OCTOBER 31, 2024 and 2023

	2024	2023
<u>Administrative Expenses For:</u>		
Administrative Fees	\$ 496,866	\$ 437,033
Audit Fees - Financial	44,554	34,150
Audit Fees - Payroll	25,291	41,556
Bank Fees	2,115	2,534
Consulting and Actuary Fees	138,519	115,735
Insurance Expense	20,959	14,971
Legal Fees	169,312	142,754
Office, Printing, Phone	89,526	103,462
Payroll Tax Expense	15,516	12,097
PCORI Fees	-	7,662
PPO Fees	619,455	531,886
Prescription Administration Fees	-	297
Trustees Expense	15,120	100
Total Administrative Expenses	1,637,233	1,444,237
Total Deductions	19,525,283	16,791,100
Net Increase	7,574,178	3,048,459
<u>Net Assets Available for Benefits:</u>		
Beginning of Year	30,907,968	27,859,509
End of Year	\$ 38,482,146	\$ 30,907,968

The accompanying notes are an integral part of these financial statements.

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Ironworkers' Intermountain Health and Welfare Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

- a. General. The Ironworkers' Intermountain Health and Welfare Trust was formed October 3, 1955. The current Restated Agreement and Declaration of Trust is between the Utah Steel Erection & Reinforcing Bar Association, the Idaho Steel Erectors and Placers Association, the New Mexico Building Branch of the Associated General Contractors of America, the Montana Steel Erectors Association, the Tri-state Steel Erectors, and Local Unions No. 27, No. 454, No. 495, No. 606, No. 732, and No. 841 of the International Association of Bridge, Structural and Ornamental Ironworkers, Shopmens Local No. 24, and the Trustees of the Ironworkers' Intermountain Health and Welfare Trust. Iron Workers Welfare Plan of Colorado merged into the Plan effective April 1, 2008. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

In the event the Plan is terminated, the Trustees will continue to apply the Plan to the benefit of participants as specified in the Second Restated Agreement and Declaration of Trust, until such time as the Plan is exhausted, or until the Plan is transferred to a similar, successor Plan established for the same general purposes.

- b. Benefits. The Plan provides for life, accident, and disability insurance, hospital, surgical, medical, X-ray, laboratory, maternity, speech and hearing, supplementary accident, and major medical benefits. Dental and vision care benefits were added to the Plan effective January 1, 1983, covering participants and their eligible dependents in the Plan's jurisdiction covered by Collective Bargaining Agreements requiring the highest hourly contribution rate to the Plan. All other benefits are provided to participants and their dependents on a uniform basis. Retired employees are also entitled to similar health benefits (in excess of Medicare coverage) provided they were active participants in this Trust for at least five years within the seven years immediately preceding the date of disability or retirement.
- c. Contributions. Benefits under the Plan are funded by payments made to the Plan by individual employers under the provisions of a collective bargaining agreement. The contributions are based on fixed rates per hours worked. Retirees contribute a premium rate established by the Board of Trustees based on their classification. This rate for retirees has historically been approximately 50-60% of the estimated cost of providing their post-retirement benefits, but is subject to change by the Board.
- d. Other. The Plan's board of trustees has the right under the Plan to modify the benefits provided to active employees. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- a. Accounting Basis. The accounts of the Plan are maintained on a modified accrual basis of accounting during the year. The accounts are adjusted to the accrual basis of accounting for financial reporting.

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- b. Plan Benefits. The Plan has adopted the bank hour system, a plan in which the hours worked for a contributing employer are accumulated to a member's credit in an "hour bank account." This system provides that the beneficiary of the Plan accumulates rights to future insurance coverage for hours worked in excess of the minimum hours required for eligibility. The hour bank is drawn upon only when the actual hours worked are not sufficient to otherwise maintain eligibility.
- c. Valuation of Investments. Investments are valued at fair market value. If available, quoted market prices are used to value investments. For certain investments, including money market funds, government securities and corporate bonds, fair value may be established based on yields currently available on comparable securities of issuers with similar credit ratings.
- d. Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- e. Post-retirement Benefits. The amounts reported as the post-retirement benefit obligation represent the actuarial present value of those estimated future benefits that are attributed by the terms of the 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. Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers.

The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

For measurement purposes, the medical, prescription drug and stop-loss/organ transplant trends begin at 5.00% and grade down to 4.0% by plan year 2028/2029. The trend rates for operating expenses and dental and vision benefits begin at 4.00% and 4.00%, respectively, and grade to the same ultimate rate of 4.0% by 2025 and 2025, respectively. The retiree self-pays are assumed to be the same as benefit trends for all years. These rates were updated from the prior year.

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

e. Post-retirement Benefits (Continued)

The following were other significant assumptions used in the valuations as of October 31, 2024 and October 31, 2023:

Discount rate: 5.25% - October 31, 2024, 6.00% - October 31, 2023.

For participants with a first contribution date before June 1, 1996, a retirement rate of 35% is applied at the age when first attaining 25 years of service.

Mortality and disability rates are from the June 1, 2024 IMI actuarial valuation. For non-disabled mortality the RP-2014 Healthy Blue Collar Mortality Table as projected to 2024 was used, and for disabled mortality the RP-2014 Disabled Retiree Mortality Table with a five-year set forward was used, respectively.

For the plan year ending October 31, 2024 the following actuarial assumption/method changes were made: the discount rate was lowered from 6.00% to 5.25% (per the change in available rates of return), and the OCI female mortality adjustment was changed from 110% to 105%. These changes in actuarial assumptions/method changes resulted in a net liability increase of \$0.55 million.

For the plan year ending October 31, 2023 the following actuarial assumption/method changes were made: the discount rate was raised from 5.50% to 6.00% (per the change in available rates of return). These changes in actuarial assumptions/method changes resulted in a net liability decrease of \$0.37 million.

f. Other Plan Benefits. Plan obligations at year-end for health claims incurred by active participants but not reported at that date, and for accumulated eligibility of participants, are estimated.

g. Management's Review. In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through August 13, 2025, the date the financial statements were available to be issued.

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 3 - BENEFIT OBLIGATIONS

Plan benefit obligations as of October 31, 2024 and 2023 were as follows:

	2024	2023
<u>Amounts currently payable</u>		
Claims payable and claims incurred but not reported	\$ 3,915,800	\$ 2,599,600
<u>Accumulated eligibility credits and post-employment benefits, net of amounts currently payable</u>		
Accumulated eligibility credits for inactive participants	4,338,100	4,117,900
Extended life insurance due to disability	29,000	29,000
Supplemental retirement obligation	70,000	78,000
	<u>4,437,100</u>	<u>4,224,900</u>
<u>Post-retirement benefit obligations, net of amounts currently payable</u>		
Retired participants, beneficiaries and dependents	2,192,400	2,646,500
Other participants fully eligible for benefits	1,896,300	1,998,600
Participants not yet fully eligible for benefits	<u>4,590,300</u>	<u>4,123,900</u>
Total Post-Retirement Benefit Obligations	<u>8,679,000</u>	<u>8,769,000</u>
Plan's Total Benefit Obligations	<u>\$ 17,031,900</u>	<u>\$ 15,593,500</u>

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 3 - BENEFIT OBLIGATIONS (Continued)

Changes in plan benefit obligations for the years ending October 31, 2024 and 2023 were as follows:

	2024	2023
<u>Amounts currently payable</u>		
Balance at Beginning of Year	\$ 2,599,600	\$ 2,124,600
Claims reported and approved for payment, including benefits reclassified from benefit obligations	19,204,250	15,821,863
Claims Paid	(17,888,050)	(15,346,863)
Balance at Year End	3,915,800	2,599,600
<u>Accumulated eligibility credits and post-employment Benefits, net of amounts currently payable</u>		
Balance at Beginning of Year	4,224,900	3,903,300
Increase (Decrease) in accumulated eligibility credits and post-employment benefits attributable to:		
Benefits Earned	212,200	321,600
Balance at Year End	4,437,100	4,224,900
<u>Post-retirement Benefit Obligations, net of amounts currently payable</u>		
Balance at Beginning of Year	8,769,000	9,308,000
Increase (Decrease) in postretirement benefits attributable to:		
Benefits earned and other changes	(635,500)	(171,400)
Changes in actuarial assumptions	545,500	(367,600)
Plan amendments	-	-
Balance at Year End	8,679,000	8,769,000
Plan's Total Benefit Obligations at End of Year	\$ 17,031,900	\$ 15,593,500

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 3 - BENEFIT OBLIGATIONS (Continued)

The costs of the postretirement welfare benefit plan are shared by the Plan's participating employers and retirees. In addition to the deductibles and copayments, retirees, on average, pay 58% of the estimated postretirement welfare benefit cost (including expenses) in Plan Year 2024/2025.

The weighted-average health cost and expense trend rate assumptions have a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of October 31, 2024 and 2023 by \$778,100 and \$746,200, respectively. Of the Plan's total post-retirement benefit obligation of \$8,679,000, approximately \$1,350,800 was due to projected administrative expenses as of October 31, 2024. Of the Plan's total post-retirement benefit obligation of \$8,769,000, approximately \$1,241,700 was due to projected administrative expenses as of October 31, 2023.

NOTE 4 - INVESTMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount 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 presents the fair value of investments held at October 31, 2024 and 2023.

	2024	2023
Investments at fair value as determined by quoted market price:		
BNY Mellon Global Real Return Fund	\$ 6,890,443	\$ 9,026,300
Investments at estimated fair value:		
U.S. Bank Cash Management Account	6,486,553	2,090,594
First Am Govt Ob Fund	230,803	196,499
U.S. Government Securities (Various)	9,451,578	10,063,917
Corporate Obligations (Various)	6,666,953	6,873,669
Municipal Obligations (Various)	442,269	831,505
Partnerships (Various)	10,434,129	3,236,384
Total Investments	<u>\$ 40,602,728</u>	<u>\$ 32,318,868</u>

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS

Accounting standards have established a framework for measuring the fair value of investments. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices for identical assets in active markets and have the highest priority. Level 2 inputs consist of quoted prices for similar assets in active or inactive markets or observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used only when Level 1 inputs were not available. The Plan does not currently hold any investments that are valued using Level 3 inputs.

Level 1 Fair Value Measurements: The fair values of mutual funds are based on quoted market prices.

Level 2 Fair Value Measurements: The fair values of money market accounts, government securities and corporate obligations are based on observable inputs for similar investments rather than quoted prices for identical investments.

The Plan trustees are responsible for the fair value measurement policies and procedures. Those policies and procedures are periodically reassessed to determine if valuation techniques used are still appropriate. At that time, the inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other information.

The following table sets forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of October 31, 2024 and 2023:

	Fair Value	Fair Value Measurements at the End of the Reporting Period Using:		
		Level 1	Level 2	Level 3
October 31, 2024				
Money Market Accounts	\$ 6,717,356	\$ -	\$ 6,717,356	\$ -
U.S. Government Securities	9,451,578	-	9,451,578	-
Corporate Obligations	6,666,953	-	6,666,953	-
Municipal Obligations	442,269	-	442,269	-
Partnerships	10,434,129	-	10,434,129	-
Mutual Funds	6,890,443	6,890,443	-	-
Total	<u>\$ 40,602,728</u>	<u>\$ 6,890,443</u>	<u>\$ 33,712,285</u>	<u>\$ -</u>

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

	Fair Value	Fair Value Measurements at the End of the Reporting Period Using:		
		Level 1	Level 2	Level 3
October 31, 2023				
Money Market Accounts	\$ 2,287,093	\$ -	\$ 2,287,093	\$ -
U.S. Government Securities	10,063,917	-	10,063,917	-
Corporate Obligations	6,873,669	-	6,873,669	-
Municipal Obligations	831,505	-	831,505	-
Partnerships	3,236,384	-	3,236,384	-
Mutual Funds	9,026,300	9,026,300	-	-
Total	<u>\$ 32,318,868</u>	<u>\$ 9,026,300</u>	<u>\$ 23,292,568</u>	<u>\$ -</u>

NOTE 6 - AGREEMENTS WITH PARTIES-IN-INTEREST

The Trustees have entered into an agreement with Compusys of Utah, Inc. to provide administrative services for the Plan. Effective May 1, 2024, the Trustees entered into an administrative agreement with Benesys to replace Compusys of Utah, Inc. Other party-in-interest transactions include those with the trustee bank, legal counsel, accountants, consultants, and others in the normal course of business.

NOTE 7 - SUPPLEMENTAL RETIREMENT INCOME PLAN

As a result of negotiations between Local No. 27 and the Utah Steel Erection and Reinforcing Bar Association, \$.10 per hour of the health and welfare contribution has been set aside at the direction of the collective bargaining parties for the distribution to certain pensioners, surviving spouses, and beneficiaries receiving monthly benefit payments from the Pension Plan. The rules and regulations of the supplemental retirement plan were accepted by the Trustees on March 15, 1984.

NOTE 8 - LIMITATIONS OF LIABILITY

Ironworkers' Intermountain Health and Welfare Plan and Summary Plan Description, effective May 1, 2013, states the following in Article XI:

Amendment and Termination. The Board of Trustees may exercise its discretionary authority, at any time and from time to time, to:

- a. terminate, change, or amend either the amount or conditions with respect to any benefit;
- b. alter or postpone the method of payment of any benefit;
- c. change the eligibility rules of the Plan or eliminate coverage for any class of persons, including retired persons;
- d. determine the amount of the required contribution by the Participant;

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 8 - LIMITATIONS OF LIABILITY (Continued)

- e. change the providers for any portion of the plan of benefits; or
- f. terminate the Plan in its entirety or in part.

Payment of Benefits. None of the benefits provided in this Plan Document are guaranteed by the Board of Trustees, any Contributing Employer, Union or any other individual or entity. The Board has, however purchased certain insurance policies which are held by the Trust. Plan benefits are paid from amounts in the Fund and from insurance.

NOTE 9 - EXTENDED LIFE INSURANCE DUE TO DISABILITY

The Plan has a policy of freezing life insurance benefits with no additional contributions for eligible employees who become disabled prior to age 60.

Occidental Life Insurance Co. had assumed this obligation while they were providing life insurance benefits for the Plan. As of April 30, 1977, the policy with Occidental Life Insurance Co. was canceled. Since that date, Occidental Life Insurance Co. has indicated they will no longer recognize this obligation.

At the April 10, 1978, Board of Trustees meeting, the Trustees approved the assumption of this obligation by the Plan. Total obligation amounts for the years ended October 31, 2024 and 2023, were \$29,000 and \$29,000, respectively. Changes in the disability life insurance obligation during the years ended October 31, 2024, and 2023, were \$0 and \$0 respectively.

NOTE 10 - SICKNESS AND INJURY FUND

Effective December 1, 1992, an agreement between certain employers and Local Union No. 495 provided that \$.05 per hour be used for the establishment and maintenance of a Sickness and Injury Fund. As of February 1, 1996, contributions to the Sickness and Injury Fund ceased.

Funds are to be distributed to eligible participants who are "totally disabled," with a maximum benefit of \$500, in accordance with the rules and regulations relating to the Sickness and Injury Fund.

NOTE 11 - FEDERAL EXEMPTION

According to its latest determination letter from the Internal Revenue Service, the Plan is an organization described in Section 501(c)(9) of the Internal Revenue Code, and as such, the Plan is not required to file Federal income tax returns, but is, however, required to file information returns, Forms 990 and 5500, annually.

The Plan obtained its latest determination letter on December 27, 1976, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 12 - PLAN AND TRUST AMENDMENTS/SUMMARY OF MATERIAL MODIFICATIONS

The Plan is updated on an ongoing basis by amendment and other modifications approved by the Plan's Board of Trustees. There were no significant modifications to the Plan adopted during the years ending October 31, 2024 and 2023 (see the Plan and Trust documents, including Summaries of Material Modifications, for the details of amendments and plan modifications).

NOTE 13 - RISKS AND UNCERTAINTIES

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 14 - CONCENTRATION OF CREDIT RISK

The Plan maintains cash accounts at financial institutions which are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At October 31, 2024 and 2023, uninsured amounts based on bank balances were \$6,684,858 and \$2,346,486, respectively.

IRONWORKERS' INTERMOUNTAIN HEALTH AND WELFARE TRUST
NOTES TO FINANCIAL STATEMENTS
OCTOBER 31, 2024 and 2023

NOTE 15 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the October 31, 2024 and 2023 financial statements to the Schedule H of Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 38,482,146	\$ 30,907,968
Benefit obligations currently payable	(3,915,800)	(2,599,600)
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 34,566,346</u>	<u>\$ 28,308,368</u>

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

	2024	2023
Benefits paid to participants per the financial Statements	\$ 16,856,276	\$ 14,358,724
Less: Amounts currently payable at beginning of year	(2,599,600)	(2,124,600)
Add: Amounts currently payable at end of year	3,915,800	2,599,600
Benefits paid to participants per Schedule H of 5500	<u>\$ 18,172,476</u>	<u>\$ 14,833,724</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to October 31, but not yet paid as of that date.

NOTE 16 – SUBSEQUENT EVENTS

Effective November 1, 2024, the Ironworkers' Vacation Fund of Utah became part of the Ironworkers' Intermountain Health and Welfare Trust.

SUPPLEMENTAL INFORMATION

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
 FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 EIN 87-6123188 PLAN NUMBER 501
 OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
<u>MONEY MARKET ACCOUNTS</u>				
U.S. Bank		Cash and Short-Term Variable	<u>\$ 6,717,356</u>	<u>\$ 6,717,356</u>
<u>U.S. GOVERNMENT SECURITIES</u>				
US Treasury		435,000 face 2.750% Due 11/15/42	\$ 435,101	\$ 337,090
US Treasury		465,000 face 2.500% Due 02/15/45	413,825	334,819
US Treasury		470,000 face 2.500% Due 05/15/46	435,035	333,625
US Treasury		336,000 face 3.000% Due 05/15/47	315,083	259,362
US Treasury		290,000 face 2.375% Due 11/15/49	259,706	194,152
US Treasury		410,000 face 1.250% Due 05/15/50	284,693	206,009
US Treasury		380,000 face 1.375% Due 08/15/50	273,670	196,563
US Treasury		170,000 face 3.125% Due 08/15/25	167,505	168,346
US Treasury		406,000 face 4.125% Due 11/15/32	418,581	402,923
US Treasury		295,000 face 4.500% Due 11/15/33	307,354	299,909
US Treasury		80,000 face 4.875% Due 04/30/26	79,787	80,744
US Treasury		215,000 face 4.375% Due 05/15/34	217,113	216,512
F H L M C Gd		32,752 face 2.500% Due 07/01/29	32,952	31,704
F H L M C Gd		90,432 face 4.000% Due 10/01/48	87,620	84,803
F H L M C Gd		35,389 face 3.000% Due 11/01/30	36,125	34,129
F H L M C		70,343 face 3.000% Due 08/01/51	63,133	60,968
F H L M C		268,403 face 3.500% Due 02/01/52	269,581	241,120
F H L M C		90,821 face 3.000% Due 02/01/52	75,686	78,379
F H L M C		161,708 face 3.500% Due 02/01/52	168,614	145,398
F H L M C		218,885 face 4.500% Due 07/01/52	219,400	207,879
F H L M C		97,878 face 5.000% Due 08/01/52	98,392	95,296
F H L M C		82,861 face 5.000% Due 11/01/52	81,426	80,641
F H L M C		123,347 face 5.500% Due 11/01/52	123,258	122,207
F H L M C		219,736 face 5.500% Due 12/01/52	217,164	218,205
F H L M C		83,686 face 4.000% Due 10/01/37	70,721	69,337
F H L M C		163,617 face 4.500% Due 10/01/37	163,327	160,695

SCHEDULE "1"
(Continued)

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
F H L M C		130,145 face 5.000% Due 03/01/38	\$ 130,278	\$ 130,009
F H L M C		160,855 face 5.500% Due 09/01/38	161,383	162,338
F H L M C		153,335 face 4.000% Due 06/01/52	142,771	141,937
F H L M C		60,000 face 3.430% Due 01/25/27	64,387	58,733
F H L M C		125,000 face 3.500% Due 07/25/32	121,167	115,509
F H L M C		60,000 face 3.820% Due 12/25/32	58,876	56,507
F N M A		325,000 face 0.875% Due 08/05/30	273,762	269,152
F N M A		45,000 face 0.375% Due 08/25/25	41,309	43,569
F N M A		55,000 face 5.625% Due 07/15/37	61,873	60,400
F N M A		116,857 face 2.500% Due 03/01/35	119,422	107,834
F N M A		66,789 face 3.500% Due 07/01/48	70,097	60,812
F N M A		54,222 face 2.500% Due 06/01/51	41,497	45,319
F N M A		141,580 face 3.500% Due 01/01/51	131,182	128,227
F N M A		284,011 face 3.000% Due 05/01/50	287,389	247,049
F N M A		253,209 face 3.000% Due 07/01/50	259,034	221,874
F N M A		310,095 face 2.500% Due 06/01/51	302,848	257,958
F N M A		135,231 face 2.500% Due 08/01/51	109,812	113,011
F N M A		31,399 face 2.500% Due 09/01/51	27,042	26,110
F N M A		265,337 face 4.000% Due 04/01/52	255,154	245,617
F N M A		117,824 face 5.000% Due 05/01/52	121,653	114,740
F N M A		41,826 face 5.000% Due 08/01/52	41,722	40,723
F N M A		137,083 face 4.000% Due 09/01/37	135,999	132,657
F N M A		170,809 face 5.000% Due 11/01/52	166,238	166,428
F N M A		116,373 face 6.000% Due 01/01/53	115,831	117,200
F N M A		82,414 face 5.500% Due 04/01/38	82,749	83,236
F N M A		169,705 face 4.500% Due 04/01/53	165,250	161,220
F N M A		138,464 face 5.000% Due 07/01/38	138,226	138,184
F N M A		147,885 face 6.000% Due 12/01/53	148,232	148,894
F N M A		77,812 face 6.000% Due 03/01/54	77,909	78,319
G N M A II		163,782 face 4.500% Due 05/20/52	165,110	156,677

SCHEDULE "1"
(Continued)

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest,	Cost	Current Value
G N M A II		56,386 face 5.500% Due 04/20/53	\$ 56,575	\$ 56,211
G N M A II		102,137 face 6.000% Due 03/20/54	103,230	102,975
G N M A II		63,369 face 6.500% Due 04/20/54	64,715	64,416
G N M A II		168,814 face 7.000% Due 04/20/54	173,060	172,590
G N M A II		160,413 face 7.000% Due 05/20/54	164,276	164,155
G N M A II		64,645 face 6.500% Due 08/20/54	65,858	65,707
G N M A II		209,570 face 6.500% Due 09/20/54	214,923	213,011
G N M A II		105,000 face 6.500% Due 10/20/54	107,428	106,724
G N M A Gtd		18,424 face 1.000% Due 02/20/51	17,477	14,731
TOTAL U.S. GOVERNMENT SECURITIES			<u>\$10,300,596</u>	<u>\$ 9,451,578</u>
CORPORATE OBLIGATIONS				
Aep Transmission Co		90,000 face 3.100% Due 12/01/26	\$ 92,920	\$ 87,417
AT&T Inc		45,000 face 5.150% Due 11/15/46	43,067	42,258
Abbvie Inc		63,000 face 4.950% Due 03/15/31	63,523	63,648
Adobe Inc		46,000 face 2.300% Due 02/01/30	43,297	41,164
Agilent Technology		86,000 face 4.750% Due 09/06/34	85,939	83,201
Air Products		42,000 face 4.850% Due 02/08/34	41,696	41,681
Allstate Corp		60,000 face 0.750% Due 12/15/25	57,219	57,398
Amazon Com Inc		35,000 face 3.875% Due 08/22/37	38,027	31,431
Amer Airline		41,572 face 3.150% Due 08/15/33	37,795	38,096
American Express Mtn		40,000 face 3.300% Due 05/03/27	42,438	38,866
American Water Cap		85,000 face 5.150% Due 03/01/34	88,615	85,478
Amphenol Corp		150,000 face 2.050% Due 03/01/25	148,693	148,518
Analog Devices Inc		70,000 face 3.500% Due 12/05/26	73,079	68,723
Anheuser Busch Inbev		95,000 face 6.625% Due 08/15/33	117,433	105,400
Automatic Data		45,000 face 1.700% Due 05/15/28	39,458	41,083

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Avery Dennison Corp	78,000 face 2.250% Due 02/15/32	\$ 66,103	\$ 64,632	
Bank of America	100,000 face 4.790% Due 05/15/28	99,039	100,353	
Brown Forman Corp	30,000 face 4.750% Due 04/15/33	29,811	29,761	
Burlington Northn	70,000 face 7.290% Due 06/01/36	100,720	83,744	
Cboe Holdings Inc	85,000 face 3.650% Due 01/12/27	91,054	83,414	
Caterpillar Inc	40,000 face 6.625% Due 07/15/28	50,819	42,539	
Church Dwight Co Inc	24,000 face 5.600% Due 11/15/32	25,658	25,173	
Cintas Corp	85,000 face 4.000% Due 05/01/32	84,128	80,830	
Colgate Palmolive Co	90,000 face 3.250% Due 08/15/32	87,300	82,151	
Comcast Corp	75,000 face 6.500% Due 11/15/35	90,317	83,270	
Conoco Inc	55,000 face 6.950% Due 04/15/29	60,114	60,276	
Consumers 2023	110,000 face 5.210% Due 09/01/31	111,054	111,556	
Cummins Inc	80,000 face 1.500% Due 09/01/30	72,526	67,352	
Dte Electric	40,000 face 3.700% Due 03/15/45	40,306	31,476	
Daimler Trucks	135,000 face 5.900% Due 03/15/27	134,998	136,403	
Darden Restaurants	42,000 face 4.350% Due 10/15/27	41,991	41,472	
Dicks Sporting Goods	55,000 face 3.150% Due 01/15/32	45,382	48,235	
Walt Disney Company	58,000 face 7.125% Due 04/08/28	71,867	62,661	
Dominion Res	70,000 face 7.000% Due 06/15/38	92,554	79,281	
Duke Energy	78,000 face 3.750% Due 06/01/45	75,690	61,403	
Eastman Chem Co	100,000 face 3.800% Due 03/15/25	97,465	99,521	
Eaton Corp	80,000 face 4.150% Due 11/02/42	80,871	69,163	
Ecolab Inc Sr	125,000 face 4.800% Due 03/24/30	125,673	125,605	
Emerson Elec Co	30,000 face 0.875% Due 10/15/26	28,492	28,104	
Evergy Inc	75,000 face 2.900% Due 09/15/29	75,162	68,411	
Exxon Mobil	95,000 face 2.610% Due 10/15/30	85,820	85,107	

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Fedex 2020 1 Class	177,810 face 1.875% Due 02/20/34	\$ 151,889	\$ 150,358	
Fiserv Inc	119,000 face 5.150% Due 08/12/34	118,779	118,254	
Florida Power Light	155,000 face 3.125% Due 12/01/25	159,454	152,680	
General Mtrs Finl Co	120,000 face 2.700% Due 08/20/27	114,222	113,140	
Genuine Parts Co	80,000 face 6.500% Due 11/01/28	79,644	84,358	
Georgia Pacific Corp	125,000 face 7.375% Due 12/01/25	146,208	128,409	
Ww Grainger Inc	52,000 face 3.750% Due 05/15/46	41,377	41,450	
Ww Grainger Inc	40,000 face 1.850% Due 02/15/25	39,163	39,654	
Hca Inc	86,000 face 4.125% Due 06/15/29	81,193	82,826	
Hershey Co Sr Nt	95,000 face 1.700% Due 06/01/30	88,017	81,536	
Illinois Tool Work	45,000 face 2.650% Due 11/15/26	46,555	43,524	
Jp Morgan Chase Bank	45,000 face 2.182% Due 06/01/28	43,407	42,147	
Jacobs Solutions Inc	55,000 face 6.350% Due 08/18/28	55,153	57,401	
Kla Corp Sr Nt	35,000 face 4.950% Due 07/15/52	30,512	32,852	
Kenvue Inc	46,000 face 5.050% Due 03/22/53	41,712	44,718	
Keurig Dr Pepper Inc	110,000 face 5.300% Due 03/15/34	110,160	111,314	
Kimberly Clark Corp	25,000 face 6.625% Due 08/01/37	30,113	28,814	
Kimberly Clark Corp	60,000 face 2.650% Due 03/01/25	62,160	59,555	
Kroger Co	45,000 face 2.650% Due 10/15/26	45,333	43,308	
Lockheed Martin Corp	50,000 face 7.750% Due 05/01/26	53,811	52,329	
Lowes Cos Inc	44,000 face 5.625% Due 04/15/53	42,912	43,607	
Martin Marietta Inc	60,000 face 3.200% Due 07/15/51	50,610	41,197	
McDonald's Corp Mtn	25,000 face 3.700% Due 01/30/26	24,334	24,735	
Molson Coors Brewing	50,000 face 4.200% Due 07/15/46	36,886	40,958	
Mondelez	105,000 face 1.500% Due 05/04/25	98,443	103,233	
National Rural Util	85,000 face 3.050% Due 04/25/27	86,408	81,950	
Netflix Inc	33,000 face 5.400% Due 08/15/54	33,241	33,190	
Oglethorpe Power	80,000 face 4.550% Due 06/01/44	75,731	67,219	
Oneok Inc New	79,000 face 5.000% Due 03/01/26	85,892	79,031	
Oracle Corp	28,000 face 6.150% Due 11/09/29	29,104	29,622	
Paccar Financial Mtn	110,000 face 4.600% Due 01/31/29	109,523	110,318	
Pacific Gas Elec Co	45,000 face 6.750% Due 01/15/53	48,105	49,219	

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Pepsico Inc	80,000 face 2.750% Due 03/19/30	\$ 72,833	\$ 72,970	
Pinnacle West Cap	135,000 face 1.300% Due 06/15/25	130,386	131,849	
Public Svc MTN	105,000 face 5.200% Due 08/01/33	107,060	107,109	
Quanta Svcs Inc	50,000 face 3.050% Due 10/01/41	42,055	36,330	
Republic Services	35,000 face 3.375% Due 11/15/27	35,664	33,852	
Republic Services Inc	90,000 face 1.750% Due 02/15/32	79,873	72,878	
T Mobile USA Inc	32,000 face 3.875% Due 04/15/30	33,303	30,391	
Tennessee Gas Pipeline	55,000 face 7.000% Due 10/15/28	65,992	58,997	
Texas Instruments	40,000 face 1.750% Due 05/04/30	38,218	34,406	
Transatlantic HI	40,000 face 8.000% Due 11/30/39	48,804	50,226	
Transcont Gas Pipe	85,000 face 7.850% Due 02/01/26	99,448	87,428	
Union Pacific Rr Co	132,513 face 3.227% Due 05/14/26	133,780	129,331	
United Parcel	35,000 face 5.200% Due 04/01/40	43,704	34,814	
Ventas Rlty LP	56,000 face 5.625% Due 07/01/34	58,267	57,247	
Verizon Master Tr	120,000 face 4.448% Due 08/20/30	119,969	118,959	
Waste Mgmt Inc	150,000 face 0.750% Due 11/15/25	143,494	144,118	
Wells Fargo Company	45,000 face 3.000% Due 04/22/26	41,399	43,925	
Wisconsin Elec Pwr	110,000 face 4.750% Due 09/30/32	110,007	110,137	
Wisconsin Energy COR	15,000 face 6.200% Due 04/01/33	19,028	16,110	
Canadian Natl Ry	53,000 face 6.712% Due 07/15/36	67,681	59,488	
Nvent Finance Sarl	60,000 face 4.550% Due 04/15/28	57,220	59,447	
Waste Connections	140,000 face 4.250% Due 12/01/28	149,932	137,780	
TOTAL CORPORATE OBLIGATIONS		<u>\$ 6,936,281</u>	<u>\$ 6,666,953</u>	
MUNICIPAL OBLIGATIONS				
Marin Ca	125,000 face 1.451% Due 08/01/30	\$ 101,880	\$ 106,405	
New York ST	65,000 face 3.270% Due 03/15/28	65,305	62,837	
Sioux Falls	90,000 face 1.065% Due 08/01/26	79,521	85,061	
Univ of Ca	125,000 face 3.063% Due 07/01/25	123,650	123,880	
University Mi	65,000 face 1.004% Due 04/01/25	63,235	64,086	
TOTAL MUNICIPAL OBLIGATIONS		<u>\$ 433,591</u>	<u>\$ 442,269</u>	

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
<u>MUTUAL FUNDS</u>				
Fidelity Short Term Bond Index		.515 Shares	\$ 5	\$ 5
Bny Mellon Global Real Return Fund		431,191 Shares	6,375,074	6,890,438
TOTAL MUTUAL FUNDS			<u>\$ 6,375,079</u>	<u>\$ 6,890,443</u>
<u>PARTNERSHIPS</u>				
Beach Point Loan Fd		1,939 Shares	\$ 2,947,630	\$ 3,617,032
AFL-CIO Hit		6,840 Shares	6,561,358	6,817,097
TOTAL PARTNERSHIPS			<u>\$ 9,508,988</u>	<u>\$ 10,434,129</u>
TOTAL INVESTMENTS			<u>\$40,271,891</u>	<u>\$ 40,602,728</u>

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 87-6123188 PLAN NUMBER 501
YEAR ENDED OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity Of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
First Am Govt Obl Fund CI V	7,609,883 shares	\$7,609,883	\$ -	\$ -	\$ -	\$ 7,609,883	\$ 7,609,883	\$ -
First Am Govt Obl Fund CI V	7,575,748 shares	-	7,575,748	-	-	7,575,748	7,575,748	-
First Am Govt Obl Fund CI Y	3,500,510 shares	3,500,510	-	-	-	3,500,510	3,500,510	-
First Am Govt Obl Fund CI Y	3,500,343 shares	-	3,500,343	-	-	3,500,343	3,500,343	-
AFL-CIO Hit	6,840 shares	6,561,358	-	-	-	6,561,358	6,561,358	-

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201 , check here. ▶ ☐

Part II	Basic Plan Information — enter all requested information
1 a Name of plan IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST	1b Three-digit plan number (PN).... ▶ 501
	1c Effective date of plan 10/03/1955
2 a 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)	2b Employer Identification Number (EIN) 87-6123188
	2c Plan Sponsor's telephone number 801-904-4897
	2d Business code (see instructions) 525100
IRONWORKERS INTERMOUNTAIN HEALTH & WELFARE TRUST 5295 S. COMMERCE DR. STE. #220 (BRIDGE BUILDING) MURRAY, UT 84107	

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

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

SIGN HERE	<i>Lillian Santillanes</i>	8/14/2025 1:22 PM PDT	LILLIAN SANTILLANES
	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 ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number 	
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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
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5 Total number of participants at the beginning of the plan year	5	1535
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1459
a(2) Total number of active participants at the end of the plan year	6a(2)	1447
b Retired or separated participants receiving benefits	6b	69
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1516
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	1516
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	150

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	4E	4F						

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

a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) – signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information)– Number Attached <u>3</u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
 FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 EIN 87-6123188 PLAN NUMBER 501
 OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
<u>MONEY MARKET ACCOUNTS</u>				
U.S. Bank		Cash and Short-Term Variable	<u>\$ 6,717,356</u>	<u>\$ 6,717,356</u>
<u>U.S. GOVERNMENT SECURITIES</u>				
US Treasury		435,000 face 2.750% Due 11/15/42	\$ 435,101	\$ 337,090
US Treasury		465,000 face 2.500% Due 02/15/45	413,825	334,819
US Treasury		470,000 face 2.500% Due 05/15/46	435,035	333,625
US Treasury		336,000 face 3.000% Due 05/15/47	315,083	259,362
US Treasury		290,000 face 2.375% Due 11/15/49	259,706	194,152
US Treasury		410,000 face 1.250% Due 05/15/50	284,693	206,009
US Treasury		380,000 face 1.375% Due 08/15/50	273,670	196,563
US Treasury		170,000 face 3.125% Due 08/15/25	167,505	168,346
US Treasury		406,000 face 4.125% Due 11/15/32	418,581	402,923
US Treasury		295,000 face 4.500% Due 11/15/33	307,354	299,909
US Treasury		80,000 face 4.875% Due 04/30/26	79,787	80,744
US Treasury		215,000 face 4.375% Due 05/15/34	217,113	216,512
F H L M C Gd		32,752 face 2.500% Due 07/01/29	32,952	31,704
F H L M C Gd		90,432 face 4.000% Due 10/01/48	87,620	84,803
F H L M C Gd		35,389 face 3.000% Due 11/01/30	36,125	34,129
F H L M C		70,343 face 3.000% Due 08/01/51	63,133	60,968
F H L M C		268,403 face 3.500% Due 02/01/52	269,581	241,120
F H L M C		90,821 face 3.000% Due 02/01/52	75,686	78,379
F H L M C		161,708 face 3.500% Due 02/01/52	168,614	145,398
F H L M C		218,885 face 4.500% Due 07/01/52	219,400	207,879
F H L M C		97,878 face 5.000% Due 08/01/52	98,392	95,296
F H L M C		82,861 face 5.000% Due 11/01/52	81,426	80,641
F H L M C		123,347 face 5.500% Due 11/01/52	123,258	122,207
F H L M C		219,736 face 5.500% Due 12/01/52	217,164	218,205
F H L M C		83,686 face 4.000% Due 10/01/37	70,721	69,337
F H L M C		163,617 face 4.500% Due 10/01/37	163,327	160,695

SCHEDULE "1"
(Continued)

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
F H L M C		130,145 face 5.000% Due 03/01/38	\$ 130,278	\$ 130,009
F H L M C		160,855 face 5.500% Due 09/01/38	161,383	162,338
F H L M C		153,335 face 4.000% Due 06/01/52	142,771	141,937
F H L M C		60,000 face 3.430% Due 01/25/27	64,387	58,733
F H L M C		125,000 face 3.500% Due 07/25/32	121,167	115,509
F H L M C		60,000 face 3.820% Due 12/25/32	58,876	56,507
F N M A		325,000 face 0.875% Due 08/05/30	273,762	269,152
F N M A		45,000 face 0.375% Due 08/25/25	41,309	43,569
F N M A		55,000 face 5.625% Due 07/15/37	61,873	60,400
F N M A		116,857 face 2.500% Due 03/01/35	119,422	107,834
F N M A		66,789 face 3.500% Due 07/01/48	70,097	60,812
F N M A		54,222 face 2.500% Due 06/01/51	41,497	45,319
F N M A		141,580 face 3.500% Due 01/01/51	131,182	128,227
F N M A		284,011 face 3.000% Due 05/01/50	287,389	247,049
F N M A		253,209 face 3.000% Due 07/01/50	259,034	221,874
F N M A		310,095 face 2.500% Due 06/01/51	302,848	257,958
F N M A		135,231 face 2.500% Due 08/01/51	109,812	113,011
F N M A		31,399 face 2.500% Due 09/01/51	27,042	26,110
F N M A		265,337 face 4.000% Due 04/01/52	255,154	245,617
F N M A		117,824 face 5.000% Due 05/01/52	121,653	114,740
F N M A		41,826 face 5.000% Due 08/01/52	41,722	40,723
F N M A		137,083 face 4.000% Due 09/01/37	135,999	132,657
F N M A		170,809 face 5.000% Due 11/01/52	166,238	166,428
F N M A		116,373 face 6.000% Due 01/01/53	115,831	117,200
F N M A		82,414 face 5.500% Due 04/01/38	82,749	83,236
F N M A		169,705 face 4.500% Due 04/01/53	165,250	161,220
F N M A		138,464 face 5.000% Due 07/01/38	138,226	138,184
F N M A		147,885 face 6.000% Due 12/01/53	148,232	148,894
F N M A		77,812 face 6.000% Due 03/01/54	77,909	78,319
G N M A II		163,782 face 4.500% Due 05/20/52	165,110	156,677

SCHEDULE "1"
(Continued)

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest,	Cost	Current Value
G N M A II		56,386 face 5.500% Due 04/20/53	\$ 56,575	\$ 56,211
G N M A II		102,137 face 6.000% Due 03/20/54	103,230	102,975
G N M A II		63,369 face 6.500% Due 04/20/54	64,715	64,416
G N M A II		168,814 face 7.000% Due 04/20/54	173,060	172,590
G N M A II		160,413 face 7.000% Due 05/20/54	164,276	164,155
G N M A II		64,645 face 6.500% Due 08/20/54	65,858	65,707
G N M A II		209,570 face 6.500% Due 09/20/54	214,923	213,011
G N M A II		105,000 face 6.500% Due 10/20/54	107,428	106,724
G N M A Gtd		18,424 face 1.000% Due 02/20/51	17,477	14,731
TOTAL U.S. GOVERNMENT SECURITIES			<u>\$10,300,596</u>	<u>\$ 9,451,578</u>
CORPORATE OBLIGATIONS				
Aep Transmission Co		90,000 face 3.100% Due 12/01/26	\$ 92,920	\$ 87,417
AT&T Inc		45,000 face 5.150% Due 11/15/46	43,067	42,258
Abbvie Inc		63,000 face 4.950% Due 03/15/31	63,523	63,648
Adobe Inc		46,000 face 2.300% Due 02/01/30	43,297	41,164
Agilent Technology		86,000 face 4.750% Due 09/06/34	85,939	83,201
Air Products		42,000 face 4.850% Due 02/08/34	41,696	41,681
Allstate Corp		60,000 face 0.750% Due 12/15/25	57,219	57,398
Amazon Com Inc		35,000 face 3.875% Due 08/22/37	38,027	31,431
Amer Airline		41,572 face 3.150% Due 08/15/33	37,795	38,096
American Express Mtn		40,000 face 3.300% Due 05/03/27	42,438	38,866
American Water Cap		85,000 face 5.150% Due 03/01/34	88,615	85,478
Amphenol Corp		150,000 face 2.050% Due 03/01/25	148,693	148,518
Analog Devices Inc		70,000 face 3.500% Due 12/05/26	73,079	68,723
Anheuser Busch Inbev		95,000 face 6.625% Due 08/15/33	117,433	105,400
Automatic Data		45,000 face 1.700% Due 05/15/28	39,458	41,083

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Avery Dennison Corp	78,000 face 2.250% Due 02/15/32	\$ 66,103	\$ 64,632	
Bank of America	100,000 face 4.790% Due 05/15/28	99,039	100,353	
Brown Forman Corp	30,000 face 4.750% Due 04/15/33	29,811	29,761	
Burlington Northn	70,000 face 7.290% Due 06/01/36	100,720	83,744	
Cboe Holdings Inc	85,000 face 3.650% Due 01/12/27	91,054	83,414	
Caterpillar Inc	40,000 face 6.625% Due 07/15/28	50,819	42,539	
Church Dwight Co Inc	24,000 face 5.600% Due 11/15/32	25,658	25,173	
Cintas Corp	85,000 face 4.000% Due 05/01/32	84,128	80,830	
Colgate Palmolive Co	90,000 face 3.250% Due 08/15/32	87,300	82,151	
Comcast Corp	75,000 face 6.500% Due 11/15/35	90,317	83,270	
Conoco Inc	55,000 face 6.950% Due 04/15/29	60,114	60,276	
Consumers 2023	110,000 face 5.210% Due 09/01/31	111,054	111,556	
Cummins Inc	80,000 face 1.500% Due 09/01/30	72,526	67,352	
Dte Electric	40,000 face 3.700% Due 03/15/45	40,306	31,476	
Daimler Trucks	135,000 face 5.900% Due 03/15/27	134,998	136,403	
Darden Restaurants	42,000 face 4.350% Due 10/15/27	41,991	41,472	
Dicks Sporting Goods	55,000 face 3.150% Due 01/15/32	45,382	48,235	
Walt Disney Company	58,000 face 7.125% Due 04/08/28	71,867	62,661	
Dominion Res	70,000 face 7.000% Due 06/15/38	92,554	79,281	
Duke Energy	78,000 face 3.750% Due 06/01/45	75,690	61,403	
Eastman Chem Co	100,000 face 3.800% Due 03/15/25	97,465	99,521	
Eaton Corp	80,000 face 4.150% Due 11/02/42	80,871	69,163	
Ecolab Inc Sr	125,000 face 4.800% Due 03/24/30	125,673	125,605	
Emerson Elec Co	30,000 face 0.875% Due 10/15/26	28,492	28,104	
Evergy Inc	75,000 face 2.900% Due 09/15/29	75,162	68,411	
Exxon Mobil	95,000 face 2.610% Due 10/15/30	85,820	85,107	

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Fedex 2020 1 Class	177,810 face 1.875% Due 02/20/34	\$ 151,889	\$ 150,358	
Fiserv Inc	119,000 face 5.150% Due 08/12/34	118,779	118,254	
Florida Power Light	155,000 face 3.125% Due 12/01/25	159,454	152,680	
General Mtrs Finl Co	120,000 face 2.700% Due 08/20/27	114,222	113,140	
Genuine Parts Co	80,000 face 6.500% Due 11/01/28	79,644	84,358	
Georgia Pacific Corp	125,000 face 7.375% Due 12/01/25	146,208	128,409	
Ww Grainger Inc	52,000 face 3.750% Due 05/15/46	41,377	41,450	
Ww Grainger Inc	40,000 face 1.850% Due 02/15/25	39,163	39,654	
Hca Inc	86,000 face 4.125% Due 06/15/29	81,193	82,826	
Hershey Co Sr Nt	95,000 face 1.700% Due 06/01/30	88,017	81,536	
Illinois Tool Work	45,000 face 2.650% Due 11/15/26	46,555	43,524	
Jp Morgan Chase Bank	45,000 face 2.182% Due 06/01/28	43,407	42,147	
Jacobs Solutions Inc	55,000 face 6.350% Due 08/18/28	55,153	57,401	
Kla Corp Sr Nt	35,000 face 4.950% Due 07/15/52	30,512	32,852	
Kenvue Inc	46,000 face 5.050% Due 03/22/53	41,712	44,718	
Keurig Dr Pepper Inc	110,000 face 5.300% Due 03/15/34	110,160	111,314	
Kimberly Clark Corp	25,000 face 6.625% Due 08/01/37	30,113	28,814	
Kimberly Clark Corp	60,000 face 2.650% Due 03/01/25	62,160	59,555	
Kroger Co	45,000 face 2.650% Due 10/15/26	45,333	43,308	
Lockheed Martin Corp	50,000 face 7.750% Due 05/01/26	53,811	52,329	
Lowes Cos Inc	44,000 face 5.625% Due 04/15/53	42,912	43,607	
Martin Marietta Inc	60,000 face 3.200% Due 07/15/51	50,610	41,197	
McDonald's Corp Mtn	25,000 face 3.700% Due 01/30/26	24,334	24,735	
Molson Coors Brewing	50,000 face 4.200% Due 07/15/46	36,886	40,958	
Mondelez	105,000 face 1.500% Due 05/04/25	98,443	103,233	
National Rural Util	85,000 face 3.050% Due 04/25/27	86,408	81,950	
Netflix Inc	33,000 face 5.400% Due 08/15/54	33,241	33,190	
Oglethorpe Power	80,000 face 4.550% Due 06/01/44	75,731	67,219	
Oneok Inc New	79,000 face 5.000% Due 03/01/26	85,892	79,031	
Oracle Corp	28,000 face 6.150% Due 11/09/29	29,104	29,622	
Paccar Financial Mtn	110,000 face 4.600% Due 01/31/29	109,523	110,318	
Pacific Gas Elec Co	45,000 face 6.750% Due 01/15/53	48,105	49,219	

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
Pepsico Inc	80,000 face 2.750% Due 03/19/30	\$ 72,833	\$ 72,970	
Pinnacle West Cap	135,000 face 1.300% Due 06/15/25	130,386	131,849	
Public Svc MTN	105,000 face 5.200% Due 08/01/33	107,060	107,109	
Quanta Svcs Inc	50,000 face 3.050% Due 10/01/41	42,055	36,330	
Republic Services	35,000 face 3.375% Due 11/15/27	35,664	33,852	
Republic Services Inc	90,000 face 1.750% Due 02/15/32	79,873	72,878	
T Mobile USA Inc	32,000 face 3.875% Due 04/15/30	33,303	30,391	
Tennessee Gas Pipeline	55,000 face 7.000% Due 10/15/28	65,992	58,997	
Texas Instruments	40,000 face 1.750% Due 05/04/30	38,218	34,406	
Transatlantic HI	40,000 face 8.000% Due 11/30/39	48,804	50,226	
Transcont Gas Pipe	85,000 face 7.850% Due 02/01/26	99,448	87,428	
Union Pacific Rr Co	132,513 face 3.227% Due 05/14/26	133,780	129,331	
United Parcel	35,000 face 5.200% Due 04/01/40	43,704	34,814	
Ventas Rlty LP	56,000 face 5.625% Due 07/01/34	58,267	57,247	
Verizon Master Tr	120,000 face 4.448% Due 08/20/30	119,969	118,959	
Waste Mgmt Inc	150,000 face 0.750% Due 11/15/25	143,494	144,118	
Wells Fargo Company	45,000 face 3.000% Due 04/22/26	41,399	43,925	
Wisconsin Elec Pwr	110,000 face 4.750% Due 09/30/32	110,007	110,137	
Wisconsin Energy COR	15,000 face 6.200% Due 04/01/33	19,028	16,110	
Canadian Natl Ry	53,000 face 6.712% Due 07/15/36	67,681	59,488	
Nvent Finance Sarl	60,000 face 4.550% Due 04/15/28	57,220	59,447	
Waste Connections	140,000 face 4.250% Due 12/01/28	149,932	137,780	
TOTAL CORPORATE OBLIGATIONS		<u>\$ 6,936,281</u>	<u>\$ 6,666,953</u>	
MUNICIPAL OBLIGATIONS				
Marin Ca	125,000 face 1.451% Due 08/01/30	\$ 101,880	\$ 106,405	
New York ST	65,000 face 3.270% Due 03/15/28	65,305	62,837	
Sioux Falls	90,000 face 1.065% Due 08/01/26	79,521	85,061	
Univ of Ca	125,000 face 3.063% Due 07/01/25	123,650	123,880	
University Mi	65,000 face 1.004% Due 04/01/25	63,235	64,086	
TOTAL MUNICIPAL OBLIGATIONS		<u>\$ 433,591</u>	<u>\$ 442,269</u>	

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 87-6123188 PLAN NUMBER 501
OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
<u>MUTUAL FUNDS</u>				
Fidelity Short Term Bond Index		.515 Shares	\$ 5	\$ 5
Bny Mellon Global Real Return Fund		431,191 Shares	6,375,074	6,890,438
TOTAL MUTUAL FUNDS			<u>\$ 6,375,079</u>	<u>\$ 6,890,443</u>
<u>PARTNERSHIPS</u>				
Beach Point Loan Fd		1,939 Shares	\$ 2,947,630	\$ 3,617,032
AFL-CIO Hit		6,840 Shares	6,561,358	6,817,097
TOTAL PARTNERSHIPS			<u>\$ 9,508,988</u>	<u>\$ 10,434,129</u>
TOTAL INVESTMENTS			<u>\$40,271,891</u>	<u>\$ 40,602,728</u>

IRONWORKERS' INTERMOUNTAIN HEALTH & WELFARE TRUST
FORM 5500, SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
EIN 87-6123188 PLAN NUMBER 501
YEAR ENDED OCTOBER 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity Of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
First Am Govt Obl Fund CI V	7,609,883 shares	\$7,609,883	\$ -	\$ -	\$ -	\$ 7,609,883	\$ 7,609,883	\$ -
First Am Govt Obl Fund CI V	7,575,748 shares	-	7,575,748	-	-	7,575,748	7,575,748	-
First Am Govt Obl Fund CI Y	3,500,510 shares	3,500,510	-	-	-	3,500,510	3,500,510	-
First Am Govt Obl Fund CI Y	3,500,343 shares	-	3,500,343	-	-	3,500,343	3,500,343	-
AFL-CIO Hit	6,840 shares	6,561,358	-	-	-	6,561,358	6,561,358	-