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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1954

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)
BOARD OF TRUSTEES OF BOILERMAKERS
NATIONAL HEALTH & WELFARE FUND

12200 N AMBASSADOR DRIVE
SUITE 326
KANSAS CITY, MO 64163

2b Employer Identification Number (EIN) 36-6090694

2c Plan Sponsor's telephone number 913-906-7517

2d Business code (see instructions) 238900

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.	10/10/2025	RONNIE TRAXLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	JOHN FULTZ
	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 [X] 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**	13328
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)**	9051
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8812
b	Retired or separated participants receiving benefits	**6b**	4075
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12887
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	410

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

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

9a Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF BOILERMAKERS

D Employer Identification Number (EIN)
36-6090694

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

1 Coverage Information:

(a) Name of insurance carrier
LIFE INSURANCE COMPANY OF NORTH AMERICA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
23-1503749	65498	LK 0980148	8812	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
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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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [X] 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)**	0
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)**	0
(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)**	0
(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**	874428
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF BOILERMAKERS

D Employer Identification Number (EIN)
36-6090694

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0117622	7496	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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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	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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** [X] Other (specify) ▶ AD&D

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
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)**	0
(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)**	0
(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**	568060
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 [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF BOILERMAKERS

D Employer Identification Number (EIN)
36-6090694

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

1 Coverage Information:

(a) Name of insurance carrier
UNITEDHEALTHCARE 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	H2001	6743	01/01/2024	12/31/2024

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [X] 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** [X] 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)	0
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)	0
(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)	0
(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	10264651
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF BOILERMAKERS

D Employer Identification Number (EIN)
36-6090694

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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?
12 13 31 38 49 50 56 62	NONE	7118236	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

WILSON-MCSHANE CORPORATION

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	2020104	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONAL INVESTMENT SERVICES OF AME

84-3937993

(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?
51 28	NONE	826711	Yes [ ] No [X]	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)

CORBIN CAPITAL PARTNERS, LP

30-0299433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	625173	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TUCKER ARENSBERG ATTORNEYS

25-1425735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	597382	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INVESCO ADVISORS

58-1707262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	583034	Yes [ ] No [X]	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)

AMERICAN REALTY ADVISORS

33-0123114

(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?
51 28	NONE	543643	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ULLICO INVESTMENT ADVISORS

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	508405	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAZARD ASSET MANAGEMENT

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	398266	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

AMERICAN STRATEGIC VALUE REALTY

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	344286	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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?
51 28	NONE	310664	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAURA PHELPS

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	307850	Yes [ ] No [X]	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)

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 11 22	NONE	289811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REINHART BOERNER VAN DEUREN, S.C

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	279642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF LABOR

48-0150325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	260165	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)

BRIDGET A. HILLEBERT

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	255760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA DENTAL OF KANSAS, INC.

48-0793267

(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 23 50	NONE	232286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT LAKES ADVISORS

80-0292839

(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?
51 28	NONE	188713	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)

MARIO RODRIGUEZ

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	183406	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FINANCIAL COUNSELORS, INC.

43-1703335

(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?
56 27 50 28	NONE	175998	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HINGE HEALTH

81-1884841

(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 50	NONE	174772	Yes [ ] No [X]	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)

TONYA M. PAVELAC

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	157588	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIAN MCENROE

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	151281	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RHONDA MAHON-WHITE

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	143413	Yes [ ] No [X]	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)

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	143333	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LORA HOLT

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	142233	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NICOLE FERGUS

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	137988	Yes [ ] No [X]	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)

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(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 49 51	NONE	133178	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VIRTA

3513 BRIGHTON BLVD
DENVER, CO 80216

(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 50	NONE	128685	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMBASSADOR BUILDING LLC

84-3258758

(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 50	NONE	102573	Yes [ ] No [X]	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)

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	85071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS SCRIPTS

43-1420563

(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 23 50	NONE	82537	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHY L. JAMES

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68783	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)

CYNTHIA DEKEYSER

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	67657	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CCAW JV, LLC

4400 EASTON COMMONS WAY
SUITE 125
COLUMBUS, OH 43219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	61200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREA GABALDON

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57566	Yes [ ] No [X]	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)

PARAMETRIC PORTFOLIO ASSOCIATES

20-0292745

(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?
51 28	NONE	54120	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PHARMACY INVESTIGATORS & CONSULTANT

83-1412332

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	50000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHRISTINE KING

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46331	Yes [ ] No [X]	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)

STEVE OROZCO

48-0669346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS INC

52-0975591

(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 50	NONE	41731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES CHARLES MATTHEWS

2331 BURCHARD ST SE
BENTON HARBOR, MI 49022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	41535	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)

BLAKE & UHLIG, PA

48-0918231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	37146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UPTODATE

230 CITYPOINT, 230 3RD AVE
WALTHAM, MA 02451

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	33457	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUMEN

100 CENTURYLINK DRIVE
MONROE, LA 71203

(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 50	NONE	31863	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)

SEGAL SELECT INSURANCE

46-0619194

(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?
53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	26484	Yes [ ] No [X]

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

AMERICAN WELL CORPORATION

75 STATE STREET
26TH FLOOR
BOSTON, MA 02109

(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 50	NONE	23000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONVERGEONE, INC

41-1763228

(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 50	NONE	21975	Yes [ ] No [X]	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)

ST. CROIX

39-1151669

(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 50	NONE	20780	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 28	NONE	17088	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PASSAGEWAYS INC

82-2007390

(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 50	NONE	13773	Yes [ ] No [X]	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)

DELL MARKETING

200 DELL WAY
ROUND ROCK, TX 78682

(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 50	NONE	8273	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MRIOA, LLC

87-0515201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	7014	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RONNIE TRAXLER

12200 N AMBASSADOR DR
SUITE 326
KANSAS CITY, MO 64163

(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?
20 31 50	TRUSTEE	5451	Yes [ ] No [X]	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
SEGAL SELECT INSURANCE SERVICES, IN	53	17152

(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.
CHUBB 13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	53	4543

(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.
ULLICO 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	53	934

(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.
ENCORE 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES

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
SEGAL SELECT INSURANCE SERVICES, IN	53	720

(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.
AMWINS 13-4279678	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	53	630

(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.
MCGOWAN PROGRAM ADMINISTRATORS 35-1176039	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	53	629

(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.
AXIS 39-1338397	INSURANCE BROKERAGE COMMISSIONS AND FEES

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
SEGAL SELECT INSURANCE SERVICES, IN	53	598

(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.
OLD REPUBLIC INSURANCE GROUP 25-0410420	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	53	536

(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.
HARTFORD FIRE INSURANCE COMPANY 06-0383750	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	53	503

(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.
RLI INSURANCE 37-0915434	INSURANCE BROKERAGE COMMISSIONS AND FEES

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
SEGAL SELECT INSURANCE SERVICES, IN	53	239

(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.
TRAVELERS INSURANCE 06-0566090	INSURANCE BROKERAGE COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
CASTLIGHT HEALTH 26-1989091	INDIRECT COMPENSATION RECEIVED TO HELP DEFRAY COST FOR IMPLEMENTATION, REIMB FOR ANNUAL VENDOR COE & CCD INFO, & REIMB FOR AVAIL ACCESS TO COST, & REIMB FOR PAID CLAIM FILES. INDIRECT COMPENSATION WAS APPROX $3.24 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
JPMORGAN CHASE 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN THE CLAIM ADMIN BY CIGNA. APPLIC TO ALL SELF-FUNDED PLANS UTILIZING JPMORGAN CHASE SERV. INDIRECT COMP OF $4.38 PER PART WITH AVER ANNUAL EARNINGS CREDIT AT 3.54%.

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
OMADA COMPLETE 45-2355015	INDIRECT COMP RECEIVED FOR EXPLAIN SERV TO EXISTING & PROSPECTIVE CLIENTS, ENCOURAGE AT-RISK INDIV WHO BENEFIT FROM PREVENTATIVE CARE SERVICES, & FACILITATE ENROLLMENT. INDIRECT COMP WAS APPROX $.17 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
BLOOMINGTON HOSPITAL 35-1720796	NETWORK HOSPITALS LISTED ON THIS LINE AND NEXT 21 LINES HAVE CONTRACTED WITH SAGAMORE HEALTH NETWORK (AN AFFLILIATE OF CIGNA) TO PAY NETWORK ADMINISTRATION FEES. INDIRECT COMP WAS APPROX $.06 PER PARTICIPANT.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
BLOOMINGTON HOSPITAL OF ORANGE COUN 35-2090919	SEE ABOVE

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
CLARK MEMORIAL HOSPITAL 35-0944638	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
DAVIESS COMMUNITY HOSPITAL 35-6001322	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
DEACONESS GIBSON HOSPITAL 35-0877575	SEE ABOVE

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
GOOD SAMARITAN HOSPITAL 35-6001532	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
GOSHEN GENERAL HOSPITAL 35-6001540	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
GREENE COUNTY GENERAL HOSPITAL 35-6001492	SEE ABOVE

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
FRANCISCAN HEALTH LAFAYETTE 35-2056396	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
FRANCISCAN HEALTHCARE RENSSELAER 35-1404051	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
MARGARET MARY COMMUNITY HOSPITAL 35-6067049	SEE ABOVE

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
MEADOWS HOSPITAL 35-1858510	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
MONROE HOSPITAL 20-2069733	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
OAKLAWN PSYCHIATRIC CENTER 35-1070041	SEE ABOVE

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
STARKE MEMORIAL HOSPITAL 62-1763056	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
PULASKI MEMORIAL HOSPITAL 35-1097674	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
ST JOSEPH REGIONAL MEDICAL CENTER- P 35-1142669	SEE ABOVE

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
ST JOSEPH REGIONAL MEDICAL CENTER-S 35-0868157	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
ST MARY'S MEDICAL CENTER 35-0869065	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
ST MARY'S WARRICK HOSPITAL 35-1343019	SEE ABOVE

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
WHITE COUNTY MEMORIAL HOSPITAL 35-1140233	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
WOODLAWN HOSPITAL 35-1171815	SEE ABOVE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
BANK OF AMERICA (LOCKBOX) 59-1031071	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN THE ADMINISTRATION OF CLAIM OVERPAYMENT RECOVERIES. APPLICABLE TO ALL SELF-FUNDED PLANS. $.37 PER PART WITH AVER ANNUAL RATE OF EARNINGS CREDIT AT 4.00%.

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
AMPLIFON HEARING HEALTHCARE 85-0437037	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM WHICH OFFERS PLAN PARTICIPANTS DISCOUNTS ON VARIOUS SERVICES. INDIRECT COST OF $.00 PMPY.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
FITBIT 20-8920744	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM WHICH OFFERS PLAN PARTICIPANTS DISCOUNTS ON VARIOUS SERVICES. INDIRECT COST OF $.00 PMPY.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
CITIBANK NA 59-1031071	EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN THE CLAIM ADMIN BY CIGNA. APPLIC TO ALL SELF-FUNDED PLANS UTILIZING CITIBANK SERV. INDIRECT COMP OF $1.97 PER PART WITH AVER ANNUAL EARNINGS CREDIT AT 3.66%.

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
CITIBANK NA (OMNIBUS) 59-1031071	EARN CREDITS ON DAILY FUND BALANCES ASSO WITH BANK ACC UTILIZED IN THE CLAIM ADMIN BY CIGNA. APPLIC TO ALL SELF-FUNDED PLANS FOR EVERNORTH BEHAV HEALTH, INC OR EVERNOR CARE SOLU, I. INDIRECT COMP OF $.01 PER PART WITH AVER ANNU EARN CREDIT AT 3.66%.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
DEUTSCHE BANK 59-1031071	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED BY CIGNA IN THE ADMINISTRATION OF DISBURSING CLAIM REFUNDS. APPLIC TO ALL SELF-FUNDED PLANS ADMINISTERED BY CIGNA. INDIRECT COMP OF $.00 PER PART WITH AVER ANNUAL EARNINGS CREDIT AT .50%.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
VISION SERVICE PLAN 06-1227840	INDIRECT COMPENSATION RECEIVED TO HELP DEFRAY COST FOR IMPLEMENTATION, REIMB FOR ANNUAL VENDOR COE & CCD INFO, & REIMB FOR AVAIL ACCESS TO COST, & REIMB FOR PAID CLAIM FILES. INDIRECT COMPENSATION WAS APPROX $0.67 PER PARTICIPANT.

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
LCA-VISION INC. 11-2882328	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM WHICH OFFERS PLAN PARTICIPANTS DISCOUNTS ON VARIOUS SERVICES. INDIRECT COST OF $.00 PMPY.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
AMERICAN SPECIALTY HEALTH INC. 33-0883241	VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM WHICH OFFERS PLAN PARTICIPANTS DISCOUNTS ON VARIOUS SERVICES. INDIRECT COST OF $.00 PMPY.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
CHLIC - COR DEPOSITS 59-1031071	EARNINGS CREDITS ASSOCIATED WITH BANK ACCOUNTS UTILIZED BY CIGNA IN THE ADMINISTRATION OF DISBURSING CLAIM REFUNDS. APPLIC TO ALL SELF-FUNDED PLANS ADMINISTERED BY CIGNA. INDIRECT COMP OF $1.02 PER PART WITH AVER ANNUAL EARNINGS CREDIT AT 3.25%.

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
CIGNA HEALTH & LIFE INSURANCE CO.	12 13 31 38 49 50 56 62	0

(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.
OMADA HEALTH, INC. 45-2355015	INDIRECT COMP RECEIVED FOR EXPLAIN SERV TO EXISTING & PROSPECTIVE CLIENTS, ENCOURAGE AT-RISK INDIV WHO BENEFIT FROM PREVENTATIVE CARE SERVICES, & FACILITATE ENROLLMENT. INDIRECT COMP WAS APPROX $1.23 PER PARTICIPANT.

(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
AMERICAN WELL CORPORATION 75 STATE STREET 26TH FLOOR BOSTON, MA 02109	49 50	INDIRECT COMPENSATION

(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
CCAW JV, LLC 4400 EASTON COMMONS WAY SUITE 125 COLUMBUS, OH 43219	12 50	INDIRECT COMPENSATION

(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
DELL MARKETING 200 DELL WAY ROUND ROCK, TX 78682	49 50	INDIRECT COMPENSATION

(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
LUMEN 100 CENTURYLINK DRIVE MONROE, LA 71203	49 50	INDIRECT COMPENSATION

(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
UPTODATE 230 CITYPOINT 230 3RD AVE WALTHAM, MA 02451	12 50	INDIRECT COMPENSATION

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF BOILERMAKERS

D Employer Identification Number (EIN)
36-6090694

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC DEFENSIVE EQUITY FUND LL

b Name of sponsor of entity listed in (a): PARAMETRIC PORTFOLIO ASSOCIATES LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-2531297-001	E	91485639

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD INTERNATIONAL STRATEGIC EQUI

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-2146398-001	E	29562280

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 INDEX NON-LEND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6625099-001	C	253081285

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0622302-001	E	39805399

a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FIXED INCOME TRUST

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-8080381-018	C	158440349

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
BOILERMAKERS NATIONAL HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF BOILERMAKERS

D Employer Identification Number (EIN)
36-6090694

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	-1295206	-2086028
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8174000	8338000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10737343	5517231
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	51578338	41948866
(2) U.S. Government securities	1c(2)	112112291	123873853
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	107333918	105918915
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	396319472	392698011
(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)	357980734	411521634
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	145515486	160853318
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26784433	28581464
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	21780208	36368685

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1237021017	1313533949
Liabilities			
g Benefit claims payable	1g	21485800	20633800
h Operating payables	1h	1148003	1222867
i Acquisition indebtedness	1i		
j Other liabilities	1j	25133572	39730915
k Total liabilities (add all amounts in lines 1g through1j)	1k	47767375	61587582
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1189253642	1251946367

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)	137638017	
(B) Participants	2a(1)(B)	24760122	
(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)		162398139
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2187308	
(B) U.S. Government securities	2b(1)(B)	4264147	
(C) Corporate debt instruments	2b(1)(C)	4479067	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	11666339	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22596861
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	551522005	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	529894215	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		21627790
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-25479866	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-25479866

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		46053674
(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)		15868039
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1797031
c Other income	2c		9654032
d Total income. Add all **income** amounts in column (b) and enter total	2d		254515700
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	161466998	
(2) To insurance carriers for the provision of benefits	2e(2)	11707139	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		173174137
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)	1981450	
(2) Contract administrator fees	2i(2)	9281658	
(3) Recordkeeping fees	2i(3)	326400	
(4) IQPA audit fees	2i(4)	85071	
(5) Investment advisory and investment management fees	2i(5)	5279614	
(6) Bank or trust company trustee/custodial fees	2i(6)	7832	
(7) Actuarial fees	2i(7)	147216	
(8) Legal fees	2i(8)	502712	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	53156	
(11) Other expenses	2i(11)	983729	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		18648838
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		191822975
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		62692725
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) [X] 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)** [X] 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: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		965072963
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?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

BOILERMAKERS NATIONAL HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2024 AND 2023

CPAs | CONSULTANTS | WEALTH ADVISORS

CLAconnect.com

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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CliftonLarsonAllen LLP
CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Boilermakers National Health and Welfare Fund
Kansas City, Missouri

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Boilermakers National Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and statements of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and statements of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of Boilermakers National Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and the changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Boilermakers National Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Boilermakers National Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplementary Information

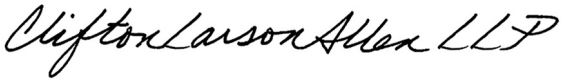
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses for the years ended December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



CliftonLarsonAllen LLP

Minneapolis, Minnesota
October 7, 2025

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - AT FAIR VALUE		
Money Market Funds	$ 41,948,866	$ 50,482,338
U.S. Government and Government Agency Obligations	113,803,082	101,389,384
Municipal Obligations	818,412	1,135,155
Corporate Obligations	79,578,214	95,629,482
Mutual Fund	28,581,464	26,784,433
Common Collective Trust	411,521,634	357,980,734
103-12 Investment Entities	160,853,318	145,515,486
Limited Liability Companies	195,467,666	189,482,727
Limited Partnerships	197,230,345	206,836,745
Total	1,229,803,001	1,175,236,484
Securities on Loan:		
U.S. Government and Government Agency Obligations	9,252,359	9,587,752
Corporate Obligations	26,340,701	11,704,436
Total	35,593,060	21,292,188
Cash Held as Futures Collateral	-	1,096,000
Collateral Held for Securities on Loan	36,368,685	21,780,208
Total Investments	1,301,764,746	1,219,404,880
RECEIVABLES		
Interest and Dividends Receivable	2,174,001	1,960,770
Contributions Due from Employers	8,338,000	8,174,000
Due from Broker	319,830	258,552
Futures Contracts (Net)	(261,345)	1,155,048
Other	3,285,726	7,255,570
Total Receivables	13,856,212	18,803,940
CASH	(2,086,028)	(1,295,206)
PREPAID EXPENSES	(981)	107,403
Total Assets	1,313,533,949	1,237,021,017
LIABILITIES		
LIABILITIES		
Accounts Payable and Accrued Liabilities	1,222,867	1,148,003
Due to Broker	362,775	364,914
Due to Related Organizations (Net)	119,559	65,931
Prepaid Participant Contributions	2,879,896	2,922,519
Liability to Return Collateral Held for Securities on Loan	36,368,685	21,780,208
Total Liabilities	40,953,782	26,281,575
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,272,580,167	$ 1,210,739,442

See accompanying Notes to Financial Statements.

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	$ 57,444,234	$ 58,184,274
Interest, Dividends, and Other Investment Income	25,492,807	23,194,479
Total Investment Income	82,937,041	81,378,753
Less: Investment Expenses	(5,279,614)	(5,806,731)
Net Investment Income	77,657,427	75,572,022
EMPLOYER CONTRIBUTIONS	137,638,017	141,637,852
PARTICIPANT CONTRIBUTIONS	24,760,122	32,132,720
MEDICARE PART D SUBSIDY	26,241	29,314
PHARMACY REBATES	9,154,279	16,620,887
OTHER INCOME	-	6,885
Total Additions	249,236,086	265,999,680
DEDUCTIONS:		
COST OF BENEFITS		
Medical, Dental, and Vision Claims	126,051,233	122,285,783
Prescription Drug Claims	36,267,765	34,981,293
Group Insurance Premiums	11,707,139	15,145,923
Total Cost of Benefits	174,026,137	172,412,999
ADMINISTRATIVE EXPENSES	13,369,224	12,871,336
Total Deductions	187,395,361	185,284,335
NET INCREASE	61,840,725	80,715,345
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	1,210,739,442	1,130,024,097
End of Year	$ 1,272,580,167	$ 1,210,739,442

See accompanying Notes to Financial Statements.

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023

	2024	2023
ACCOUNTS CURRENTLY PAYABLE		
Claims Payable and Incurred but not Reported	$ 20,633,800	$ 21,485,800
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, At Present Value of Estimated Amounts, Net of Amounts Currently Payable		
Accumulated Eligibility Credits	104,192,700	108,461,900
POSTRETIREMENT BENEFIT OBLIGATIONS, Net of Amounts Currently Payable		
Current Retirees	59,780,088	27,444,084
Other Participants Fully Eligible for Benefits	41,513,203	28,508,479
Other Participants not Fully Eligible for Benefits	53,605,406	50,048,388
Total Postretirement Benefit Obligations	154,898,697	106,000,951
Total Benefit Obligations	$ 279,725,197	$ 235,948,651

See accompanying Notes to Financial Statements.

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ACCOUNTS CURRENTLY PAYABLE		
Balance at Beginning of Year	$ 21,485,800	$ 21,151,900
Increase (Decrease) During the Year Attributable to:		
Changes in Claims Payable and Incurred but not Reported	(852,000)	333,900
Balance at End of Year	20,633,800	21,485,800
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, At Present Value of Estimated Amounts, Net of Amounts Currently Payable		
Balance at Beginning of Year	108,461,900	103,099,800
Increase (Decrease) During the Year Attributable to:		
Changes in Accumulated Eligibility Credits	(4,269,200)	5,362,100
Balance at End of Year	104,192,700	108,461,900
POSTRETIREMENT BENEFIT OBLIGATIONS, Net of Amounts Currently Payable		
Balance at Beginning of Year	106,000,951	95,354,473
Increase (Decrease) During the Year Attributable to:		
Benefits Earned and Other Changes	4,012,888	2,570,756
Actuarial Experience Gain	-	(2,124,981)
Changes in Actuarial Assumptions	44,884,858	10,200,703
Balance at End of Year	154,898,697	106,000,951
Total Benefit Obligations	$ 279,725,197	$ 235,948,651

See accompanying Notes to Financial Statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Fair Value Measurements

The Plan categorizes its assets and liabilities measured at fair value into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Money Market Funds – The fair value of the money market funds are valued based on the daily net asset value (NAV) of units. The NAV is based on the fair value of the underlying investments held by the money market funds less its liabilities. NAV is a readily determinable fair value and is the basis for current transactions.

U.S. Government and Government Agency Obligations – The fair value of U.S. Government and Government Agency obligations is generally determined using a market-based model in which valuation consideration is given to yield or price of comparable securities, coupon rate, maturity, credit quality, and dealer-provided prices.

Municipal Obligations – The fair value of municipal obligations is generally determined using a market-based model in which valuation consideration is given to yield or price of comparable securities, coupon rate, maturity, credit quality, and dealer-provided prices.

Corporate obligations – The fair value of corporate obligations is generally determined based on a model that uses inputs such as interest-rate yield curves, cross currency-basis index spreads or country credit-spreads, which are similar to the valued obligations in terms of issuer, maturity, and seniority.

Mutual Funds – The fair value of mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Collective Trust – The fair value of the common collective trust is valued based on the NAV of units. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. NAV is a readily determinable fair value and is the basis for current transactions.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

103-12 Investment Entities – The fair value of the 103-12 investment entities are valued based on the NAV of units. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. NAV is a readily determinable fair value and is the basis for current transactions.

Limited Liability Companies – Investments in certain limited liability companies are valued at the NAV per share, which is based on quoted market prices of underlying investments. NAV is a readily determinable fair value and is the basis for current transactions.

Limited Partnerships – Investments in limited partnerships are valued based on the NAV of units, as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the limited partnerships less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

Cash Held as Futures Collateral – Valued at cost which approximates to fair value.

Collateral Held for Securities on Loan – The fair value of the collateral held for securities on loan is valued based on the NAV of units. The NAV is based on the fair value of the underlying investments held by the collateral held for securities on loan less its liabilities. NAV is a readily determinable fair value and is the basis for current transactions.

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

Contributions Receivable

Employer contributions due but not paid at year-end are recorded as employer contributions receivable. Delinquent employer contributions and employer contributions due as a result of employer compliance payroll audits are recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, contributions due as a result of payroll audits and delinquent contributions are recorded when received.

The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2024 and 2023, the allowance for credit losses was insignificant.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment

Property and equipment are carried at cost. Major additions are capitalized, and replacements, maintenance, and repairs that do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed by the straight-line method over the following estimated useful lives of the fixed assets. The estimated useful lives of the asset classifications are as follows:

Office Furniture and Equipment	3 to 10 Years

Property and equipment are fully depreciated for the years ended December 31, 2024 and 2023.

Cash

Cash consists of monies held in checking accounts and highly liquid, interest-bearing accounts without significant withdrawal restrictions.

Concentration of Credit Risk

The Plan maintains its cash balances in high credit quality financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At times such cash balances may be in excess of the insured limit.

Benefit Obligations

Postretirement benefit obligations, claims payable and incurred but not reported, and accumulated eligibility credits were actuarially determined by the Plan's actuarial consultant, based on claims experience, census data and other factors, and are presented at present value.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities and benefit obligations at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 7, 2025, the date the financial statements were available to be issued.

NOTE 2 DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description and related Plan Amendments for a more complete description of the Plan's provisions.

General

The Plan was established in 1954 as a result of the execution of certain collective bargaining agreements. The Plan provides welfare benefits for eligible employees, retirees and their dependents. The Plan provides medical, dental, vision, prescription drug and behavioral health benefits on a self-funded basis. The Plan also provides life and accidental death and dismemberment, long-term disability benefits and retiree Medicare Advantage coverage through various insurance contracts. The Board of Trustees is responsible for the oversight of the Plan. The Plan is a multiemployer health and welfare plan and is subject to the provisions of ERISA, as amended.

Eligibility

General eligibility rules under the Plan are as follows:

Active Plan – Initial eligibility requires 350 hours to be worked within an Eligibility Quarter, as defined by the Plan. Alternatively, initial eligibility can be met by performing 500 hours of covered work in two consecutive Eligibility Quarters. Hours worked in excess of 500 hours are not added to the bank hour reserve. This alternative initial eligibility rule is available only to participants who have never previously been covered by the Plan. To maintain eligibility, a continuing participant must work at least 300 hours within an Eligibility Quarter. Hours worked in excess of 350 hours are added to the hour bank reserve. A participant may accrue up to 900 hours in their hour bank reserve. The hour bank reserve can be used to maintain eligibility; however, the hour bank reserve is forfeited if eligibility is not regained within 12 months.

Retiree Plan – The participant must be receiving a pension from the Boilermaker-Blacksmith National Pension Trust and meet the work requirements provision as described in the Summary Plan Description to qualify for retiree benefits.

The Plan has entered into a Participating Provider Option/Open Access Plus (OAP) agreement with Cigna Healthcare. This agreement provides negotiated rate savings on claims paid on behalf of participants who elect to receive medical services at a Cigna contracted service provider.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), has been adopted by the Plan.

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Plan Amendments

The Plan was amended effective January 1, 2025, July 1, 2024, April 1, 2024, January 1, 2024, July 1, 2023, May 11, 2023, and January 1, 2023 to clarify and modify certain eligibility and benefit provisions.

NOTE 3 PLAN TERMINATION

Although the Board of Trustees has not expressed intent to discontinue the Plan, they may do so at any time. In the event of termination, the trustees shall first satisfy, or make provisions to satisfy, the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for, or diverted to, purposes other than the exclusive benefit of the participants. The rules and regulations of the Plan limit its obligation to pay benefits to the amount of net assets available for benefits.

NOTE 4 TAX STATUS

The trust established under the Fund to hold the Fund's assets is intended to qualify pursuant to Section 501(c)(9) under the Internal Revenue Code (IRC) and, accordingly, the trust's net investment income is exempt from income taxes. The trust obtained its latest tax exemption letter, dated October 27, 1977, in which the Internal Revenue Service (IRS) stated that the trust, as then designed, was in compliance with the applicable requirements of the IRC. The trust has been amended since receiving the tax exemption letter. However, the Plan administrator and the Plan's counsel believe that the trust is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the trust was qualified and the related trust was tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate the tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 FUNDING POLICY

The Plan is financed by contributions from employers, retirees, and members electing COBRA coverage. The Employer contribution rates are specified in the applicable collective bargaining agreements. Retiree and COBRA contribution rates are established by the Board of Trustees, based on information provided by the Plan's actuary. Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust.

NOTE 6 FAIR VALUE OF INVESTMENTS

Assets and liabilities measured at fair value on a recurring basis, based on their fair value hierarchy at December 31 are as follows:

	2024			
Assets:	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 41,948,866	$ -	$ -	$ 41,948,866
U.S. Government and Government Agency Obligations	-	123,055,441	-	123,055,441
Municipal Obligations	-	818,412	-	818,412
Corporate Obligations	-	105,918,915	-	105,918,915
Mutual Fund	28,581,464	-	-	28,581,464
Common Collective Trust	-	411,521,634	-	411,521,634
103-12 Investment Entities	-	160,853,318	-	160,853,318
Limited Liability Companies	-	159,319,515	-	159,319,515
Cash Held as Futures Collateral	-	-	-	-
Collateral Held for Securities of Loan	-	36,368,685	-	36,368,685
Total Investments in the Fair Value Hierarchy	$ 70,530,330	$ 997,855,920	$ -	1,068,386,250
Total Investments Measured at Net Asset Value as a Practical Expedient				233,378,496
Total Investments				$ 1,301,764,746
Liabilities:				
Liability to Return Collateral Held for Securities on Loan	$ -	$ 36,368,685	$ -	$ 36,368,685

	2023			
Assets:	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 50,482,338	$ -	$ -	$ 50,482,338
U.S. Government and Government Agency Obligations	-	110,977,136	-	110,977,136
Municipal Obligations	-	1,135,155	-	1,135,155
Corporate Obligations	-	107,333,918	-	107,333,918
Mutual Fund	26,784,433	-	-	26,784,433
Common Collective Trust	-	357,980,734	-	357,980,734
103-12 Investment Entities	-	145,515,486	-	145,515,486
Limited Liability Companies	-	157,732,948	-	157,732,948
Cash Held as Futures Collateral	1,096,000	-	-	1,096,000
Collateral Held for Securities of Loan	-	21,780,208	-	21,780,208
Total Investments in the Fair Value Hierarchy	$ 78,362,771	$ 902,455,585	$ -	980,818,356
Total Investments Measured at Net Asset Value as a Practical Expedient				238,586,524
Total Investments				$ 1,219,404,880
Liabilities:				
Liability to Return Collateral Held for Securities on Loan	$ -	$ 21,780,208	$ -	$ 21,780,208

NOTE 6 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables summarize investments for which fair value is measured using the NAV per share (or equivalent) as a practical expedient as of December 31:

	2024			
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Real Estate Limited Partnerships	$ 148,492,503	$ -	Quarterly; One Holding Subject to a 1 Year Lock Up Period	10 - 45 Days
Fixed Income Limited Partnership	48,737,842	-	Quarterly	65 Days
International Equity Limited Liability Company	36,148,151	-	Daily	10 Days

	2023			
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Real Estate Limited Partnership	$ 162,405,005	$ -	Quarterly; One Holding Subject to a 1 Year Lock Up Period	10- 45 Days
Fixed Income Limited Partnership	44,431,740	-	Quarterly	65 Days
International Equity Limited Liability Company	31,749,779	-	Daily	10 Days

The Real Estate Limited Partnerships' (Real Estate LP) investment objectives are to provide investors with access to an institutional-quality portfolio of core real estate investments throughout the United States and provide returns that are attractive relative to other asset classes with stable income and the potential for market appreciation. The Real Estate LP invests primarily in core institutional quality industrial, multi-family, office, and retail properties located throughout the United States, and is diversified by product type, geographic region, and economic exposure in order to mitigate investment risk.

The Fixed Income Limited Partnership (Fixed Income LP) seeks to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations, though at times, the Fixed Income LP may have exposure to other assets, instruments and markets.

The International Equity Limited Liability Company seeks long-term capital appreciation. The International Equity Limited Liability Company invests primarily in common stock of international issuers with varying market capitalizations.

NOTE 7 SECURITIES LENDING

The Plan has entered into a securities lending agreement with the bank that acts as custodian for the Plan's investments. The bank must obtain collateral from the borrower in the form of cash, government securities, or irrevocable letters of credit drawn on domestic and foreign banks. Both the collateral and the securities loaned are marked to market on a daily basis so that all loaned domestic and global securities are fully collateralized. Domestic securities and nondomestic securities are initially collateralized at 102%. In the event the collateral held falls below 102% for domestic securities and 105% for nondomestic securities, additional collateral will be required. In the event that the loaned securities are not returned by the borrower, the bank will credit the Plan's accounts with cash equal to the fair value of the loaned securities.

During the time the securities are on loan, the Plan will continue to receive the interest or dividends or amounts equivalent thereto on the loaned securities. The right to terminate the loan is given to both the lenders and the borrowers, subject to appropriate notice.

Upon termination of the loan, the borrowers will return to the lenders securities identical to the loaned securities, and the collateral held by the lenders will be returned to the borrowers. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.

The Lending Agents are authorized to invest and reinvest any and all cash collateral. Cash collateral may be invested in accordance with the investment guidelines set forth in the securities lending agreement. During the years ended December 31, 2024 and 2023, securities purchased with cash collateral appreciated (depreciated) in value by $-0-.

The liability to return securities lending collateral, unrealized losses, and fair value are as follows:

	Years Ended December 31,	
	2024	2023
Liability to Return Collateral	$ 36,368,685	$ 21,780,208
Market Adjustment	-	-
Fair Value of Collateral	$ 36,368,685	$ 21,780,208

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with governmental rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrowers of securities will be unable to collateralize their loan upon a sudden material change in the fair value of the loaned securities or the collateral or that the bank's investment of cash involved in the securities lending program may fail to perform in accordance with the terms of their contract.

NOTE 7 SECURITIES LENDING (CONTINUED)

The Plan and the bank each receive a percentage of the net revenue derived from securities lending activities. The Plan earned $21,469 and $23,290 during the years ended December 31, 2024 and 2023, respectively, in connection with the securities lending program.

Securities on loan to third parties totaling $35,593,060 and $21,292,188 as of December 31, 2024 and 2023, respectively, have been segregated from other investments on the statements of net assets available for benefits. Cash collateral held for securities on loan of $36,368,685 and $21,780,208, respectively, at December 31, 2024 and 2023, and a corresponding liability to return collateral of $36,368,685 and $21,780,208, respectively, as of December 31, 2024 and 2023. In addition, the Plan holds collateral in the form of securities in which the Plan is not allowed to reinvest or re-pledge and is not included in the statements of net assets available for benefits.

NOTE 8 DERIVATIVE FINANCIAL INSTRUMENTS

As part of the total investment strategy and to meet the primary objectives established by the trustees, certain Plan investment managers utilize derivative financial instruments. Risks associated with derivatives vary widely, but generally may be categorized as market risk, credit risk, and interest rate risk. Market risk is defined as that risk associated with fluctuations in market price. Credit risk is defined as that risk associated with an entity not paying. Interest rate risk is defined as that risk associated with fluctuations in the interest rate.

The Plan has entered into future contracts to gain synthetic market exposure for transactional and unallocated cash. A futures contract is purchased or sold on margin with the margin being settled on a daily basis. The change in the fair value of the futures contracts each day represents the margin variation to be paid or received.

The notional value of derivative positions is detailed in the accompanying tables. In addition, derivatives with a positive mark-to-market valuation are listed under the Gross Derivative Asset column. In turn, derivatives with a negative mark-to-market valuation are listed under the Gross Derivative Liability column. The net position of derivative investments is reported as assets or liabilities in the statements of net assets available for benefits.

NOTE 8 DERIVATIVE FINANCIAL INSTRUMENTS (CONTINUED)

The following tables present derivative investments held as of December 31:

	2024			
Derivative Type	Notional/ Contractual Amount	Gross Derivative Asset	Gross Derivative Liability	Net
Futures	$ 37,259,299	$ -	$ 261,345	$ (261,345)

	2023			
Derivative Type	Notional/ Contractual Amount	Gross Derivative Asset	Gross Derivative Liability	Net
Futures	$ 46,394,120	$ 1,155,048	$ -	$ 1,155,048

Gains or losses resulting from changes in the fair value of derivative instruments are reflected in net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for benefits.

The gains or losses by derivative type for the full years ended December 31, 2024 and 2023 are captured in the following table:

Derivative Type	2024	2023
Futures	$ 27,606	$ 11,415,998

NOTE 9 ADMINISTRATIVE EXPENSES

Operation of the administrative office is conducted jointly with the Boilermaker-Blacksmith National Pension Trust (Pension Trust) and the Boilermakers National Annuity Trust (Annuity Trust) under the general supervision of the Joint Committee on Administration, which is made up of trustees from each of the Trusts. The Pension Trust, the Plan, and the Annuity Trust are charged individually for specifically identifiable expenses. Common administrative expenses are allocated based on estimated usage and are paid initially by the Pension Trust. Total reimbursements paid to the Pension Trust were approximately $2,086,000 and $2,029,000 for the years ended December 31, 2024 and 2023, respectively.

NOTE 10 BENEFIT OBLIGATIONS

Accounts currently payable represents claims that the Plan has received at December 31 but has not yet processed for payment and claims incurred by active participants but not reported at that date, which are calculated, based on claims submitted subsequent to year-end and an estimate of unremitted claims. The Plan obligation for those claims incurred prior to year-end but not yet reported is represented by an actuarially derived estimate using Plan provisions, the number of eligible participants, the actual lag patterns of the Plan and actuarial assumptions in accordance with accepted actuarial principles. Claims payments based on actual claims ultimately filed could differ materially from these estimates.

The eligibility rules of the Plan provide for the payment of benefits for a period of time subsequent to the Plan year-end on behalf of those participants who have accumulated an excess number of eligibility hours. These rules permit continuation of eligibility during periods of seasonal unemployment when contributions would not be sufficient to provide coverage of benefits. The liability for accumulated eligibility credits as calculated by the actuary is estimated based on the average expected cost of benefits per eligible participant and the amount of accumulated eligibility credits. At year-end, other obligations for current benefit coverage represent an obligation of the Plan that has been accrued because of prior Employer contributions.

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employees' service rendered to December 31, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. The postretirement 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 postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

For measurement purposes, the following annual rates of increase in the per-capita cost of covered health care benefits were assumed as of December 31, 2024 and 2023:

Health Care Cost Trend Rates:

Medical:	2024: 7.75% Graded to 4.5% Over 10 Years 2023: 7.95% Gaded to 4.5% Over 10 Years
All Others:	2024: 8.80% Graded to 4.5% Over 11 Years 2023: 33.0%, Then 8.90% Graded to 4.5% Over 10 Years

NOTE 10 BENEFIT OBLIGATIONS (CONTINUED)

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

Discount Rate:	5.50% in 2024 and 4.75% in 2023
Administrative Expense Increase Rate:	2.50%
Retiree Contribution Increase Rate:	
Under Age 65:	2024: 7.75% graded to 4.5% over 10 years 2023: 7.95% Graded to 4.5% over 10 years
Age 65 and Over:	2024: 8.80% Graded to 4.5% Over 11 Years 2023: 5.0% for One Year, Then 8.90% Graded to 4.5% Over 10 Years
Postretirement Mortality Rates:	Healthy: 117% of the Pri-2012 Healthy Retiree Blue Collar Headcount-Weighted Mortality Table, Projected Generationally From 2012 with Scale MP-2020 Disabled: 117% of the Pri-2012 Disabled Retiree Headcount-weighted Mortality Table, Projected Generationally with from 2012 with Scale MP-2020
Average Retirement Age:	60

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims and premium cost data to estimate future annual incurred claims and premium 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.

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

The costs of the postretirement benefit plan are shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, the Plan has estimated that the cost of providing postretirement benefits was funded approximately 77% and 83% through retiree contributions during the years ended December 31, 2024 and 2023, respectively. The retiree benefits provided by the Plan are not vested or guaranteed, and the Board of Trustees reserves the right to change or discontinue any benefit or feature of the Plan at any time.

NOTE 10 BENEFIT OBLIGATIONS (CONTINUED)

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) for employers sponsoring postretirement health care plans that provide prescription drug benefits provides prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.

Under the Act, for multiemployer plans, any Medicare subsidy is received directly by the Fund and not the individual employers participating in the Fund. There has been no effect on the Fund's accumulated postretirement benefit obligation as of December 31, 2024 and 2023 for the Medicare subsidy related to benefits attributed to past or future service.

The weighted average health care cost trend rate assumption has a significant effect on the amount reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, the obligations would increase as of December 31, 2024 and 2023 by $17,197,000 and $10,626,000, respectively.

NOTE 11 RISKS AND UNCERTAINTIES

The Plan invests in a variety of investment vehicles. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The postretirement benefit obligation is reported based on certain assumptions pertaining to interest rates, health care trend rates and employee demographics, all of which are subject to change. The estimate for claims incurred but not reported is based on certain assumptions pertaining to health care trend rates, claims lag, and historical claims data. The estimate for accumulated eligibility credits is based on certain assumptions pertaining to health care trends and inflation rates. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonable possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits according to the financial statements to the Form 5500 as of December 31:

	2024	2023
Net Assets Available for Benefits per the Financial Statements	$ 1,272,580,167	$ 1,210,739,442
Benefit Obligations Currently Payable	(20,633,800)	(21,485,800)
Net Assets Available for Benefits per the Form 5500	$ 1,251,946,367	$ 1,189,253,642

NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of benefits paid to or for participants according to the financial statement to the Form 5500 for the year ended December 31, 2024:

Benefits Paid to or for Participants per the Financial Statements	$	174,026,137
Add: Amounts Currently Payable at End of Year		20,633,800
Less: Amounts Currently Payable at Beginning of Year		(21,485,800)
Benefits Paid to or for Participants per the Form 5500	$	173,174,137

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
SCHEDULES OF ADMINISTRATIVE EXPENSES
YEARS ENDED DECEMBER 31, 2024 AND 2023
(SEE INDEPENDENT AUDITORS' REPORT)

	2024	2023
DIRECT AND ALLOCATED ADMINISTRATIVE EXPENSES		
Administrative Fees - Benefit Related	$ 7,536,859	$ 7,599,321
Computer Hardware and Software Expenses	171,055	166,765
Employee Benefits	990,241	999,120
Equipment Rent	125,419	144,564
Insurance	72,871	40,334
Management Travel and Meeting Expense	34,103	25,830
Office Supplies and Equipment	11,189	2,444
Other	72,123	69,698
Outside Services and Contract labor	97,994	56,613
Payroll Taxes	28,922	17,374
Postage	-	22,718
Printing and Stationery	61,400	24,864
Rent	108,703	94,341
Salaries	962,287	833,202
Telecommunications and Data Services	44,992	36,847
Total Direct and Allocated Administrative Expenses	10,318,158	10,134,035
PROFESSIONAL FEES AND OTHER EXPENSES		
Administrative Fees	1,744,799	1,745,526
Actuarial and Consulting Fees	147,216	145,956
Audit and Accounting Fees:		
Financial Audit Fees	85,071	74,759
Payroll Audit Fees	326,400	305,280
Bank Service Charges	7,832	8,544
Fiduciary Insurance	183,880	168,159
Legal Fees	502,712	229,962
Trustee Travel Expense	53,156	59,115
Total Professional Fees and Other Expenses	3,051,066	2,737,301
Total Administrative Expenses	$ 13,369,224	$ 12,871,336

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost Value	(e) Current Value
	Various	Various - See Attached	$ 289,174,571	$ 270,533,887
	JP Morgan Chase Bank	Securities Lending Cash Collateral Pool	35,593,060	35,593,060
	Acadian	Acadian All Country World ex US Fund	28,000,000	36,148,151
	Lazard Asset Management LLC	International Strategic Equity	19,135,425	29,562,280
	Invesco	Core Real Estate - U.S.A., LP	43,311,021	60,460,811
	National Investment Services	High Yield Fund	9,644,708	7,100,776
	National Investment Services	Total Absolute Return Fund	16,751,839	11,657,657
	National Investment Services	Preferred Stock Fund	13,033,357	12,435,143
	National Investment Services	Core Fixed Income Fund	129,825,182	128,874,178
	State Street Global Advisors	S&P 550 Index Non-Lending CTF	203,996,065	253,927,421
	Parametric Clifton	Cash Equivalents	388,996	388,996
	Corbin Capital Partners	Corbin ERISA Opportunity Fund	39,600,000	48,737,842
	American Realty Advisors	American Core Realty Fund	53,810,901	56,789,828
	Parametric Clifton	Defensive Equity Fund LLC	44,962,130	91,485,639
	Ullico Investment Advisors, Inc.	Ullico Infrastructure Tax- Exempt Fund, L.P.	31,049,264	39,805,399
	Lazard Asset Management LLC	Lazard Global Listed Infrastructure Portfolio	27,465,739	28,581,464
	American Realty Advisors	American Strategic Value Realty	30,977,299	31,241,865
	Loomis, Sayles & Company L.P.	Core Plus Fixed Income Trust	166,177,945	158,440,349
			$ 1,182,897,502	$ 1,301,764,746

** Indicates Party-in-Interest*

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
	GOVERNMENT AND AGENCIES					
440,000.00	FED FARM CR BKS 0.9% 6/15/26 35020090	415,808.80	418,651.20	95.1480	176.00	0.95
515,000.00	FED FARM CR BKS 1.84% 12/17/35 35020090	392,430.00	378,061.50	73.4100	368.52	2.51
350,000.00	FED FARM CR BKS 2.74% 11/29/39 35020090	256,305.00	266,577.50	76.1650	852.50	3.60
55,000.00	FED FARM CR BKS 2.75% 6/12/34 35020090	47,329.92	46,413.40	84.3880	79.81	3.26
85,000.00	FED FARM CR BKS 2.96% 1/23/45 35020090	59,075.00	58,961.10	69.3660	1,104.27	4.27
425,000.00	FED FARM CREDIT BKS 2.5% 4/14/36 35020090	348,500.00	331,606.25	78.0250	2,272.58	3.20
550,000.00	FED HOME LN BKS 1.5% 9/30/33 35020090	422,400.00	422,429.15	76.8053	2,085.42	1.95
665,000.00	FED HOME LN BKS 5.3% 12/13/29 35020090	665,000.00	663,723.20	99.8080	685.32	5.31
380,000.00	FED HOME LN BKS 2.74% 1/28/37 35020090	301,138.00	299,443.80	78.8010	4,425.13	3.48
205,000.00	FED HOME LN BKS 2.95% 3/29/46 35020090	155,287.50	141,679.60	69.1120	1,545.49	4.27
530,000.00	FED HOME LN BKS 5.05% 10/24/31 35020090	528,171.50	528,632.60	99.7420	4,981.27	5.06
670,000.00	FED HOME LN MTG 3.625% 8/27/26 35020090	664,104.00	664,104.00	99.1200	8,298.24	3.66
250,000.00	FED HOME LOAN BKS STEP 11/23/27 35020090	226,625.00	238,042.50	95.2170	1,000.02	2.10
150,000.00	FED HOME LOAN BKS 2.45% 7/25/34 35020090	121,050.00	121,315.50	80.8770	1,592.51	3.03
705,000.00	FED HOME LOAN MTG 3.298% 4/25/29 35020090	729,111.74	666,718.50	94.5700	1,937.73	3.49
170,000.00	FED NATL MTG ASSN 0.625% 4/22/25 35020090	165,666.70	168,141.90	98.9070	203.64	0.63
75,000.00	FEDERAL HOME LOAN BAN 1.25% 9/29/28 35020090	63,562.50	66,643.50	88.8580	239.71	1.41
114,678.09	FHLM REMIC 3% 2/15/46 35020090	111,739.48	113,572.59	99.0360	286.70	3.03
39,154.80	FHLM GOLD POOL #A20405 5% 4/01/34 35020010	37,986.26	38,886.98	99.3160	91.26	5.03
131,710.22	FHLM GOLD POOL #G08722 3.5% 9/01/46 35020090	139,551.09	118,852.67	90.2380	384.16	3.88
66,894.72	FHLM GOLD POOL #G18611 2.5% 9/01/31 35020090	69,178.56	63,360.00	94.7160	139.36	2.64

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
157,748.27	FHLM GOLD POOL #G18630 2% 2/01/32 35020090	158,142.65	146,284.70	92.7330	262.91	2.16
365,221.54	FHLM GOLD POOL #G61281 3.5% 1/01/48 35020010	366,305.79	328,224.60	89.8700	1,065.23	3.89
27,891.55	FHLM GOLD POOL Q59600 4.5% 11/01/48 35020090	28,985.43	26,539.09	95.1510	104.59	4.73
92,366.34	FHLM POOL #G08721 3% 9/01/46 35020090	85,280.12	80,231.25	86.8620	185.98	3.45
323,454.05	FHLM POOL #QD2299 2.5% 12/01/51 35020090	283,780.39	265,943.92	82.2200	660.13	3.04
263,378.96	FHLM POOL #QU7463 3% 7/01/50 35020090	262,226.67	219,892.46	83.4890	472.60	3.59
424,861.35	FHLM POOL #RA7748 3% 8/01/52 35020090	381,844.13	362,304.76	85.2760	1,047.38	3.52
327,406.27	FHLM POOL #RB5244 5% 7/01/43 35020090	323,211.37	318,955.91	97.4190	1,252.74	5.13
166,208.35	FHLM POOL #RD5038 1.5% 9/01/30 35020090	171,038.79	154,661.86	93.0530	411.36	1.61
187,802.93	FHLM POOL #SB0368 4% 3/01/34 35020090	207,815.67	183,883.48	97.9130	1,241.18	4.09
433,505.34	FHLM POOL #SC0093 2% 10/01/40 35020090	378,064.07	362,185.04	83.5480	709.01	2.39
595,606.72	FHLM POOL #SC0170 2% 7/01/41 35020090	612,916.50	497,021.90	83.4480	832.78	2.40
436,218.48	FHLM POOL #SD2217 6% 1/01/53 35020090	448,214.48	443,577.49	101.6870	1,789.35	5.90
35,074.72	FHLM POOL #ZM6956 4.5% 6/01/48 35020090	35,069.24	33,504.07	95.5220	100.83	4.71
79,384.91	FHLM POOL #ZS6658 2% 3/01/28 35020090	80,848.55	76,585.80	96.4740	294.78	2.07
174,058.55	FHLM POOL #ZS7189 3% 2/01/30 35020090	185,589.94	168,589.63	96.8580	859.89	3.10
128,601.83	FHLM POOL #ZS7207 3.5% 7/01/30 35020090	128,461.18	125,885.76	97.8880	91.80	3.58
178,499.35	FHLM REMIC 2% 6/15/46 35020090	178,778.26	163,027.03	91.3320	297.49	2.19
45,258.53	FHLM REMIC 2.5% 5/15/41 35020090	46,015.21	43,127.76	95.2920	94.29	2.62
360,000.00	FHLM REMIC 3.5% 5/15/42 35020090	307,125.00	318,434.40	88.4540	1,050.00	3.96
173,590.34	FHLM REMIC 1.054% 8/25/26 35020090	162,686.70	170,203.59	98.0490	98.09	1.07
131,589.97	FHLM REMIC K-L01 2.544% 10/25/25 35020090	131,055.40	130,204.33	98.9470	304.22	2.57
915,000.00	FHLM REMIC SER #029K 3.511% 4/25/30 35020090	938,732.81	863,156.10	94.3340	2,677.26	3.72

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
575,000.00	FHLM REMIC SER K-072 3.444% 12/25/27 35020090	624,691.40	556,283.75	96.7450	1,650.25	3.56
200,000.00	FHLM REMIC SERIES K-1 3.75% 4/25/33 35020090	196,382.81	183,824.40	91.9122	625.00	4.08
762,040.03	FHLM REMIC SERIES 5465 5% 8/25/48 35020090	754,419.63	753,413.74	98.8680	3,175.17	5.06
121,339.70	FHLM STRIPS 275 25 2.5% 9/15/42 35020090	122,946.24	109,163.26	89.9650	252.81	2.78
560,000.00	FHLMC REMIC 3.99% 8/25/33 35020090	549,325.00	520,570.40	92.9590	1,862.00	4.29
20,933.62	FHLMC REMIC SER 4238 3% 2/15/42 35020090	21,868.51	19,723.87	94.2210	52.31	3.18
1,100,000.00	FHLMC REMIC SERIES 3.059% 4/25/34 35020090	1,135,578.13	940,621.00	85.5110	2,803.60	3.58
431,480.59	FNMA GTD REMIC 3.5% 5/25/42 35020090	462,038.08	417,927.78	96.8590	1,258.41	3.61
332,100.60	FNMA MA3258 4% 1/01/48 35020090	315,080.44	298,923.75	90.0100	1,107.00	4.44
124,959.98	FNMA POOL #AB8994 2.5% 4/01/28 35020090	123,241.78	121,349.89	97.1110	260.33	2.57
306,332.71	FNMA POOL #AI2444 5% 5/01/41 35020090	353,814.27	304,611.12	99.4380	1,276.39	5.03
482,784.42	FNMA POOL #AI8577 3% 8/01/42 35020010	498,776.68	425,965.52	88.2310	1,206.96	3.40
109,208.47	FNMA POOL #AJ3232 4% 10/01/41 35020010	115,266.13	103,040.38	94.3520	85.54	4.24
68,199.38	FNMA POOL #AL1869 3% 6/01/27 35020090	71,917.23	67,065.22	98.3370	333.49	3.05
417,686.65	FNMA POOL #AL7077 4% 7/01/35 35020090	410,246.61	402,503.74	96.3650	1,392.29	4.15
148,422.35	FNMA POOL #AL7276 2% 8/01/30 35020090	148,756.82	139,816.82	94.2020	370.31	2.12
300,000.00	FNMA POOL #AN9059 3.32% 5/01/28 35020090	310,945.31	287,697.00	95.8990	604.25	3.46
58,988.09	FNMA POOL #BM4703 3.5% 2/01/48 35020090	59,928.24	52,941.22	89.7490	342.51	3.90
672,585.35	FNMA POOL #BM4835 3.5% 11/01/48 35020090	619,619.25	600,961.74	89.3510	1,961.71	3.92
80,399.84	FNMA POOL #BM5515 4% 2/01/29 35020090	81,957.59	79,402.08	98.7590	526.49	4.05
491,851.31	FNMA POOL #BM6781 2% 9/01/51 35020090	402,395.86	388,960.93	79.0810	819.75	2.53
421,240.65	FNMA POOL #BN7466 2% 10/01/50 35020090	444,013.97	330,606.51	78.4840	1,388.79	2.55
160,331.07	FNMA POOL #BP8820 2.5% 7/01/35 35020090	168,848.68	146,818.37	91.5720	664.90	2.73

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ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
408,304.19	FNMA POOL #BT9772 2% 10/01/36 35020090	419,851.54	361,961.66	88.6500	1,351.59	2.26
224,059.88	FNMA POOL #BU1789 3% 10/01/51 35020090	226,895.62	194,082.91	86.6210	1,516.84	3.46
207,349.68	FNMA POOL #CA4693 5% 3/01/49 35020090	236,378.62	206,561.75	99.6200	863.96	5.02
509,694.91	FNMA POOL #CA9443 2.5% 3/01/36 35020090	539,958.04	464,245.41	91.0830	1,061.86	2.74
155,210.98	FNMA POOL #CB2196 1.5% 9/01/31 35020090	145,946.85	143,003.64	92.1350	194.01	1.63
221,198.23	FNMA POOL #FM1737 3% 10/01/49 35020090	223,721.25	190,630.85	86.1810	553.00	3.48
480,223.19	FNMA POOL #FM5037 2% 12/01/35 35020090	500,632.68	428,680.84	89.2670	800.37	2.24
494,175.13	FNMA POOL #FM5733 2% 1/01/51 35020090	512,861.15	391,070.43	79.1360	1,647.72	2.53
64,368.61	FNMA POOL #MA0918 4% 12/01/41 35020010	67,848.52	60,623.00	94.1810	214.56	4.25
21,295.21	FNMA POOL #MA2907 4% 2/01/47 35020090	21,754.37	19,752.37	92.7550	70.98	4.31
218,692.43	FNMA POOL #MA3140 4% 9/01/47 35020090	207,484.45	197,927.58	90.5050	728.97	4.42
201,487.47	FNMA POOL #MA3928 2.5% 2/01/30 35020090	193,302.04	193,049.17	95.8120	419.77	2.61
123,569.48	FNMA POOL #MA3953 2.5% 2/01/30 35020090	126,176.03	118,033.57	95.5200	508.25	2.62
196,202.37	FNMA POOL #MA4122 1.5% 9/01/35 35020090	171,125.26	169,524.73	86.4030	245.25	1.74
215,650.01	FNMA POOL #MA4154 1.5% 10/01/35 35020090	184,717.71	186,194.38	86.3410	269.56	1.74
257,677.14	FNMA POOL #MA4308 1.5% 4/01/31 35020090	262,770.28	238,106.56	92.4050	638.15	1.62
364,335.51	FNMA POOL #MA4387 2% 7/01/41 35020090	339,913.65	304,056.20	83.4550	512.03	2.40
471,102.06	FNMA POOL #MA5166 6% 10/01/53 35020090	466,243.84	473,617.75	100.5340	2,355.51	5.97
23,597.70	FNMA POOL #255813 5% 8/01/35 35020010	22,784.68	23,402.55	99.1730	98.32	5.04
28,444.45	FNMA POOL #745515 5% 5/01/36 35020010	27,493.35	28,232.54	99.2550	118.47	5.04
59,999.30	FNMA POOL #781593 6% 10/01/34 35020010	62,239.88	61,502.28	102.5050	300.00	5.85
94,413.39	FNMA POOL #795887 6% 9/01/34 35020010	97,581.63	96,650.04	102.3690	472.04	5.86
54,377.96	FNMA POOL #832949 5% 9/01/35 35020010	42,217.33	53,983.72	99.2750	226.65	5.04

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
13,767.22	FNMA POOL #835760 4.5% 9/01/35 35020010	12,889.56	13,297.48	96.5880	51.63	4.66
64,918.83	FNMA POOL #845549 5.5% 1/01/36 35020010	51,568.90	65,658.26	101.1390	297.56	5.44
359,128.50	FNMA REMIC 5% 9/25/39 35020090	361,765.85	360,169.97	100.2900	1,496.37	4.99
441,864.30	FNMA REMIC 5% 10/25/40 35020090	437,376.62	442,403.37	100.1220	1,841.10	4.99
194,318.03	FNMA REMIC 1.5% 3/25/48 35020090	197,232.80	166,905.59	85.8930	242.90	1.75
40,965.00	FNMA REMIC TR 2012-137 2% 8/25/41 35020090	41,886.74	39,979.38	97.5940	68.28	2.05
222,972.16	FNMA REMIC TRUST 2.5% 7/25/45 35020090	228,151.81	212,387.67	95.2530	464.57	2.62
22,961.70	FNMA REMIC TRUST 1.25% 2/25/28 35020090	22,950.92	22,097.88	96.2380	23.92	1.30
5,427.31	FNMA REMIC TRUST 1.25% 9/25/27 35020090	5,318.77	5,369.51	98.9350	5.65	1.26
2,159.34	FNMA REMIC TRUST 2012 2.5% 6/25/27 35020090	2,205.23	2,133.77	98.8160	4.52	2.53
172,126.26	FNMA REMIC TRUST 2015- 1.7% 8/25/33 35020090	177,774.17	159,435.39	92.6270	249.53	1.84
101,351.36	FNMA REMIC 14-15 1.5% 4/25/29 35020090	97,946.60	96,697.31	95.4080	127.67	1.57
118,731.42	FNMA REMIC 2012-116 1.75% 10/25/42 35020010	114,204.79	99,568.17	83.8600	388.36	2.09
76,593.31	FNMA REMIC 2012-54 3% 4/25/32 35020090	81,284.65	73,498.94	95.9600	191.48	3.13
3,090.91	FNMA REMIC 2013-114 3% 11/25/35 35020090	3,191.74	3,059.07	98.9700	7.76	3.03
1,069,283.05	FNMA REMIC 2015-37 3% 8/25/44 35020090	1,122,789.98	1,005,585.86	94.0430	2,673.21	3.19
495,990.95	FNMA REMIC 2015-77 2.5% 9/25/45 35020090	509,095.02	472,327.22	95.2290	1,033.35	2.63
312,242.68	FNMA 310225 4% 4/01/42 35020090	298,386.92	292,465.23	93.6660	978.55	4.27
37,969.15	GNMA GTD REMIC TR 16-46 2% 6/20/45 35020090	38,455.14	36,082.84	95.0320	63.27	2.10
195,928.79	GNMA II POOL #AD0022 3.5% 3/20/38 35020090	213,562.38	178,524.44	91.1170	571.46	3.84
209,869.57	GNMA II POOL #BL0123 5% 3/20/49 35020090	233,611.07	201,655.28	96.0860	874.46	5.20
138,584.53	GNMA II POOL #BQ3224 4.5% 9/20/49 35020090	150,624.04	132,010.08	95.2560	519.69	4.72
281,622.31	GNMA II POOL #BZ1768 3% 11/20/50 35020090	302,391.93	244,386.21	86.7780	704.06	3.46

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440,031.59	GNMA II POOL #CI1498C 2% 1/20/37 35020090	400,428.76	386,237.73	87.7750	733.39	2.28
332,335.99	GNMA II POOL #CI2267 3.5% 10/20/51 35020090	359,961.44	300,764.07	90.5000	969.31	3.87
190,301.89	GNMA II POOL #CO9922 5% 8/20/52 35020090	196,784.04	182,878.21	96.0990	792.92	5.20
45,454.98	GNMA II POOL #MA5137 4% 4/20/48 35020090	45,398.18	42,311.77	93.0850	151.52	4.30
492,928.06	GNMA II POOL #MA9228 5.5% 10/20/53 35020090	491,541.70	486,756.60	98.7480	2,259.25	5.57
57,818.42	GNMA II POOL #626971 3.5% 8/20/30 35020090	59,950.49	55,805.18	96.5180	168.64	3.63
87,637.19	GNMA II POOL #626985 3.5% 9/20/30 35020090	90,868.83	84,511.17	96.4330	255.61	3.63
91,563.52	GNMA II POOL #711723 3.5% 2/20/28 35020090	94,939.90	89,905.30	98.1890	267.06	3.56
288,141.78	GNMA II POOL #785305 3% 6/20/50 35020090	307,141.12	246,856.83	85.6720	720.35	3.50
245,209.53	GNMA II POOL #786134 3% 4/20/52 35020090	216,703.93	208,879.29	85.1840	613.02	3.52
320,649.07	GNMA POOL #BG5666 4% 6/15/48 35020090	336,409.39	300,778.45	93.8030	1,068.80	4.26
387,587.98	GNMA POOL #BG6417 4% 11/15/48 35020090	377,413.78	367,181.47	94.7350	1,291.96	4.22
211,015.63	GNMA POOL #BJ9883 3% 12/15/48 35020090	217,247.21	184,716.75	87.5370	527.54	3.43
707,144.45	GNMA POOL #BN0298 2.5% 8/15/49 35020090	720,513.87	594,658.98	84.0930	1,473.22	2.97
344,112.32	GNMA POOL #BN2663 3% 11/15/49 35020090	353,575.39	300,995.05	87.4700	860.28	3.43
404,903.20	GNMA POOL #BT8093 3.5% 4/20/50 35020090	424,642.22	360,861.88	89.1230	1,180.97	3.93
782,154.02	GNMA POOL #CM7567C 3.5% 3/20/52 35020090	735,713.63	701,936.30	89.7440	2,281.28	3.90
130,698.74	GNMA POOL #CO1900 6% 7/15/52 35020090	140,827.88	138,226.99	105.7600	653.49	5.67
219,276.60	GNMA POOL #CR6801 5% 2/20/53 35020090	214,411.40	213,663.12	97.4400	913.65	5.13
224,033.47	GNMA POOL #MA7391 2% 6/20/36 35020090	201,350.08	200,144.78	89.3370	373.39	2.24
438,923.91	GNMA POOL #MA8260 4% 9/20/52 35020090	415,194.59	399,016.95	90.9080	1,463.08	4.40
224,892.45	GNMA POOL #MA9107 6% 8/20/53 35020090	224,751.88	226,558.90	100.7410	1,124.46	5.96
285,592.71	GNMA POOL #MA9158 5% 9/20/53 35020090	285,414.22	275,785.46	96.5660	1,189.97	5.18

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
589,667.71	GNMA POOL #MA9838 5.5% 8/20/54 35020090	593,537.40	581,866.41	98.6770	2,702.64	5.57
535,673.36	GNMA POOL #690614 3% 6/15/32 35020090	530,986.19	509,457.51	95.1060	1,339.17	3.15
142,288.80	GNMA POOL #692782 5% 9/15/39 35020090	166,633.53	141,207.41	99.2400	592.86	5.04
118,527.21	GNMA POOL #711443 4.5% 8/15/39 35020090	138,899.06	116,428.09	98.2290	444.48	4.58
79,094.89	GNMA POOL #758872 3% 3/15/33 35020090	74,645.80	74,157.00	93.7570	197.74	3.20
210,384.22	GNMA POOL #784293 3% 12/15/46 35020090	222,656.68	184,288.16	87.5960	525.96	3.42
213,759.65	GNMA POOL #784421 3.5% 12/20/47 35020090	203,606.05	195,502.44	91.4590	623.47	3.83
288,772.13	GNMA POOL #785782X 3% 2/15/50 35020090	258,044.97	251,711.11	87.1660	721.93	3.44
426,263.01	GNMA POOL #786725M 3% 11/20/52 35020090	381,572.00	360,187.98	84.4990	1,065.66	3.55
475,237.00	GNMA REMIC 2% 11/20/42 35020090	478,058.72	375,313.67	78.9740	792.06	2.53
58,998.93	GNMA REMIC 5% 2/20/50 35020090	58,777.70	58,899.81	99.8320	245.83	5.01
500,000.00	GNMA REMIC 6% 7/20/53 35020090	493,906.25	500,590.00	100.1180	2,500.00	5.99
234,143.10	GNMA REMIC 2.75% 1/20/48 35020090	247,313.66	213,236.46	91.0710	536.58	3.02
387,682.74	GNMA REMIC TR 2013-67 3% 2/20/42 35020090	340,555.02	358,195.59	92.3940	969.21	3.25
559,522.21	GNMA REMIC TR 2015 V/R 11/16/55 35020090	569,168.38	484,635.76	86.6160	1,240.47	3.09
213,490.11	GNMA REMIC TR 23-141 6% 1/20/43 35020090	213,156.52	215,932.44	101.1440	1,067.45	5.93
238,610.29	GNMA REMIC TRUST V/R 7/16/53 35020090	251,600.22	202,775.80	84.9820	552.72	3.28
73,569.17	GNMA REMIC TRUST 2014 3.05% 2/16/48 35020090	76,169.11	67,223.83	91.3750	187.00	3.34
390,110.40	GNMA REMIC TRUST2015 2% 1/16/45 35020090	389,509.63	352,062.93	90.2470	650.16	2.22
154,000.00	GNMA REMIC 2012-127 2% 10/16/42 35020090	120,890.00	127,267.14	82.6410	256.67	2.42
55,048.65	GNMA REMIC 2015-48 2.9% 2/16/50 35020090	56,496.40	52,160.25	94.7530	133.03	3.06
385,588.38	GNMA REMIC 2021-223 2% 6/20/51 35020090	335,853.50	321,245.25	83.3130	642.65	2.40
2,945,000.00	U S TREASURY BOND 2% 11/15/41 35020090	2,806,032.64	1,977,331.90	67.1420	7,655.50	2.98

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
450,000.00	U S TREASURY BOND 3% 2/15/47 35020090	391,324.22	333,450.00	74.1000	5,099.20	4.05
3,278,000.00	U S TREASURY BOND 2.5% 2/15/45 35020090	2,972,817.96	2,274,341.96	69.3820	30,835.09	3.60
200,000.00	U S TREASURY BOND 2.5% 2/15/46 35020090	158,648.44	136,768.00	68.3840	1,888.62	3.66
2,935,000.00	U S TREASURY BOND 2.25% 8/15/46 35020090	2,666,051.91	1,894,718.60	64.5560	24,867.06	3.49
500,000.00	U S TREASURY BOND 2.75% 11/15/42 35020090	453,787.89	373,670.00	74.7340	1,785.23	3.68
525,000.00	U S TREASURY BOND 4.25% 2/15/54 35020090	484,818.37	478,931.25	91.2250	8,427.81	4.66
160,000.00	U S TREASURY BOND 4.25% 8/15/54 35020090	153,537.50	146,112.00	91.3200	2,568.49	4.65
4,850,000.00	U S TREASURY BOND 1.875% 11/15/51 35020090	4,259,924.61	2,674,969.00	55.1540	11,806.79	3.40
725,000.00	U S TREASURY BOND 2.875% 5/15/43 35020090	634,750.97	549,129.50	75.7420	2,706.21	3.80
765,000.00	U S TREASURY BOND 3.125% 5/15/48 35020090	683,556.32	573,038.55	74.9070	3,103.88	4.17
130,000.00	U S TREASURY BOND 3.375% 8/15/42 35020090	110,571.09	107,308.50	82.5450	1,657.24	4.09
2,000,000.00	U S TREASURY NOTE 1% 7/31/28 35020010	1,993,046.88	1,780,480.00	89.0240	8,375.73	1.12
750,000.00	U S TREASURY NOTE 3% 8/15/48 35020090	609,392.58	547,762.50	73.0350	8,502.44	4.11
275,000.00	U S TREASURY NOTE 3% 11/15/44 35020090	236,414.06	208,708.50	75.8940	1,057.33	3.95
1,000,000.00	U S TREASURY NOTE 4% 1/31/29 35020010	998,828.00	986,300.00	98.6300	16,666.65	4.06
1,900,000.00	U S TREASURY NOTE 4% 2/15/34 35020010	1,845,464.60	1,818,984.00	95.7360	28,589.21	4.18
625,000.00	U S TREASURY NOTE 4% 2/15/34 35020090	612,783.20	598,350.00	95.7360	9,369.95	4.18
1,250,000.00	U S TREASURY NOTE 4% 2/29/28 35020010	1,245,410.16	1,238,637.50	99.0910	16,874.15	4.04
2,000,000.00	U S TREASURY NOTE 4% 7/31/29 35020010	2,024,140.62	1,968,300.00	98.4150	33,444.46	4.06
2,500,000.00	U S TREASURY NOTE 0.5% 5/31/27 35020010	2,356,074.22	2,285,875.00	91.4350	1,078.09	0.55
2,000,000.00	U S TREASURY NOTE 1.5% 2/15/30 35020010	1,957,835.94	1,736,640.00	86.8320	11,297.22	1.73
1,795,000.00	U S TREASURY NOTE 3.5% 2/15/33 35020090	1,787,269.55	1,669,870.55	93.0290	23,462.34	3.76
2,550,000.00	U S TREASURY NOTE 4.5% 11/15/33 35020010	2,587,737.73	2,538,448.50	99.5470	15,003.60	4.52

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850,000.00	U S TREASURY NOTE 1.25% 3/31/28 35020010	845,318.36	771,978.50	90.8210	2,708.59	1.38
1,000,000.00	U S TREASURY NOTE 1.25% 4/30/28 35020010	996,835.94	905,940.00	90.5940	2,089.48	1.38
2,250,000.00	U S TREASURY NOTE 1.25% 5/15/50 35020090	1,390,822.27	1,066,702.50	47.4090	3,609.62	2.64
1,500,000.00	U S TREASURY NOTE 1.25% 6/30/28 35020010	1,514,238.28	1,351,530.00	90.1020	55.48	1.39
250,000.00	U S TREASURY NOTE 1.25% 6/30/28 35020090	252,861.33	225,255.00	90.1020	0.12	1.39
2,050,000.00	U S TREASURY NOTE 1.25% 12/31/26 35020010	2,023,333.99	1,933,498.50	94.3170	49.44	1.33
300,000.00	U S TREASURY NOTE 2.25% 5/15/41 35020090	236,871.09	212,892.00	70.9640	848.72	3.17
1,825,000.00	U S TREASURY NOTE 2.75% 8/15/32 35020010	1,655,806.65	1,618,464.75	88.6830	18,913.94	3.10
1,500,000.00	U S TREASURY NOTE 3.25% 6/30/29 35020010	1,478,671.88	1,431,345.00	95.4230	33.67	3.41
2,250,000.00	U S TREASURY NOTE 3.75% 8/15/27 35020010	2,245,693.37	2,221,425.00	98.7300	31,834.24	3.80
850,000.00	U S TREASURY NOTE 0.625% 3/31/27 35020010	854,668.36	784,762.50	92.3250	1,347.89	0.68
200,000.00	U S TREASURY NOTE 0.625% 5/15/30 35020090	169,539.06	164,108.00	82.0540	159.66	0.76
1,750,000.00	U S TREASURY NOTE 0.625% 8/15/30 35020010	1,420,869.14	1,421,157.50	81.2090	4,097.29	0.77
3,250,000.00	U S TREASURY NOTE 1.125% 2/15/31 35020010	2,813,774.05	2,682,062.50	82.5250	13,780.86	1.36
1,905,000.00	U S TREASURY NOTE 1.375% 11/15/31 35020090	1,647,944.93	1,556,689.80	81.7160	3,365.30	1.68
250,000.00	U S TREASURY NOTE 1.625% 8/15/29 35020090	231,054.69	221,885.00	88.7540	1,535.36	1.83
250,000.00	U S TREASURY NOTE 1.875% 2/15/41 35020090	188,906.25	167,477.50	66.9910	1,742.45	2.80
4,000,000.00	U S TREASURY NOTE 1.875% 7/31/26 35020010	4,081,875.00	3,856,600.00	96.4150	31,430.59	1.94
425,000.00	U S TREASURY NOTE 2.625% 2/15/29 35020010	427,605.43	397,345.25	93.4930	4,183.68	2.81
150,000.00	U S TREASURY NOTE 2.625% 2/15/29 35020090	140,876.95	140,239.50	93.4930	1,445.98	2.81
2,750,000.00	U S TREASURY NOTE 2.875% 5/15/32 35020010	2,578,769.55	2,469,775.00	89.8100	10,064.23	3.20
115,000.00	U S TREASURY NOTE 2.875% 5/15/32 35020090	106,361.52	103,281.50	89.8100	419.11	3.20
600,000.00	U S TREASURY NOTE 3.125% 2/15/43 35020090	538,593.75	473,958.00	78.9930	6,969.10	3.96

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
1,650,000.00	U S TREASURY NOTE 3.125% 8/31/27 35020010	1,589,091.80	1,602,480.00	97.1200	17,281.00	3.22
160,000.00	U S TREASURY NOTE 3.125% 8/31/29 35020090	155,100.00	151,550.40	94.7190	1,673.62	3.30
1,750,000.00	U S TREASURY NOTE 3.125% 11/15/28 35020010	2,113,535.16	1,674,557.50	95.6890	7,100.29	3.27
1,300,000.00	U S TREASURY NOTE 3.375% 5/15/33 35020010	1,256,095.52	1,194,674.00	91.8980	5,598.04	3.67
555,000.00	U S TREASURY NOTE 3.375% 5/15/33 35020090	539,694.14	510,033.90	91.8980	2,396.87	3.67
2,500,000.00	U S TREASURY NOTE 3.375% 9/15/27 35020010	2,483,105.48	2,443,050.00	97.7220	24,819.15	3.45
1,000,000.00	U S TREASURY NOTE 3.875% 8/15/34 35020010	984,609.38	945,540.00	94.5540	14,589.76	4.10
1,600,000.00	U S TREASURY NOTE 3.875% 12/31/27 35020010	1,587,937.50	1,581,632.00	98.8520	113.59	3.92
1,000,000.00	U S TREASURY NOTE 4.125% 7/31/28 35020010	997,656.30	993,100.00	99.3100	17,297.10	4.15
3,400,000.00	U S TREASURY NOTE 4.125% 7/31/31 35020010	3,449,867.20	3,332,272.00	98.0080	58,570.77	4.21
555,000.00	U S TREASURY NOTE 4.375% 2/15/38 35020090	695,592.77	539,765.25	97.2550	9,074.65	4.50
1,000,000.00	U S TREASURY NOTE 4.375% 7/31/26 35020010	1,006,875.00	1,001,650.00	100.1650	18,453.74	4.37
1,750,000.00	U S TREASURY NOTE 4.375% 8/31/28 35020010	1,751,982.42	1,751,400.00	100.0800	25,707.82	4.37
1,500,000.00	U S TREASURY NOTE 4.625% 9/15/26 35020010	1,506,152.34	1,508,940.00	100.5960	20,447.10	4.60
2,250,000.00	U S TREASURY NOTE 4.625% 11/15/26 35020010	2,260,458.99	2,264,670.00	100.6520	13,211.17	4.60
1,125,000.00	U S TREASURY NOTE 4.875% 4/30/26 35020010	1,124,077.15	1,133,741.25	100.7770	9,196.91	4.84
2,800,000.00	U S TREASURY NOTE 4.875% 5/31/26 35020010	2,809,734.37	2,823,184.00	100.8280	11,667.14	4.83
1,150,000.00	US TREASURY NOTE 2.375% 3/31/29 35020010	1,107,593.75	1,061,335.00	92.2900	6,872.85	2.57
1,750,000.00	US TREASURY NOTE 4.125% 10/31/27 35020010	1,736,328.13	1,743,087.50	99.6050	12,363.59	4.14
150,000.00	US TREASURY NOTES 4% 10/31/29 35020090	145,611.33	147,475.50	98.3170	1,027.62	4.07
	TOTAL GOVERNMENT AND AGENCIES	133,904,663.21	123,055,441.39		834,311.77	3.33

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
	CORPORATE OBLIGATIONS					
200,000.00	AERCAP IRELAND CAP 6.5% 7/15/25 35020090	196,566.00	201,290.00	100.6450	5,994.36	6.46
50,000.00	AERCAP IRELAND CAP 2.45% 10/29/26 35020090	46,624.50	47,864.50	95.7290	210.95	2.56
498,000.00	AERCAP IRELAND CAP 6.45% 4/15/27 35020090	554,520.75	513,497.76	103.1120	6,602.65	6.26
675,000.00	AFLAC INC 3.6% 4/01/30 35020010	746,543.25	634,101.75	93.9410	6,075.00	3.83
115,000.00	AIR LEASE CORP 3.625% 12/01/27 35020090	112,727.60	111,134.85	96.6390	347.40	3.75
110,000.00	ALBEMARLE CORP 5.05% 6/01/32 35020090	105,510.90	104,692.50	95.1750	462.95	5.31
480,000.00	ALLSTATE CORP 0.75% 12/15/25 35020090	479,928.00	462,864.00	96.4300	150.00	0.78
500,000.00	ALLY FINL INC 2.2% 11/02/28 35020090	451,500.00	444,845.00	88.9690	1,802.79	2.47
635,000.00	AMERICAN EXPRESS 3.3% 5/03/27 35020090	636,519.75	615,480.10	96.9260	3,376.08	3.40
1,150,000.00	AMERICAN EXPRESS CO 2.55% 3/04/27 35020010	1,135,613.50	1,100,975.50	95.7370	9,530.63	2.66
465,000.00	AMERICREDIT AUTO 6% 7/18/29 35020090	477,369.73	478,094.40	102.8160	930.00	5.84
1,500,000.00	AMGEN INC 5.25% 3/02/33 35020010	1,499,711.10	1,488,930.00	99.2620	26,031.25	5.29
640,000.00	AMPHENOL CORP 2.2% 9/15/31 35020090	630,508.40	536,300.80	83.7970	4,145.74	2.63
470,000.00	AON CORP 2.8% 5/15/30 35020090	466,737.10	418,788.80	89.1040	1,681.59	3.14
565,000.00	AON PLC 4.45% 5/24/43 35020090	544,314.20	464,458.25	82.2050	2,522.45	5.41
885,000.00	AON PLC 3.875% 12/15/25 35020010	897,620.10	878,309.40	99.2440	1,428.60	3.90
255,000.00	APOLLO GLOBAL MGMT 6.375% 11/15/33 35020090	273,065.10	275,698.35	108.1170	2,077.19	5.90
350,000.00	ARES CAPITAL CORP 7% 1/15/27 35020090	363,104.00	362,775.00	103.6500	0.00	6.75
500,000.00	ARES CAPITAL CORP 2.875% 6/15/27 35020090	464,085.00	475,515.00	95.1030	638.91	3.02
786,000.00	AT&T INC 3.5% 9/15/53 35020090	612,900.72	529,245.24	67.3340	8,039.80	5.20
1,100,000.00	AT&T INC 4.25% 3/01/27 35020010	1,128,105.00	1,089,880.00	99.0800	15,583.07	4.29

BOILERMAKERS NATIONAL HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
1,250,000.00	AUTODESK INC 2.85% 1/15/30 35020010	1,256,175.00	1,131,850.00	90.5480	16,427.08	3.15
1,000,000.00	BANK AMER CORP 3.5% 4/19/26 35020010	957,300.00	985,070.00	98.5070	7,000.26	3.55
1,550,000.00	BANK AMER CORP 2.299% 7/21/32 35020010	1,553,487.50	1,292,157.50	83.3650	15,837.49	2.76
533,000.00	BANK AMER CORP 2.299% 7/21/32 35020090	469,637.65	444,335.45	83.3650	5,446.03	2.76
339,000.00	BARRICK GOLD CORP 5.25% 4/01/42 35020090	450,483.58	320,253.30	94.4700	4,449.57	5.56
215,000.00	BK NY MELLON 4.89% 7/21/28 35020090	217,204.25	215,868.60	100.4040	4,643.48	4.87
1,000,000.00	BLACKROCK INC 2.1% 2/25/32 35020010	766,160.00	823,500.00	82.3500	7,350.00	2.55
330,000.00	BLUE OWL CAP CORP 2.625% 1/15/27 35020090	306,973.75	311,648.70	94.4390	3,994.41	2.78
250,000.00	BOARDWALK PIPELINES 5.95% 6/01/26 35020090	296,457.50	252,965.00	101.1860	1,239.45	5.88
750,000.00	BOARDWALK PIPELINES 5.625% 8/01/34 35020090	751,480.00	746,955.00	99.5940	17,578.15	5.65
317,000.00	BOEING CO 5.15% 5/01/30 35020090	378,710.39	312,555.66	98.5980	2,720.91	5.22
825,000.00	BOEING CO 2.196% 2/04/26 35020010	802,081.50	800,076.75	96.9790	7,397.78	2.26
150,000.00	BOEING CO 5.705% 5/01/40 35020090	147,991.50	142,707.00	95.1380	1,426.34	6.00
650,000.00	BP CAP MKTS AMER 2.721% 1/12/32 35020090	654,836.00	556,205.00	85.5700	8,303.01	3.18
1,425,000.00	BROADCOM INC 4.11% 9/15/28 35020010	1,563,125.25	1,391,968.50	97.6820	17,245.11	4.21
350,000.00	CANADIAN NAT RES LTD 3.9% 2/01/25 35020010	351,869.00	349,559.00	99.8740	5,687.50	3.90
1,700,000.00	CAPITAL ONE FINL CORP 3.2% 2/05/25 35020010	1,669,690.00	1,699,660.00	99.9800	22,062.44	3.20
560,000.00	CAPITAL ONE FINL CORP 3.2% 2/05/25 35020090	569,290.80	559,888.00	99.9800	7,267.30	3.20
745,000.00	CAROLINA POWER & LIGHT 5.7% 4/01/35 35020090	957,049.35	760,093.70	102.0260	10,616.25	5.59
525,000.00	CHARLES SCHWAB CORP 4% 2/01/29 35020090	579,537.75	508,719.75	96.8990	8,750.14	4.13
385,000.00	CIGNA CORP 2.375% 3/15/31 35020090	388,595.90	326,010.30	84.6780	2,692.33	2.80
250,000.00	CIGNA CORP NEW 3.2% 3/15/40 35020090	259,500.75	183,267.50	73.3070	2,355.69	4.37
1,000,000.00	CITIGROUP INC 3.2% 10/21/26 35020010	925,120.00	972,490.00	97.2490	6,222.49	3.29

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
265,000.00	CITIGROUP INC 3.4% 5/01/26 35020090	257,890.05	260,431.40	98.2760	1,501.65	3.46
225,000.00	CITIGROUP INC 3.7% 1/12/26 35020090	248,752.58	222,752.25	99.0010	3,908.13	3.74
686,000.00	CITIGROUP INC 4.65% 7/30/45 35020090	757,029.95	598,617.32	87.2620	13,379.98	5.33
425,000.00	CLOROX CO DEL 1.8% 5/15/30 35020090	419,186.00	361,471.00	85.0520	977.50	2.12
1,325,000.00	COMCAST CORP 4.65% 2/15/33 35020010	1,323,728.00	1,279,804.25	96.5890	23,275.94	4.81
215,000.00	CROWN CASTLE CORP 2.25% 1/15/31 35020090	214,778.55	180,675.25	84.0350	2,230.82	2.68
550,000.00	CVS HEALTH CORP 5.7% 6/01/34 35020010	550,511.50	540,611.50	98.2930	2,612.50	5.80
525,000.00	CVS HEALTH CORP 1.875% 2/28/31 35020010	525,278.25	423,218.25	80.6130	3,363.13	2.33
475,000.00	DAIMLER CHRYSLER 8.5% 1/18/31 35020090	632,646.50	555,137.25	116.8710	18,280.76	7.27
655,000.00	DEVON ENERGY CORP 5.6% 7/15/41 35020090	689,905.34	605,383.75	92.4250	16,913.66	6.06
365,000.00	DEVON ENERGY CORP 5.85% 12/15/25 35020090	399,545.90	367,445.50	100.6700	949.19	5.81
342,000.00	DISCOVER CARD NOTE 4.31% 3/15/28 35020090	340,877.81	341,230.50	99.7750	1,228.35	4.32
250,000.00	DISCOVER FINL SVCS 4.1% 2/09/27 35020090	240,160.00	245,485.00	98.1940	4,043.07	4.18
445,000.00	DISCOVERY COMM LLC 4.125% 5/15/29 35020090	490,215.95	414,597.60	93.1680	2,345.58	4.43
825,000.00	DOLLAR GEN CORP 5.45% 7/05/33 35020010	815,512.50	810,133.50	98.1980	21,981.76	5.55
400,000.00	DRIVE TR 2024-1 5.35% 2/15/28 35020090	402,593.75	401,592.00	100.3980	148.61	5.33
803,000.00	DUKE ENERGY CAROLINAS 4.95% 1/15/33 35020090	794,279.42	789,638.08	98.3360	18,328.57	5.03
200,000.00	DUKE ENERGY CORP 3.75% 9/01/46 35020090	218,070.00	147,250.00	73.6250	2,500.00	5.09
968,000.00	EATON CORP PLC 4% 11/02/32 35020090	973,900.06	904,470.16	93.4370	6,271.86	4.28
1,500,000.00	EDWARDS LIFESCIENCES 4.3% 6/15/28 35020010	1,510,635.00	1,467,735.00	97.8490	2,866.67	4.39
998,000.00	EDWARDS LIFESCIENCES 4.3% 6/15/28 35020090	1,176,435.26	976,533.02	97.8490	1,907.47	4.39
653,000.00	ELECTRONIC ARTS INC 4.8% 3/01/26 35020090	785,202.74	653,150.19	100.0230	10,448.00	4.80
630,000.00	ENERGY TRANSFER 4.2% 4/15/27 35020090	648,446.00	621,608.40	98.6680	5,586.01	4.26

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
400,000.00	ENERGY TRANSFER 5.5% 6/01/27 35020090	401,532.00	405,136.00	101.2840	1,833.31	5.43
330,000.00	EQUIFAX INC 6.9% 7/01/28 35020090	431,554.20	345,434.10	104.6770	11,385.00	6.59
220,000.00	FEDEX CORP 4.9% 1/15/34 35020090	268,092.00	214,099.60	97.3180	4,970.65	5.04
106,507.85	FNMA REMIC 2015-87 3% 11/25/35 35020090	113,331.01	100,731.93	94.5770	266.29	3.17
665,000.00	FORD CR AUTO 5.07% 1/15/29 35020090	668,844.53	667,779.70	100.4180	2,809.63	5.05
175,000.00	GENERAL ELEC CO 3.45% 5/01/27 35020010	161,222.25	169,723.75	96.9850	1,006.31	3.56
1,025,000.00	GENERAL ELECTRIC CO 3.625% 5/01/30 35020010	1,056,498.25	955,166.75	93.1870	6,192.45	3.89
665,000.00	GENERAL MOTORS FINL 5.35% 7/15/27 35020010	665,970.90	671,616.75	100.9950	19,073.48	5.30
1,025,000.00	GENERAL MTRS CO 4% 10/06/26 35020090	1,075,756.00	1,010,404.00	98.5760	9,680.72	4.06
248,000.00	GENERAL MTRS CO 6.125% 10/01/25 35020090	292,530.88	249,909.60	100.7700	5,359.44	6.08
1,000,000.00	GENERAL MTRS FINL 5.8% 1/07/29 35020010	1,016,720.00	1,020,130.00	102.0130	28,033.31	5.69
830,000.00	GMAC INC 8% 11/01/31 35020090	1,067,505.70	917,672.90	110.5630	11,066.77	7.24
225,000.00	GOLDMAN SACHS GROUP V/R 3/09/27 35020090	209,409.75	216,004.50	96.0020	1,001.68	1.49
645,000.00	GOLDMAN SACHS GROUP 3.85% 1/26/27 35020090	653,172.30	632,951.40	98.1320	10,692.16	3.92
2,000,000.00	GOLDMAN SACHS GROUP IN 2.6% 2/07/30 35020010	1,892,650.00	1,771,580.00	88.5790	20,799.84	2.94
325,000.00	GOLDMAN SACHS GRP V/R 9/10/27 35020090	306,601.75	307,310.25	94.5570	1,545.23	1.63
583,000.00	HILLSHIRE BRANDS 6.125% 11/01/32 35020090	598,647.72	591,972.37	101.5390	5,951.46	6.03
500,000.00	HP INC 4.75% 1/15/28 35020010	505,730.00	499,320.00	99.8640	10,951.40	4.76
170,000.00	HUMANA INC 3.95% 3/15/27 35020090	191,763.40	166,749.60	98.0880	1,977.31	4.03
800,000.00	HUNTINGTON BANCSHARES 4% 5/15/25 35020010	798,928.00	797,688.00	99.7110	4,089.15	4.01
1,050,000.00	HUNTINGTON BANCSHARES 2.55% 2/04/30 35020010	1,047,973.50	923,653.50	87.9670	10,933.13	2.90
250,000.00	HUNTINGTON NATL BK 5.65% 1/10/30 35020090	230,605.00	254,485.00	101.7940	6,709.33	5.55
271,000.00	ING GROEP N.V. 3.95% 3/29/27 35020090	306,788.26	266,279.18	98.2580	2,735.53	4.02

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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
1,100,000.00	INGERSOLL RAND INC 5.45% 6/15/34 35020010	1,113,112.00	1,107,425.00	100.6750	2,664.42	5.41
455,000.00	JEFFERIES FINANCIAL 4.85% 1/15/27 35020090	433,109.95	455,796.25	100.1750	10,175.59	4.84
552,000.00	JEFFERIES FINANCIAL 2.625% 10/15/31 35020090	454,555.44	465,716.88	84.3690	3,059.00	3.11
1,115,000.00	JEFFERIES GROUP 6.45% 6/08/27 35020090	1,367,437.05	1,150,100.20	103.1480	4,594.93	6.25
450,000.00	JP MORGAN CHASE BK 4.26% 2/22/48 35020090	450,000.00	372,586.50	82.7970	6,816.00	5.15
800,000.00	JPMORGAN CHASE & CO 2.069% 6/01/29 35020010	731,264.00	726,928.00	90.8660	1,379.32	2.28
552,000.00	JUNIPER NETWORKS 5.95% 3/15/41 35020090	671,603.04	544,117.44	98.5720	9,670.73	6.04
320,000.00	JUNIPER NETWORKS INC 1.2% 12/10/25 35020090	320,230.40	309,692.80	96.7790	224.00	1.24
975,000.00	KEMPER CORP 2.4% 9/30/30 35020090	931,908.25	827,248.50	84.8460	5,915.01	2.83
451,000.00	KEMPER CORP DEL 4.35% 2/15/25 35020090	492,959.88	449,750.73	99.7230	7,357.17	4.36
1,000,000.00	KEYCORP 2.25% 4/06/27 35020010	937,810.00	943,510.00	94.3510	5,312.50	2.38
507,000.00	KINDER MORGAN INC 5.3% 12/01/34 35020090	510,253.17	493,802.79	97.3970	2,239.05	5.44
650,000.00	LAM RESEARCH CORP 4% 3/15/29 35020090	645,632.00	631,975.50	97.2270	7,655.57	4.11
625,000.00	LAZARD LLC 4.5% 9/19/28 35020090	726,390.50	611,700.00	97.8720	7,968.75	4.60
700,000.00	LAZARD LLC 4.375% 3/11/29 35020090	674,098.00	681,919.00	97.4170	9,357.62	4.49
350,000.00	LEGG MASON INC 4.75% 3/15/26 35020090	349,825.00	349,958.00	99.9880	4,895.16	4.75
1,500,000.00	LOWES COS INC 3.1% 5/03/27 35020010	1,383,960.00	1,450,095.00	96.6730	7,491.67	3.21
1,000,000.00	MARRIOTT INTL INC 5% 10/15/27 35020010	995,420.00	1,007,950.00	100.7950	10,555.60	4.96
470,000.00	MARS INC 144A 4.2% 4/01/59 35020090	554,834.60	357,740.50	76.1150	4,935.00	5.52
1,025,000.00	MARSH & MCLENNAN 4.375% 3/15/29 35020010	1,168,008.00	1,006,591.00	98.2040	13,204.00	4.46
225,000.00	MARSH & MCLENNAN COS 5.15% 3/15/34 35020090	224,952.75	223,872.75	99.4990	3,411.93	5.18
540,000.00	MCDONALDS CORP 3.6% 7/01/30 35020090	634,375.40	506,536.20	93.8030	9,720.00	3.84
800,000.00	MCDONALDS CORP MED 3.375% 5/26/25 35020010	802,704.00	795,704.00	99.4630	2,550.00	3.39

BOILERMAKERS NATIONAL HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION			COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
600,000.00	MERCK & CO INC 35020090	3.7%	2/10/45	642,362.50	464,652.00	77.4420	8,633.33	4.78
1,000,000.00	META PLATFORMS INC 35020010	3.85%	8/15/32	991,163.33	929,340.00	92.9340	14,544.09	4.14
630,000.00	MICRON TECHNOLOGY 35020090	4.185%	2/15/27	713,744.80	621,079.20	98.5840	9,960.50	4.25
1,155,000.00	MICRON TECHNOLOGY 35020090	4.663%	2/15/30	1,256,583.45	1,127,303.10	97.6020	20,346.43	4.78
135,000.00	MICROSOFT CORP 35020090	3.4%	6/15/27	150,040.35	132,089.40	97.8440	0.00	3.47
350,000.00	MICROSOFT CORP 35020090	3.4%	9/15/26	401,663.50	344,603.00	98.4580	3,470.85	3.45
850,000.00	MOLSON COORS 35020010	3%	7/15/26	813,212.00	827,985.00	97.4100	11,758.33	3.08
500,000.00	MOLSON COORS 35020090	3%	7/15/26	538,015.00	487,050.00	97.4100	6,916.67	3.08
2,100,000.00	MORGAN STANLEY 35020010	V/R	7/21/32	1,947,057.90	1,741,425.00	82.9250	20,897.49	2.70
455,000.00	MORGAN STANLEY 35020090	4.3%	1/27/45	391,532.05	375,047.40	82.4280	8,369.51	5.22
450,000.00	MORGAN STANLEY 35020090	4.35%	9/08/26	491,805.00	446,530.50	99.2290	6,144.38	4.38
350,000.00	MORGAN STANLEY 35020090	3.625%	1/20/27	341,730.00	343,619.50	98.1770	5,674.12	3.69
440,000.00	MOTOROLA SOLUTIONS 35020090	4.6%	2/23/28	513,409.60	435,824.40	99.0510	7,196.57	4.64
425,000.00	MPLX LP 35020090	4%	3/15/28	444,634.66	412,326.50	97.0180	5,005.58	4.12
375,000.00	MPLX LP 35020090	4.5%	4/15/38	333,870.00	326,827.50	87.1540	3,562.51	5.16
180,000.00	NATL RURAL UTILS 35020090	5.1%	5/06/27	179,973.00	181,443.60	100.8020	1,402.50	5.06
542,000.00	NEXTERA ENERGY 35020090	3.55%	5/01/27	597,244.96	528,189.84	97.4520	3,206.94	3.64
895,000.00	NORFOLK SOUTHERN 35020090	2.3%	5/15/31	919,923.80	765,547.20	85.5360	2,630.44	2.69
190,472.84	ONEMAIN DIRECT 35020090	3.63%	9/14/27	202,920.54	189,425.24	99.4500	576.18	3.65
224,000.00	ONEMAIN DIRECT AUTO 35020090	4.19%	11/14/28	205,030.00	220,635.52	98.4980	782.13	4.25
500,000.00	ORACLE CORP 35020010	2.95%	4/01/30	458,325.00	451,355.00	90.2710	3,687.52	3.27
420,000.00	OSHKOSH CORP 35020090	3.1%	3/01/30	448,698.60	384,157.20	91.4660	4,340.00	3.39
650,000.00	OWL ROCK CAP CORP 35020090	3.4%	7/15/26	626,145.00	629,778.50	96.8890	10,190.57	3.51

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
1,250,000.00	PAYPAL HLDGS INC 2.85% 10/01/29 35020010	1,258,250.00	1,142,825.00	91.4260	8,906.25	3.12
521,000.00	PERKINELMER INC 3.3% 9/15/29 35020090	551,310.46	480,695.44	92.2640	5,062.38	3.58
500,000.00	PNC FINL SVCS 2.55% 1/22/30 35020010	453,760.00	444,020.00	88.8040	5,631.25	2.87
185,000.00	PNC FINL SVCS GROUP 3.45% 4/23/29 35020090	171,609.70	175,061.80	94.6280	1,205.61	3.65
400,000.00	PREMIER HEALTH 2.911% 11/15/26 35020090	429,284.00	382,576.00	95.6440	1,487.69	3.04
211,000.00	PRUDENTIAL FINANCIAL 3.878% 3/27/28 35020010	211,000.00	205,400.06	97.3460	2,136.43	3.98
950,000.00	PRUDENTIAL FINL 2.1% 3/10/30 35020090	897,873.50	837,529.50	88.1610	6,151.25	2.38
250,000.00	PUGET SOUND ENERGY 7.02% 12/01/27 35020090	326,365.00	263,397.50	105.3590	5,070.00	6.66
425,000.00	PULTE GROUP INC 5% 1/15/27 35020090	425,518.50	425,620.50	100.1460	9,798.59	4.99
1,500,000.00	REGENERON PHARM 1.75% 9/15/30 35020010	1,448,625.00	1,248,405.00	83.2270	7,729.17	2.10
850,000.00	REGIONS FINANCIAL V/R 6/06/30 35020010	855,023.50	861,755.50	101.3830	3,377.55	5.64
1,000,000.00	REGIONS FINANCIAL 1.8% 8/12/28 35020010	826,150.00	890,720.00	89.0720	6,950.00	2.02
300,000.00	ROYAL BK CDA 3.875% 5/04/32 35020090	273,855.00	275,943.00	91.9810	1,840.63	4.21
118,236.78	SANTANDER AUTO 21-AA 0.71% 8/17/26 35020090	109,447.54	117,747.28	99.5860	69.96	0.71
850,000.00	SANTANDER DRV AUTO 5.09% 5/15/30 35020090	847,775.39	853,009.00	100.3540	3,605.42	5.07
1,000,000.00	SCHWAB CHARLES 6.196% 11/17/29 35020010	1,035,700.00	1,042,380.00	104.2380	7,572.86	5.94
325,000.00	SCHWAB CHARLES CORP NE 3.2% 1/25/28 35020090	326,000.03	310,999.00	95.6920	4,506.94	3.34
750,000.00	SERVICENOW INC 1.4% 9/01/30 35020090	712,604.55	623,332.50	83.1110	3,500.11	1.68
148,000.00	SHERWIN WILLIAMS CO 3.3% 2/01/25 35020090	148,418.86	147,743.96	99.8270	2,035.00	3.31
425,000.00	SIMON PPTY GROUP LP 3.375% 6/15/27 35020090	406,623.00	413,240.25	97.2330	637.48	3.47
512,000.00	SMUCKER J M CO 2.375% 3/15/30 35020090	516,311.04	451,901.44	88.2620	3,580.27	2.69
300,000.00	SOUTHERN COPPER CORP 7.5% 7/27/35 35020090	387,538.50	341,616.00	113.8720	9,625.00	6.59
1,075,000.00	STATE STREET CORP 4.821% 1/26/34 35020010	1,064,470.00	1,042,416.75	96.9690	22,313.81	4.97

BOILERMAKERS NATIONAL HEALTH AND WELFARE FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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BMKR H&W CONSOLIDATED CUSTODY
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
550,000.00	SUMITOMO MITSUI FINL 2.632% 7/14/26 35020090	580,332.50	532,955.50	96.9010	6,715.11	2.72
475,000.00	SUNTRUST BK ATL 3.3% 5/15/26 35020090	537,039.75	465,105.75	97.9170	2,002.91	3.37
775,000.00	SYSCO CORP 5.95% 4/01/30 35020010	811,014.25	807,224.50	104.1580	11,528.15	5.71
550,000.00	T MOBILE USA INC 3.875% 4/15/30 35020010	578,682.50	517,544.50	94.0990	4,499.25	4.12
700,000.00	TD AMERITRADE HLDG 3.3% 4/01/27 35020090	699,188.00	670,026.00	95.7180	5,710.83	3.45
300,000.00	TENN VALLEY AUTH 2.875% 2/01/27 35020090	331,614.00	291,510.00	97.1700	3,593.75	2.96
465,000.00	TIMKEN CO 6.875% 5/08/28 35020010	491,435.25	482,837.40	103.8360	12,077.01	6.62
850,000.00	TRUIST FINL CORP 1.95% 6/05/30 35020010	686,638.50	725,594.00	85.3640	1,197.08	2.28
500,000.00	TRUIST FINL CORP 4.873% 1/26/29 35020010	501,795.00	497,385.00	99.4770	10,490.50	4.90
850,000.00	UNION PACIFIC CORP 2.4% 2/05/30 35020010	722,160.00	754,587.50	88.7750	8,273.33	2.70
500,000.00	VALERO ENERGY CORP 2.15% 9/15/27 35020090	468,685.00	467,430.00	93.4860	3,135.40	2.30
405,000.00	VERIZON MASTER 4.73% 4/21/31 35020090	411,929.30	405,931.50	100.2300	79.82	4.72
215,000.00	VIACOMCBS INC 4.95% 1/15/31 35020090	255,553.30	200,702.50	93.3500	4,907.56	5.30
6,000.00	VISA INC 3.15% 12/14/25 35020090	6,328.86	5,931.90	98.8650	428.92	3.19
350,000.00	VMWARE INC 1.8% 8/15/28 35020010	333,154.50	314,016.50	89.7190	2,380.00	2.01
425,000.00	VMWARE INC 4.7% 5/15/30 35020010	511,933.75	415,807.25	97.8370	2,552.20	4.80
745,000.00	WALGREENS BOOTS ALLIAN 4.1% 4/15/50 35020090	710,798.74	460,566.45	61.8210	6,448.38	6.63
1,750,000.00	WELLS FARGO & CO V/R 1/23/35 35020010	1,732,710.00	1,742,562.50	99.5750	42,235.40	5.52
500,000.00	WELLS FARGO & CO 4.478% 4/04/31 35020090	617,510.00	483,990.00	96.7980	5,410.74	4.63
500,000.00	WELLS FARGO COML MTG 2.918% 11/15/49 35020090	514,977.00	481,945.00	96.3890	1,215.83	3.03
550,000.00	WELLS FARGO MTG 2016 3.64% 12/15/59 35020090	566,496.15	536,002.50	97.4550	1,668.33	3.74
259,258.85	WEPCO ENVRNMNTAL TR 1.5779% 12/15/35 35020090	224,360.18	221,935.95	85.6040	340.70	1.84
1,000,000.00	WILLIAMS PARTNERS 3.75% 6/15/27 35020010	1,043,670.00	974,720.00	97.4720	1,666.67	3.85

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
	TOTAL CORPORATE OBLIGATIONS	113,678,789.20	105,918,915.28		1,190,258.59	4.11
	MUNICIPALS OBLIGATIONS					
500,000.00	CICERO ILL 1.3% 1/01/26 35020090	500,000.00	484,400.00	96.8800	3,250.15	1.34
350,000.00	WISCONSIN ST GEN FD 0.856% 5/01/26 35020090	350,000.00	334,012.00	95.4320	499.49	0.90
	TOTAL MUNICIPALS OBLIGATIONS	850,000.00	818,412.00		3,749.64	1.16
	CASH EQUIVALENTS					
826,000.00	CASH HELD AT GOLDMAN SACHS 35020070	826,000.00	826,000.00	1.0000	0.00	0.00
401,632.90	FEDERATED GOVERNMENT OBLIG FD #05 35020090	401,632.90	401,632.90	1.0000	9,871.79	4.41
0.00	GS FINANCIAL SQUARE GOVERNMENT 465 35020000	0.00	0.00	1.0000	29,747.95	0.00
1,118,639.74	GS FINANCIAL SQUARE GOVERNMENT #465 35020010	1,118,639.74	1,118,639.74	1.0000	9,798.39	4.49
5,156,569.31	GS FINANCIAL SQUARE GOVERNMENT #465 35020070	5,156,569.31	5,156,569.31	1.0000	20,212.19	4.49
33,281,221.55	SDIT GOVERNMENT OBLIGATION FD #036 35020000	33,281,221.55	33,281,221.55	1.0000	93,452.09	4.36
	TOTAL CASH EQUIVALENTS	40,784,063.50	40,784,063.50		163,082.41	4.29
	PLUS CASH	-42,945.41	-42,945.41			

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
	TOTAL ASSETS	289,174,570.50	270,533,886.76		2,191,402.41	3.78

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
Category (iii) Series of Transactions							
Goldman Sachs	GS Direct Financial Square Government #465	$ 38,500,000	$ -	$ -	$ 38,500,000	$ 38,500,000	$ -
Goldman Sachs	GS Direct Financial Square Government #465	-	38,500,000	-	38,500,000	-	-
Goldman Sachs	GS Financial Square Government #465	52,159,425	-	-	52,159,425	52,159,425	-
Goldman Sachs	GS Financial Square Government #465	-	52,720,911	-	52,720,911	-	-
Federated Hermes	Federated Government Obligation FD #05	47,714,332	-	-	47,714,332	47,714,332	-
Federated Hermes	Federated Government Obligation FD #05	-	47,446,947	-	47,446,947	-	-
SEI	SDIT Government Obligation FD #036	149,757,049	-	-	149,757,049	149,757,049	-
SEI	SDIT Government Obligation FD #036	-	160,073,672	-	160,073,672	160,073,672	-

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2024.

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BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
Category (iii) Series of Transactions							
Goldman Sachs	GS Direct Financial Square Government #465	$ 38,500,000	$ -	$ -	$ 38,500,000	$ 38,500,000	$ -
Goldman Sachs	GS Direct Financial Square Government #465	-	38,500,000	-	38,500,000	-	-
Goldman Sachs	GS Financial Square Government #465	52,159,425	-	-	52,159,425	52,159,425	-
Goldman Sachs	GS Financial Square Government #465	-	52,720,911	-	52,720,911	-	-
Federated Hermes	Federated Government Obligation FD #05	47,714,332	-	-	47,714,332	47,714,332	-
Federated Hermes	Federated Government Obligation FD #05	-	47,446,947	-	47,446,947	-	-
SEI	SDIT Government Obligation FD #036	149,757,049	-	-	149,757,049	149,757,049	-
SEI	SDIT Government Obligation FD #036	-	160,073,672	-	160,073,672	160,073,672	-

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2024.

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost Value	(e) Current Value
	Various	Various - See Attached	$ 289,174,571	$ 270,533,887
	JP Morgan Chase Bank	Securities Lending Cash Collateral Pool	35,593,060	35,593,060
	Acadian	Acadian All Country World ex US Fund	28,000,000	36,148,151
	Lazard Asset Management LLC	International Strategic Equity	19,135,425	29,562,280
	Invesco	Core Real Estate - U.S.A., LP	43,311,021	60,460,811
	National Investment Services	High Yield Fund	9,644,708	7,100,776
	National Investment Services	Total Absolute Return Fund	16,751,839	11,657,657
	National Investment Services	Preferred Stock Fund	13,033,357	12,435,143
	National Investment Services	Core Fixed Income Fund	129,825,182	128,874,178
	State Street Global Advisors	S&P 550 Index Non-Lending CTF	203,996,065	253,927,421
	Parametric Clifton	Cash Equivalents	388,996	388,996
	Corbin Capital Partners	Corbin ERISA Opportunity Fund	39,600,000	48,737,842
	American Realty Advisors	American Core Realty Fund	53,810,901	56,789,828
	Parametric Clifton	Defensive Equity Fund LLC	44,962,130	91,485,639
	Ullico Investment Advisors, Inc.	Ullico Infrastructure Tax- Exempt Fund, L.P.	31,049,264	39,805,399
	Lazard Asset Management LLC	Lazard Global Listed Infrastructure Portfolio	27,465,739	28,581,464
	American Realty Advisors	American Strategic Value Realty	30,977,299	31,241,865
	Loomis, Sayles & Company L.P.	Core Plus Fixed Income Trust	166,177,945	158,440,349
			$ 1,182,897,502	$ 1,301,764,746

** Indicates Party-in-Interest*

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
	GOVERNMENT AND AGENCIES					
440,000.00	FED FARM CR BKS 0.9% 6/15/26 35020090	415,808.80	418,651.20	95.1480	176.00	0.95
515,000.00	FED FARM CR BKS 1.84% 12/17/35 35020090	392,430.00	378,061.50	73.4100	368.52	2.51
350,000.00	FED FARM CR BKS 2.74% 11/29/39 35020090	256,305.00	266,577.50	76.1650	852.50	3.60
55,000.00	FED FARM CR BKS 2.75% 6/12/34 35020090	47,329.92	46,413.40	84.3880	79.81	3.26
85,000.00	FED FARM CR BKS 2.96% 1/23/45 35020090	59,075.00	58,961.10	69.3660	1,104.27	4.27
425,000.00	FED FARM CREDIT BKS 2.5% 4/14/36 35020090	348,500.00	331,606.25	78.0250	2,272.58	3.20
550,000.00	FED HOME LN BKS 1.5% 9/30/33 35020090	422,400.00	422,429.15	76.8053	2,085.42	1.95
665,000.00	FED HOME LN BKS 5.3% 12/13/29 35020090	665,000.00	663,723.20	99.8080	685.32	5.31
380,000.00	FED HOME LN BKS 2.74% 1/28/37 35020090	301,138.00	299,443.80	78.8010	4,425.13	3.48
205,000.00	FED HOME LN BKS 2.95% 3/29/46 35020090	155,287.50	141,679.60	69.1120	1,545.49	4.27
530,000.00	FED HOME LN BKS 5.05% 10/24/31 35020090	528,171.50	528,632.60	99.7420	4,981.27	5.06
670,000.00	FED HOME LN MTG 3.625% 8/27/26 35020090	664,104.00	664,104.00	99.1200	8,298.24	3.66
250,000.00	FED HOME LOAN BKS STEP 11/23/27 35020090	226,625.00	238,042.50	95.2170	1,000.02	2.10
150,000.00	FED HOME LOAN BKS 2.45% 7/25/34 35020090	121,050.00	121,315.50	80.8770	1,592.51	3.03
705,000.00	FED HOME LOAN MTG 3.298% 4/25/29 35020090	729,111.74	666,718.50	94.5700	1,937.73	3.49
170,000.00	FED NATL MTG ASSN 0.625% 4/22/25 35020090	165,666.70	168,141.90	98.9070	203.64	0.63
75,000.00	FEDERAL HOME LOAN BAN 1.25% 9/29/28 35020090	63,562.50	66,643.50	88.8580	239.71	1.41
114,678.09	FHLM REMIC 3% 2/15/46 35020090	111,739.48	113,572.59	99.0360	286.70	3.03
39,154.80	FHLM GOLD POOL #A20405 5% 4/01/34 35020010	37,986.26	38,886.98	99.3160	91.26	5.03
131,710.22	FHLM GOLD POOL #G08722 3.5% 9/01/46 35020090	139,551.09	118,852.67	90.2380	384.16	3.88
66,894.72	FHLM GOLD POOL #G18611 2.5% 9/01/31 35020090	69,178.56	63,360.00	94.7160	139.36	2.64

BOILERMAKERS NATIONAL
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BMKR H&W CONSOLIDATED CUSTODY
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
157,748.27	FHLM GOLD POOL #G18630 2% 2/01/32 35020090	158,142.65	146,284.70	92.7330	262.91	2.16
365,221.54	FHLM GOLD POOL #G61281 3.5% 1/01/48 35020010	366,305.79	328,224.60	89.8700	1,065.23	3.89
27,891.55	FHLM GOLD POOL Q59600 4.5% 11/01/48 35020090	28,985.43	26,539.09	95.1510	104.59	4.73
92,366.34	FHLM POOL #G08721 3% 9/01/46 35020090	85,280.12	80,231.25	86.8620	185.98	3.45
323,454.05	FHLM POOL #QD2299 2.5% 12/01/51 35020090	283,780.39	265,943.92	82.2200	660.13	3.04
263,378.96	FHLM POOL #QU7463 3% 7/01/50 35020090	262,226.67	219,892.46	83.4890	472.60	3.59
424,861.35	FHLM POOL #RA7748 3% 8/01/52 35020090	381,844.13	362,304.76	85.2760	1,047.38	3.52
327,406.27	FHLM POOL #RB5244 5% 7/01/43 35020090	323,211.37	318,955.91	97.4190	1,252.74	5.13
166,208.35	FHLM POOL #RD5038 1.5% 9/01/30 35020090	171,038.79	154,661.86	93.0530	411.36	1.61
187,802.93	FHLM POOL #SB0368 4% 3/01/34 35020090	207,815.67	183,883.48	97.9130	1,241.18	4.09
433,505.34	FHLM POOL #SC0093 2% 10/01/40 35020090	378,064.07	362,185.04	83.5480	709.01	2.39
595,606.72	FHLM POOL #SC0170 2% 7/01/41 35020090	612,916.50	497,021.90	83.4480	832.78	2.40
436,218.48	FHLM POOL #SD2217 6% 1/01/53 35020090	448,214.48	443,577.49	101.6870	1,789.35	5.90
35,074.72	FHLM POOL #ZM6956 4.5% 6/01/48 35020090	35,069.24	33,504.07	95.5220	100.83	4.71
79,384.91	FHLM POOL #ZS6658 2% 3/01/28 35020090	80,848.55	76,585.80	96.4740	294.78	2.07
174,058.55	FHLM POOL #ZS7189 3% 2/01/30 35020090	185,589.94	168,589.63	96.8580	859.89	3.10
128,601.83	FHLM POOL #ZS7207 3.5% 7/01/30 35020090	128,461.18	125,885.76	97.8880	91.80	3.58
178,499.35	FHLM REMIC 2% 6/15/46 35020090	178,778.26	163,027.03	91.3320	297.49	2.19
45,258.53	FHLM REMIC 2.5% 5/15/41 35020090	46,015.21	43,127.76	95.2920	94.29	2.62
360,000.00	FHLM REMIC 3.5% 5/15/42 35020090	307,125.00	318,434.40	88.4540	1,050.00	3.96
173,590.34	FHLM REMIC 1.054% 8/25/26 35020090	162,686.70	170,203.59	98.0490	98.09	1.07
131,589.97	FHLM REMIC K-L01 2.544% 10/25/25 35020090	131,055.40	130,204.33	98.9470	304.22	2.57
915,000.00	FHLM REMIC SER #029K 3.511% 4/25/30 35020090	938,732.81	863,156.10	94.3340	2,677.26	3.72

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BMKR H&W CONSOLIDATED CUSTODY
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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
575,000.00	FHLM REMIC SER K-072 3.444% 12/25/27 35020090	624,691.40	556,283.75	96.7450	1,650.25	3.56
200,000.00	FHLM REMIC SERIES K-1 3.75% 4/25/33 35020090	196,382.81	183,824.40	91.9122	625.00	4.08
762,040.03	FHLM REMIC SERIES 5465 5% 8/25/48 35020090	754,419.63	753,413.74	98.8680	3,175.17	5.06
121,339.70	FHLM STRIPS 275 25 2.5% 9/15/42 35020090	122,946.24	109,163.26	89.9650	252.81	2.78
560,000.00	FHLMC REMIC 3.99% 8/25/33 35020090	549,325.00	520,570.40	92.9590	1,862.00	4.29
20,933.62	FHLMC REMIC SER 4238 3% 2/15/42 35020090	21,868.51	19,723.87	94.2210	52.31	3.18
1,100,000.00	FHLMC REMIC SERIES 3.059% 4/25/34 35020090	1,135,578.13	940,621.00	85.5110	2,803.60	3.58
431,480.59	FNMA GTD REMIC 3.5% 5/25/42 35020090	462,038.08	417,927.78	96.8590	1,258.41	3.61
332,100.60	FNMA MA3258 4% 1/01/48 35020090	315,080.44	298,923.75	90.0100	1,107.00	4.44
124,959.98	FNMA POOL #AB8994 2.5% 4/01/28 35020090	123,241.78	121,349.89	97.1110	260.33	2.57
306,332.71	FNMA POOL #AI2444 5% 5/01/41 35020090	353,814.27	304,611.12	99.4380	1,276.39	5.03
482,784.42	FNMA POOL #AI8577 3% 8/01/42 35020010	498,776.68	425,965.52	88.2310	1,206.96	3.40
109,208.47	FNMA POOL #AJ3232 4% 10/01/41 35020010	115,266.13	103,040.38	94.3520	85.54	4.24
68,199.38	FNMA POOL #AL1869 3% 6/01/27 35020090	71,917.23	67,065.22	98.3370	333.49	3.05
417,686.65	FNMA POOL #AL7077 4% 7/01/35 35020090	410,246.61	402,503.74	96.3650	1,392.29	4.15
148,422.35	FNMA POOL #AL7276 2% 8/01/30 35020090	148,756.82	139,816.82	94.2020	370.31	2.12
300,000.00	FNMA POOL #AN9059 3.32% 5/01/28 35020090	310,945.31	287,697.00	95.8990	604.25	3.46
58,988.09	FNMA POOL #BM4703 3.5% 2/01/48 35020090	59,928.24	52,941.22	89.7490	342.51	3.90
672,585.35	FNMA POOL #BM4835 3.5% 11/01/48 35020090	619,619.25	600,961.74	89.3510	1,961.71	3.92
80,399.84	FNMA POOL #BM5515 4% 2/01/29 35020090	81,957.59	79,402.08	98.7590	526.49	4.05
491,851.31	FNMA POOL #BM6781 2% 9/01/51 35020090	402,395.86	388,960.93	79.0810	819.75	2.53
421,240.65	FNMA POOL #BN7466 2% 10/01/50 35020090	444,013.97	330,606.51	78.4840	1,388.79	2.55
160,331.07	FNMA POOL #BP8820 2.5% 7/01/35 35020090	168,848.68	146,818.37	91.5720	664.90	2.73

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
408,304.19	FNMA POOL #BT9772 2% 10/01/36 35020090	419,851.54	361,961.66	88.6500	1,351.59	2.26
224,059.88	FNMA POOL #BU1789 3% 10/01/51 35020090	226,895.62	194,082.91	86.6210	1,516.84	3.46
207,349.68	FNMA POOL #CA4693 5% 3/01/49 35020090	236,378.62	206,561.75	99.6200	863.96	5.02
509,694.91	FNMA POOL #CA9443 2.5% 3/01/36 35020090	539,958.04	464,245.41	91.0830	1,061.86	2.74
155,210.98	FNMA POOL #CB2196 1.5% 9/01/31 35020090	145,946.85	143,003.64	92.1350	194.01	1.63
221,198.23	FNMA POOL #FM1737 3% 10/01/49 35020090	223,721.25	190,630.85	86.1810	553.00	3.48
480,223.19	FNMA POOL #FM5037 2% 12/01/35 35020090	500,632.68	428,680.84	89.2670	800.37	2.24
494,175.13	FNMA POOL #FM5733 2% 1/01/51 35020090	512,861.15	391,070.43	79.1360	1,647.72	2.53
64,368.61	FNMA POOL #MA0918 4% 12/01/41 35020010	67,848.52	60,623.00	94.1810	214.56	4.25
21,295.21	FNMA POOL #MA2907 4% 2/01/47 35020090	21,754.37	19,752.37	92.7550	70.98	4.31
218,692.43	FNMA POOL #MA3140 4% 9/01/47 35020090	207,484.45	197,927.58	90.5050	728.97	4.42
201,487.47	FNMA POOL #MA3928 2.5% 2/01/30 35020090	193,302.04	193,049.17	95.8120	419.77	2.61
123,569.48	FNMA POOL #MA3953 2.5% 2/01/30 35020090	126,176.03	118,033.57	95.5200	508.25	2.62
196,202.37	FNMA POOL #MA4122 1.5% 9/01/35 35020090	171,125.26	169,524.73	86.4030	245.25	1.74
215,650.01	FNMA POOL #MA4154 1.5% 10/01/35 35020090	184,717.71	186,194.38	86.3410	269.56	1.74
257,677.14	FNMA POOL #MA4308 1.5% 4/01/31 35020090	262,770.28	238,106.56	92.4050	638.15	1.62
364,335.51	FNMA POOL #MA4387 2% 7/01/41 35020090	339,913.65	304,056.20	83.4550	512.03	2.40
471,102.06	FNMA POOL #MA5166 6% 10/01/53 35020090	466,243.84	473,617.75	100.5340	2,355.51	5.97
23,597.70	FNMA POOL #255813 5% 8/01/35 35020010	22,784.68	23,402.55	99.1730	98.32	5.04
28,444.45	FNMA POOL #745515 5% 5/01/36 35020010	27,493.35	28,232.54	99.2550	118.47	5.04
59,999.30	FNMA POOL #781593 6% 10/01/34 35020010	62,239.88	61,502.28	102.5050	300.00	5.85
94,413.39	FNMA POOL #795887 6% 9/01/34 35020010	97,581.63	96,650.04	102.3690	472.04	5.86
54,377.96	FNMA POOL #832949 5% 9/01/35 35020010	42,217.33	53,983.72	99.2750	226.65	5.04

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SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
13,767.22	FNMA POOL #835760 4.5% 9/01/35 35020010	12,889.56	13,297.48	96.5880	51.63	4.66
64,918.83	FNMA POOL #845549 5.5% 1/01/36 35020010	51,568.90	65,658.26	101.1390	297.56	5.44
359,128.50	FNMA REMIC 5% 9/25/39 35020090	361,765.85	360,169.97	100.2900	1,496.37	4.99
441,864.30	FNMA REMIC 5% 10/25/40 35020090	437,376.62	442,403.37	100.1220	1,841.10	4.99
194,318.03	FNMA REMIC 1.5% 3/25/48 35020090	197,232.80	166,905.59	85.8930	242.90	1.75
40,965.00	FNMA REMIC TR 2012-137 2% 8/25/41 35020090	41,886.74	39,979.38	97.5940	68.28	2.05
222,972.16	FNMA REMIC TRUST 2.5% 7/25/45 35020090	228,151.81	212,387.67	95.2530	464.57	2.62
22,961.70	FNMA REMIC TRUST 1.25% 2/25/28 35020090	22,950.92	22,097.88	96.2380	23.92	1.30
5,427.31	FNMA REMIC TRUST 1.25% 9/25/27 35020090	5,318.77	5,369.51	98.9350	5.65	1.26
2,159.34	FNMA REMIC TRUST 2012 2.5% 6/25/27 35020090	2,205.23	2,133.77	98.8160	4.52	2.53
172,126.26	FNMA REMIC TRUST 2015- 1.7% 8/25/33 35020090	177,774.17	159,435.39	92.6270	249.53	1.84
101,351.36	FNMA REMIC 14-15 1.5% 4/25/29 35020090	97,946.60	96,697.31	95.4080	127.67	1.57
118,731.42	FNMA REMIC 2012-116 1.75% 10/25/42 35020010	114,204.79	99,568.17	83.8600	388.36	2.09
76,593.31	FNMA REMIC 2012-54 3% 4/25/32 35020090	81,284.65	73,498.94	95.9600	191.48	3.13
3,090.91	FNMA REMIC 2013-114 3% 11/25/35 35020090	3,191.74	3,059.07	98.9700	7.76	3.03
1,069,283.05	FNMA REMIC 2015-37 3% 8/25/44 35020090	1,122,789.98	1,005,585.86	94.0430	2,673.21	3.19
495,990.95	FNMA REMIC 2015-77 2.5% 9/25/45 35020090	509,095.02	472,327.22	95.2290	1,033.35	2.63
312,242.68	FNMA 310225 4% 4/01/42 35020090	298,386.92	292,465.23	93.6660	978.55	4.27
37,969.15	GNMA GTD REMIC TR 16-46 2% 6/20/45 35020090	38,455.14	36,082.84	95.0320	63.27	2.10
195,928.79	GNMA II POOL #AD0022 3.5% 3/20/38 35020090	213,562.38	178,524.44	91.1170	571.46	3.84
209,869.57	GNMA II POOL #BL0123 5% 3/20/49 35020090	233,611.07	201,655.28	96.0860	874.46	5.20
138,584.53	GNMA II POOL #BQ3224 4.5% 9/20/49 35020090	150,624.04	132,010.08	95.2560	519.69	4.72
281,622.31	GNMA II POOL #BZ1768 3% 11/20/50 35020090	302,391.93	244,386.21	86.7780	704.06	3.46

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ACCOUNT 35020001

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440,031.59	GNMA II POOL #CI1498C 2% 1/20/37 35020090	400,428.76	386,237.73	87.7750	733.39	2.28
332,335.99	GNMA II POOL #CI2267 3.5% 10/20/51 35020090	359,961.44	300,764.07	90.5000	969.31	3.87
190,301.89	GNMA II POOL #CO9922 5% 8/20/52 35020090	196,784.04	182,878.21	96.0990	792.92	5.20
45,454.98	GNMA II POOL #MA5137 4% 4/20/48 35020090	45,398.18	42,311.77	93.0850	151.52	4.30
492,928.06	GNMA II POOL #MA9228 5.5% 10/20/53 35020090	491,541.70	486,756.60	98.7480	2,259.25	5.57
57,818.42	GNMA II POOL #626971 3.5% 8/20/30 35020090	59,950.49	55,805.18	96.5180	168.64	3.63
87,637.19	GNMA II POOL #626985 3.5% 9/20/30 35020090	90,868.83	84,511.17	96.4330	255.61	3.63
91,563.52	GNMA II POOL #711723 3.5% 2/20/28 35020090	94,939.90	89,905.30	98.1890	267.06	3.56
288,141.78	GNMA II POOL #785305 3% 6/20/50 35020090	307,141.12	246,856.83	85.6720	720.35	3.50
245,209.53	GNMA II POOL #786134 3% 4/20/52 35020090	216,703.93	208,879.29	85.1840	613.02	3.52
320,649.07	GNMA POOL #BG5666 4% 6/15/48 35020090	336,409.39	300,778.45	93.8030	1,068.80	4.26
387,587.98	GNMA POOL #BG6417 4% 11/15/48 35020090	377,413.78	367,181.47	94.7350	1,291.96	4.22
211,015.63	GNMA POOL #BJ9883 3% 12/15/48 35020090	217,247.21	184,716.75	87.5370	527.54	3.43
707,144.45	GNMA POOL #BN0298 2.5% 8/15/49 35020090	720,513.87	594,658.98	84.0930	1,473.22	2.97
344,112.32	GNMA POOL #BN2663 3% 11/15/49 35020090	353,575.39	300,995.05	87.4700	860.28	3.43
404,903.20	GNMA POOL #BT8093 3.5% 4/20/50 35020090	424,642.22	360,861.88	89.1230	1,180.97	3.93
782,154.02	GNMA POOL #CM7567C 3.5% 3/20/52 35020090	735,713.63	701,936.30	89.7440	2,281.28	3.90
130,698.74	GNMA POOL #CO1900 6% 7/15/52 35020090	140,827.88	138,226.99	105.7600	653.49	5.67
219,276.60	GNMA POOL #CR6801 5% 2/20/53 35020090	214,411.40	213,663.12	97.4400	913.65	5.13
224,033.47	GNMA POOL #MA7391 2% 6/20/36 35020090	201,350.08	200,144.78	89.3370	373.39	2.24
438,923.91	GNMA POOL #MA8260 4% 9/20/52 35020090	415,194.59	399,016.95	90.9080	1,463.08	4.40
224,892.45	GNMA POOL #MA9107 6% 8/20/53 35020090	224,751.88	226,558.90	100.7410	1,124.46	5.96
285,592.71	GNMA POOL #MA9158 5% 9/20/53 35020090	285,414.22	275,785.46	96.5660	1,189.97	5.18

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DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
589,667.71	GNMA POOL #MA9838 5.5% 8/20/54 35020090	593,537.40	581,866.41	98.6770	2,702.64	5.57
535,673.36	GNMA POOL #690614 3% 6/15/32 35020090	530,986.19	509,457.51	95.1060	1,339.17	3.15
142,288.80	GNMA POOL #692782 5% 9/15/39 35020090	166,633.53	141,207.41	99.2400	592.86	5.04
118,527.21	GNMA POOL #711443 4.5% 8/15/39 35020090	138,899.06	116,428.09	98.2290	444.48	4.58
79,094.89	GNMA POOL #758872 3% 3/15/33 35020090	74,645.80	74,157.00	93.7570	197.74	3.20
210,384.22	GNMA POOL #784293 3% 12/15/46 35020090	222,656.68	184,288.16	87.5960	525.96	3.42
213,759.65	GNMA POOL #784421 3.5% 12/20/47 35020090	203,606.05	195,502.44	91.4590	623.47	3.83
288,772.13	GNMA POOL #785782X 3% 2/15/50 35020090	258,044.97	251,711.11	87.1660	721.93	3.44
426,263.01	GNMA POOL #786725M 3% 11/20/52 35020090	381,572.00	360,187.98	84.4990	1,065.66	3.55
475,237.00	GNMA REMIC 2% 11/20/42 35020090	478,058.72	375,313.67	78.9740	792.06	2.53
58,998.93	GNMA REMIC 5% 2/20/50 35020090	58,777.70	58,899.81	99.8320	245.83	5.01
500,000.00	GNMA REMIC 6% 7/20/53 35020090	493,906.25	500,590.00	100.1180	2,500.00	5.99
234,143.10	GNMA REMIC 2.75% 1/20/48 35020090	247,313.66	213,236.46	91.0710	536.58	3.02
387,682.74	GNMA REMIC TR 2013-67 3% 2/20/42 35020090	340,555.02	358,195.59	92.3940	969.21	3.25
559,522.21	GNMA REMIC TR 2015 V/R 11/16/55 35020090	569,168.38	484,635.76	86.6160	1,240.47	3.09
213,490.11	GNMA REMIC TR 23-141 6% 1/20/43 35020090	213,156.52	215,932.44	101.1440	1,067.45	5.93
238,610.29	GNMA REMIC TRUST V/R 7/16/53 35020090	251,600.22	202,775.80	84.9820	552.72	3.28
73,569.17	GNMA REMIC TRUST 2014 3.05% 2/16/48 35020090	76,169.11	67,223.83	91.3750	187.00	3.34
390,110.40	GNMA REMIC TRUST2015 2% 1/16/45 35020090	389,509.63	352,062.93	90.2470	650.16	2.22
154,000.00	GNMA REMIC 2012-127 2% 10/16/42 35020090	120,890.00	127,267.14	82.6410	256.67	2.42
55,048.65	GNMA REMIC 2015-48 2.9% 2/16/50 35020090	56,496.40	52,160.25	94.7530	133.03	3.06
385,588.38	GNMA REMIC 2021-223 2% 6/20/51 35020090	335,853.50	321,245.25	83.3130	642.65	2.40
2,945,000.00	U S TREASURY BOND 2% 11/15/41 35020090	2,806,032.64	1,977,331.90	67.1420	7,655.50	2.98

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
450,000.00	U S TREASURY BOND 3% 2/15/47 35020090	391,324.22	333,450.00	74.1000	5,099.20	4.05
3,278,000.00	U S TREASURY BOND 2.5% 2/15/45 35020090	2,972,817.96	2,274,341.96	69.3820	30,835.09	3.60
200,000.00	U S TREASURY BOND 2.5% 2/15/46 35020090	158,648.44	136,768.00	68.3840	1,888.62	3.66
2,935,000.00	U S TREASURY BOND 2.25% 8/15/46 35020090	2,666,051.91	1,894,718.60	64.5560	24,867.06	3.49
500,000.00	U S TREASURY BOND 2.75% 11/15/42 35020090	453,787.89	373,670.00	74.7340	1,785.23	3.68
525,000.00	U S TREASURY BOND 4.25% 2/15/54 35020090	484,818.37	478,931.25	91.2250	8,427.81	4.66
160,000.00	U S TREASURY BOND 4.25% 8/15/54 35020090	153,537.50	146,112.00	91.3200	2,568.49	4.65
4,850,000.00	U S TREASURY BOND 1.875% 11/15/51 35020090	4,259,924.61	2,674,969.00	55.1540	11,806.79	3.40
725,000.00	U S TREASURY BOND 2.875% 5/15/43 35020090	634,750.97	549,129.50	75.7420	2,706.21	3.80
765,000.00	U S TREASURY BOND 3.125% 5/15/48 35020090	683,556.32	573,038.55	74.9070	3,103.88	4.17
130,000.00	U S TREASURY BOND 3.375% 8/15/42 35020090	110,571.09	107,308.50	82.5450	1,657.24	4.09
2,000,000.00	U S TREASURY NOTE 1% 7/31/28 35020010	1,993,046.88	1,780,480.00	89.0240	8,375.73	1.12
750,000.00	U S TREASURY NOTE 3% 8/15/48 35020090	609,392.58	547,762.50	73.0350	8,502.44	4.11
275,000.00	U S TREASURY NOTE 3% 11/15/44 35020090	236,414.06	208,708.50	75.8940	1,057.33	3.95
1,000,000.00	U S TREASURY NOTE 4% 1/31/29 35020010	998,828.00	986,300.00	98.6300	16,666.65	4.06
1,900,000.00	U S TREASURY NOTE 4% 2/15/34 35020010	1,845,464.60	1,818,984.00	95.7360	28,589.21	4.18
625,000.00	U S TREASURY NOTE 4% 2/15/34 35020090	612,783.20	598,350.00	95.7360	9,369.95	4.18
1,250,000.00	U S TREASURY NOTE 4% 2/29/28 35020010	1,245,410.16	1,238,637.50	99.0910	16,874.15	4.04
2,000,000.00	U S TREASURY NOTE 4% 7/31/29 35020010	2,024,140.62	1,968,300.00	98.4150	33,444.46	4.06
2,500,000.00	U S TREASURY NOTE 0.5% 5/31/27 35020010	2,356,074.22	2,285,875.00	91.4350	1,078.09	0.55
2,000,000.00	U S TREASURY NOTE 1.5% 2/15/30 35020010	1,957,835.94	1,736,640.00	86.8320	11,297.22	1.73
1,795,000.00	U S TREASURY NOTE 3.5% 2/15/33 35020090	1,787,269.55	1,669,870.55	93.0290	23,462.34	3.76
2,550,000.00	U S TREASURY NOTE 4.5% 11/15/33 35020010	2,587,737.73	2,538,448.50	99.5470	15,003.60	4.52

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
850,000.00	U S TREASURY NOTE 1.25% 3/31/28 35020010	845,318.36	771,978.50	90.8210	2,708.59	1.38
1,000,000.00	U S TREASURY NOTE 1.25% 4/30/28 35020010	996,835.94	905,940.00	90.5940	2,089.48	1.38
2,250,000.00	U S TREASURY NOTE 1.25% 5/15/50 35020090	1,390,822.27	1,066,702.50	47.4090	3,609.62	2.64
1,500,000.00	U S TREASURY NOTE 1.25% 6/30/28 35020010	1,514,238.28	1,351,530.00	90.1020	55.48	1.39
250,000.00	U S TREASURY NOTE 1.25% 6/30/28 35020090	252,861.33	225,255.00	90.1020	0.12	1.39
2,050,000.00	U S TREASURY NOTE 1.25% 12/31/26 35020010	2,023,333.99	1,933,498.50	94.3170	49.44	1.33
300,000.00	U S TREASURY NOTE 2.25% 5/15/41 35020090	236,871.09	212,892.00	70.9640	848.72	3.17
1,825,000.00	U S TREASURY NOTE 2.75% 8/15/32 35020010	1,655,806.65	1,618,464.75	88.6830	18,913.94	3.10
1,500,000.00	U S TREASURY NOTE 3.25% 6/30/29 35020010	1,478,671.88	1,431,345.00	95.4230	33.67	3.41
2,250,000.00	U S TREASURY NOTE 3.75% 8/15/27 35020010	2,245,693.37	2,221,425.00	98.7300	31,834.24	3.80
850,000.00	U S TREASURY NOTE 0.625% 3/31/27 35020010	854,668.36	784,762.50	92.3250	1,347.89	0.68
200,000.00	U S TREASURY NOTE 0.625% 5/15/30 35020090	169,539.06	164,108.00	82.0540	159.66	0.76
1,750,000.00	U S TREASURY NOTE 0.625% 8/15/30 35020010	1,420,869.14	1,421,157.50	81.2090	4,097.29	0.77
3,250,000.00	U S TREASURY NOTE 1.125% 2/15/31 35020010	2,813,774.05	2,682,062.50	82.5250	13,780.86	1.36
1,905,000.00	U S TREASURY NOTE 1.375% 11/15/31 35020090	1,647,944.93	1,556,689.80	81.7160	3,365.30	1.68
250,000.00	U S TREASURY NOTE 1.625% 8/15/29 35020090	231,054.69	221,885.00	88.7540	1,535.36	1.83
250,000.00	U S TREASURY NOTE 1.875% 2/15/41 35020090	188,906.25	167,477.50	66.9910	1,742.45	2.80
4,000,000.00	U S TREASURY NOTE 1.875% 7/31/26 35020010	4,081,875.00	3,856,600.00	96.4150	31,430.59	1.94
425,000.00	U S TREASURY NOTE 2.625% 2/15/29 35020010	427,605.43	397,345.25	93.4930	4,183.68	2.81
150,000.00	U S TREASURY NOTE 2.625% 2/15/29 35020090	140,876.95	140,239.50	93.4930	1,445.98	2.81
2,750,000.00	U S TREASURY NOTE 2.875% 5/15/32 35020010	2,578,769.55	2,469,775.00	89.8100	10,064.23	3.20
115,000.00	U S TREASURY NOTE 2.875% 5/15/32 35020090	106,361.52	103,281.50	89.8100	419.11	3.20
600,000.00	U S TREASURY NOTE 3.125% 2/15/43 35020090	538,593.75	473,958.00	78.9930	6,969.10	3.96

ASSET STATEMENT
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AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
1,650,000.00	U S TREASURY NOTE 3.125% 8/31/27 35020010	1,589,091.80	1,602,480.00	97.1200	17,281.00	3.22
160,000.00	U S TREASURY NOTE 3.125% 8/31/29 35020090	155,100.00	151,550.40	94.7190	1,673.62	3.30
1,750,000.00	U S TREASURY NOTE 3.125% 11/15/28 35020010	2,113,535.16	1,674,557.50	95.6890	7,100.29	3.27
1,300,000.00	U S TREASURY NOTE 3.375% 5/15/33 35020010	1,256,095.52	1,194,674.00	91.8980	5,598.04	3.67
555,000.00	U S TREASURY NOTE 3.375% 5/15/33 35020090	539,694.14	510,033.90	91.8980	2,396.87	3.67
2,500,000.00	U S TREASURY NOTE 3.375% 9/15/27 35020010	2,483,105.48	2,443,050.00	97.7220	24,819.15	3.45
1,000,000.00	U S TREASURY NOTE 3.875% 8/15/34 35020010	984,609.38	945,540.00	94.5540	14,589.76	4.10
1,600,000.00	U S TREASURY NOTE 3.875% 12/31/27 35020010	1,587,937.50	1,581,632.00	98.8520	113.59	3.92
1,000,000.00	U S TREASURY NOTE 4.125% 7/31/28 35020010	997,656.30	993,100.00	99.3100	17,297.10	4.15
3,400,000.00	U S TREASURY NOTE 4.125% 7/31/31 35020010	3,449,867.20	3,332,272.00	98.0080	58,570.77	4.21
555,000.00	U S TREASURY NOTE 4.375% 2/15/38 35020090	695,592.77	539,765.25	97.2550	9,074.65	4.50
1,000,000.00	U S TREASURY NOTE 4.375% 7/31/26 35020010	1,006,875.00	1,001,650.00	100.1650	18,453.74	4.37
1,750,000.00	U S TREASURY NOTE 4.375% 8/31/28 35020010	1,751,982.42	1,751,400.00	100.0800	25,707.82	4.37
1,500,000.00	U S TREASURY NOTE 4.625% 9/15/26 35020010	1,506,152.34	1,508,940.00	100.5960	20,447.10	4.60
2,250,000.00	U S TREASURY NOTE 4.625% 11/15/26 35020010	2,260,458.99	2,264,670.00	100.6520	13,211.17	4.60
1,125,000.00	U S TREASURY NOTE 4.875% 4/30/26 35020010	1,124,077.15	1,133,741.25	100.7770	9,196.91	4.84
2,800,000.00	U S TREASURY NOTE 4.875% 5/31/26 35020010	2,809,734.37	2,823,184.00	100.8280	11,667.14	4.83
1,150,000.00	US TREASURY NOTE 2.375% 3/31/29 35020010	1,107,593.75	1,061,335.00	92.2900	6,872.85	2.57
1,750,000.00	US TREASURY NOTE 4.125% 10/31/27 35020010	1,736,328.13	1,743,087.50	99.6050	12,363.59	4.14
150,000.00	US TREASURY NOTES 4% 10/31/29 35020090	145,611.33	147,475.50	98.3170	1,027.62	4.07
	TOTAL GOVERNMENT AND AGENCIES	133,904,663.21	123,055,441.39		834,311.77	3.33

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
	CORPORATE OBLIGATIONS					
200,000.00	AERCAP IRELAND CAP 6.5% 7/15/25 35020090	196,566.00	201,290.00	100.6450	5,994.36	6.46
50,000.00	AERCAP IRELAND CAP 2.45% 10/29/26 35020090	46,624.50	47,864.50	95.7290	210.95	2.56
498,000.00	AERCAP IRELAND CAP 6.45% 4/15/27 35020090	554,520.75	513,497.76	103.1120	6,602.65	6.26
675,000.00	AFLAC INC 3.6% 4/01/30 35020010	746,543.25	634,101.75	93.9410	6,075.00	3.83
115,000.00	AIR LEASE CORP 3.625% 12/01/27 35020090	112,727.60	111,134.85	96.6390	347.40	3.75
110,000.00	ALBEMARLE CORP 5.05% 6/01/32 35020090	105,510.90	104,692.50	95.1750	462.95	5.31
480,000.00	ALLSTATE CORP 0.75% 12/15/25 35020090	479,928.00	462,864.00	96.4300	150.00	0.78
500,000.00	ALLY FINL INC 2.2% 11/02/28 35020090	451,500.00	444,845.00	88.9690	1,802.79	2.47
635,000.00	AMERICAN EXPRESS 3.3% 5/03/27 35020090	636,519.75	615,480.10	96.9260	3,376.08	3.40
1,150,000.00	AMERICAN EXPRESS CO 2.55% 3/04/27 35020010	1,135,613.50	1,100,975.50	95.7370	9,530.63	2.66
465,000.00	AMERICREDIT AUTO 6% 7/18/29 35020090	477,369.73	478,094.40	102.8160	930.00	5.84
1,500,000.00	AMGEN INC 5.25% 3/02/33 35020010	1,499,711.10	1,488,930.00	99.2620	26,031.25	5.29
640,000.00	AMPHENOL CORP 2.2% 9/15/31 35020090	630,508.40	536,300.80	83.7970	4,145.74	2.63
470,000.00	AON CORP 2.8% 5/15/30 35020090	466,737.10	418,788.80	89.1040	1,681.59	3.14
565,000.00	AON PLC 4.45% 5/24/43 35020090	544,314.20	464,458.25	82.2050	2,522.45	5.41
885,000.00	AON PLC 3.875% 12/15/25 35020010	897,620.10	878,309.40	99.2440	1,428.60	3.90
255,000.00	APOLLO GLOBAL MGMT 6.375% 11/15/33 35020090	273,065.10	275,698.35	108.1170	2,077.19	5.90
350,000.00	ARES CAPITAL CORP 7% 1/15/27 35020090	363,104.00	362,775.00	103.6500	0.00	6.75
500,000.00	ARES CAPITAL CORP 2.875% 6/15/27 35020090	464,085.00	475,515.00	95.1030	638.91	3.02
786,000.00	AT&T INC 3.5% 9/15/53 35020090	612,900.72	529,245.24	67.3340	8,039.80	5.20
1,100,000.00	AT&T INC 4.25% 3/01/27 35020010	1,128,105.00	1,089,880.00	99.0800	15,583.07	4.29

BOILERMAKERS NATIONAL HEALTH AND WELFARE FUND
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
1,250,000.00	AUTODESK INC 2.85% 1/15/30 35020010	1,256,175.00	1,131,850.00	90.5480	16,427.08	3.15
1,000,000.00	BANK AMER CORP 3.5% 4/19/26 35020010	957,300.00	985,070.00	98.5070	7,000.26	3.55
1,550,000.00	BANK AMER CORP 2.299% 7/21/32 35020010	1,553,487.50	1,292,157.50	83.3650	15,837.49	2.76
533,000.00	BANK AMER CORP 2.299% 7/21/32 35020090	469,637.65	444,335.45	83.3650	5,446.03	2.76
339,000.00	BARRICK GOLD CORP 5.25% 4/01/42 35020090	450,483.58	320,253.30	94.4700	4,449.57	5.56
215,000.00	BK NY MELLON 4.89% 7/21/28 35020090	217,204.25	215,868.60	100.4040	4,643.48	4.87
1,000,000.00	BLACKROCK INC 2.1% 2/25/32 35020010	766,160.00	823,500.00	82.3500	7,350.00	2.55
330,000.00	BLUE OWL CAP CORP 2.625% 1/15/27 35020090	306,973.75	311,648.70	94.4390	3,994.41	2.78
250,000.00	BOARDWALK PIPELINES 5.95% 6/01/26 35020090	296,457.50	252,965.00	101.1860	1,239.45	5.88
750,000.00	BOARDWALK PIPELINES 5.625% 8/01/34 35020090	751,480.00	746,955.00	99.5940	17,578.15	5.65
317,000.00	BOEING CO 5.15% 5/01/30 35020090	378,710.39	312,555.66	98.5980	2,720.91	5.22
825,000.00	BOEING CO 2.196% 2/04/26 35020010	802,081.50	800,076.75	96.9790	7,397.78	2.26
150,000.00	BOEING CO 5.705% 5/01/40 35020090	147,991.50	142,707.00	95.1380	1,426.34	6.00
650,000.00	BP CAP MKTS AMER 2.721% 1/12/32 35020090	654,836.00	556,205.00	85.5700	8,303.01	3.18
1,425,000.00	BROADCOM INC 4.11% 9/15/28 35020010	1,563,125.25	1,391,968.50	97.6820	17,245.11	4.21
350,000.00	CANADIAN NAT RES LTD 3.9% 2/01/25 35020010	351,869.00	349,559.00	99.8740	5,687.50	3.90
1,700,000.00	CAPITAL ONE FINL CORP 3.2% 2/05/25 35020010	1,669,690.00	1,699,660.00	99.9800	22,062.44	3.20
560,000.00	CAPITAL ONE FINL CORP 3.2% 2/05/25 35020090	569,290.80	559,888.00	99.9800	7,267.30	3.20
745,000.00	CAROLINA POWER & LIGHT 5.7% 4/01/35 35020090	957,049.35	760,093.70	102.0260	10,616.25	5.59
525,000.00	CHARLES SCHWAB CORP 4% 2/01/29 35020090	579,537.75	508,719.75	96.8990	8,750.14	4.13
385,000.00	CIGNA CORP 2.375% 3/15/31 35020090	388,595.90	326,010.30	84.6780	2,692.33	2.80
250,000.00	CIGNA CORP NEW 3.2% 3/15/40 35020090	259,500.75	183,267.50	73.3070	2,355.69	4.37
1,000,000.00	CITIGROUP INC 3.2% 10/21/26 35020010	925,120.00	972,490.00	97.2490	6,222.49	3.29

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
265,000.00	CITIGROUP INC 3.4% 5/01/26 35020090	257,890.05	260,431.40	98.2760	1,501.65	3.46
225,000.00	CITIGROUP INC 3.7% 1/12/26 35020090	248,752.58	222,752.25	99.0010	3,908.13	3.74
686,000.00	CITIGROUP INC 4.65% 7/30/45 35020090	757,029.95	598,617.32	87.2620	13,379.98	5.33
425,000.00	CLOROX CO DEL 1.8% 5/15/30 35020090	419,186.00	361,471.00	85.0520	977.50	2.12
1,325,000.00	COMCAST CORP 4.65% 2/15/33 35020010	1,323,728.00	1,279,804.25	96.5890	23,275.94	4.81
215,000.00	CROWN CASTLE CORP 2.25% 1/15/31 35020090	214,778.55	180,675.25	84.0350	2,230.82	2.68
550,000.00	CVS HEALTH CORP 5.7% 6/01/34 35020010	550,511.50	540,611.50	98.2930	2,612.50	5.80
525,000.00	CVS HEALTH CORP 1.875% 2/28/31 35020010	525,278.25	423,218.25	80.6130	3,363.13	2.33
475,000.00	DAIMLER CHRYSLER 8.5% 1/18/31 35020090	632,646.50	555,137.25	116.8710	18,280.76	7.27
655,000.00	DEVON ENERGY CORP 5.6% 7/15/41 35020090	689,905.34	605,383.75	92.4250	16,913.66	6.06
365,000.00	DEVON ENERGY CORP 5.85% 12/15/25 35020090	399,545.90	367,445.50	100.6700	949.19	5.81
342,000.00	DISCOVER CARD NOTE 4.31% 3/15/28 35020090	340,877.81	341,230.50	99.7750	1,228.35	4.32
250,000.00	DISCOVER FINL SVCS 4.1% 2/09/27 35020090	240,160.00	245,485.00	98.1940	4,043.07	4.18
445,000.00	DISCOVERY COMM LLC 4.125% 5/15/29 35020090	490,215.95	414,597.60	93.1680	2,345.58	4.43
825,000.00	DOLLAR GEN CORP 5.45% 7/05/33 35020010	815,512.50	810,133.50	98.1980	21,981.76	5.55
400,000.00	DRIVE TR 2024-1 5.35% 2/15/28 35020090	402,593.75	401,592.00	100.3980	148.61	5.33
803,000.00	DUKE ENERGY CAROLINAS 4.95% 1/15/33 35020090	794,279.42	789,638.08	98.3360	18,328.57	5.03
200,000.00	DUKE ENERGY CORP 3.75% 9/01/46 35020090	218,070.00	147,250.00	73.6250	2,500.00	5.09
968,000.00	EATON CORP PLC 4% 11/02/32 35020090	973,900.06	904,470.16	93.4370	6,271.86	4.28
1,500,000.00	EDWARDS LIFESCIENCES 4.3% 6/15/28 35020010	1,510,635.00	1,467,735.00	97.8490	2,866.67	4.39
998,000.00	EDWARDS LIFESCIENCES 4.3% 6/15/28 35020090	1,176,435.26	976,533.02	97.8490	1,907.47	4.39
653,000.00	ELECTRONIC ARTS INC 4.8% 3/01/26 35020090	785,202.74	653,150.19	100.0230	10,448.00	4.80
630,000.00	ENERGY TRANSFER 4.2% 4/15/27 35020090	648,446.00	621,608.40	98.6680	5,586.01	4.26

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
400,000.00	ENERGY TRANSFER 5.5% 6/01/27 35020090	401,532.00	405,136.00	101.2840	1,833.31	5.43
330,000.00	EQUIFAX INC 6.9% 7/01/28 35020090	431,554.20	345,434.10	104.6770	11,385.00	6.59
220,000.00	FEDEX CORP 4.9% 1/15/34 35020090	268,092.00	214,099.60	97.3180	4,970.65	5.04
106,507.85	FNMA REMIC 2015-87 3% 11/25/35 35020090	113,331.01	100,731.93	94.5770	266.29	3.17
665,000.00	FORD CR AUTO 5.07% 1/15/29 35020090	668,844.53	667,779.70	100.4180	2,809.63	5.05
175,000.00	GENERAL ELEC CO 3.45% 5/01/27 35020010	161,222.25	169,723.75	96.9850	1,006.31	3.56
1,025,000.00	GENERAL ELECTRIC CO 3.625% 5/01/30 35020010	1,056,498.25	955,166.75	93.1870	6,192.45	3.89
665,000.00	GENERAL MOTORS FINL 5.35% 7/15/27 35020010	665,970.90	671,616.75	100.9950	19,073.48	5.30
1,025,000.00	GENERAL MTRS CO 4% 10/06/26 35020090	1,075,756.00	1,010,404.00	98.5760	9,680.72	4.06
248,000.00	GENERAL MTRS CO 6.125% 10/01/25 35020090	292,530.88	249,909.60	100.7700	5,359.44	6.08
1,000,000.00	GENERAL MTRS FINL 5.8% 1/07/29 35020010	1,016,720.00	1,020,130.00	102.0130	28,033.31	5.69
830,000.00	GMAC INC 8% 11/01/31 35020090	1,067,505.70	917,672.90	110.5630	11,066.77	7.24
225,000.00	GOLDMAN SACHS GROUP V/R 3/09/27 35020090	209,409.75	216,004.50	96.0020	1,001.68	1.49
645,000.00	GOLDMAN SACHS GROUP 3.85% 1/26/27 35020090	653,172.30	632,951.40	98.1320	10,692.16	3.92
2,000,000.00	GOLDMAN SACHS GROUP IN 2.6% 2/07/30 35020010	1,892,650.00	1,771,580.00	88.5790	20,799.84	2.94
325,000.00	GOLDMAN SACHS GRP V/R 9/10/27 35020090	306,601.75	307,310.25	94.5570	1,545.23	1.63
583,000.00	HILLSHIRE BRANDS 6.125% 11/01/32 35020090	598,647.72	591,972.37	101.5390	5,951.46	6.03
500,000.00	HP INC 4.75% 1/15/28 35020010	505,730.00	499,320.00	99.8640	10,951.40	4.76
170,000.00	HUMANA INC 3.95% 3/15/27 35020090	191,763.40	166,749.60	98.0880	1,977.31	4.03
800,000.00	HUNTINGTON BANCSHARES 4% 5/15/25 35020010	798,928.00	797,688.00	99.7110	4,089.15	4.01
1,050,000.00	HUNTINGTON BANCSHARES 2.55% 2/04/30 35020010	1,047,973.50	923,653.50	87.9670	10,933.13	2.90
250,000.00	HUNTINGTON NATL BK 5.65% 1/10/30 35020090	230,605.00	254,485.00	101.7940	6,709.33	5.55
271,000.00	ING GROEP N.V. 3.95% 3/29/27 35020090	306,788.26	266,279.18	98.2580	2,735.53	4.02

ASSET STATEMENT
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
1,100,000.00	INGERSOLL RAND INC 5.45% 6/15/34 35020010	1,113,112.00	1,107,425.00	100.6750	2,664.42	5.41
455,000.00	JEFFERIES FINANCIAL 4.85% 1/15/27 35020090	433,109.95	455,796.25	100.1750	10,175.59	4.84
552,000.00	JEFFERIES FINANCIAL 2.625% 10/15/31 35020090	454,555.44	465,716.88	84.3690	3,059.00	3.11
1,115,000.00	JEFFERIES GROUP 6.45% 6/08/27 35020090	1,367,437.05	1,150,100.20	103.1480	4,594.93	6.25
450,000.00	JP MORGAN CHASE BK 4.26% 2/22/48 35020090	450,000.00	372,586.50	82.7970	6,816.00	5.15
800,000.00	JPMORGAN CHASE & CO 2.069% 6/01/29 35020010	731,264.00	726,928.00	90.8660	1,379.32	2.28
552,000.00	JUNIPER NETWORKS 5.95% 3/15/41 35020090	671,603.04	544,117.44	98.5720	9,670.73	6.04
320,000.00	JUNIPER NETWORKS INC 1.2% 12/10/25 35020090	320,230.40	309,692.80	96.7790	224.00	1.24
975,000.00	KEMPER CORP 2.4% 9/30/30 35020090	931,908.25	827,248.50	84.8460	5,915.01	2.83
451,000.00	KEMPER CORP DEL 4.35% 2/15/25 35020090	492,959.88	449,750.73	99.7230	7,357.17	4.36
1,000,000.00	KEYCORP 2.25% 4/06/27 35020010	937,810.00	943,510.00	94.3510	5,312.50	2.38
507,000.00	KINDER MORGAN INC 5.3% 12/01/34 35020090	510,253.17	493,802.79	97.3970	2,239.05	5.44
650,000.00	LAM RESEARCH CORP 4% 3/15/29 35020090	645,632.00	631,975.50	97.2270	7,655.57	4.11
625,000.00	LAZARD LLC 4.5% 9/19/28 35020090	726,390.50	611,700.00	97.8720	7,968.75	4.60
700,000.00	LAZARD LLC 4.375% 3/11/29 35020090	674,098.00	681,919.00	97.4170	9,357.62	4.49
350,000.00	LEGG MASON INC 4.75% 3/15/26 35020090	349,825.00	349,958.00	99.9880	4,895.16	4.75
1,500,000.00	LOWES COS INC 3.1% 5/03/27 35020010	1,383,960.00	1,450,095.00	96.6730	7,491.67	3.21
1,000,000.00	MARRIOTT INTL INC 5% 10/15/27 35020010	995,420.00	1,007,950.00	100.7950	10,555.60	4.96
470,000.00	MARS INC 144A 4.2% 4/01/59 35020090	554,834.60	357,740.50	76.1150	4,935.00	5.52
1,025,000.00	MARSH & MCLENNAN 4.375% 3/15/29 35020010	1,168,008.00	1,006,591.00	98.2040	13,204.00	4.46
225,000.00	MARSH & MCLENNAN COS 5.15% 3/15/34 35020090	224,952.75	223,872.75	99.4990	3,411.93	5.18
540,000.00	MCDONALDS CORP 3.6% 7/01/30 35020090	634,375.40	506,536.20	93.8030	9,720.00	3.84
800,000.00	MCDONALDS CORP MED 3.375% 5/26/25 35020010	802,704.00	795,704.00	99.4630	2,550.00	3.39

BOILERMAKERS NATIONAL HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION			COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
600,000.00	MERCK & CO INC 35020090	3.7%	2/10/45	642,362.50	464,652.00	77.4420	8,633.33	4.78
1,000,000.00	META PLATFORMS INC 35020010	3.85%	8/15/32	991,163.33	929,340.00	92.9340	14,544.09	4.14
630,000.00	MICRON TECHNOLOGY 35020090	4.185%	2/15/27	713,744.80	621,079.20	98.5840	9,960.50	4.25
1,155,000.00	MICRON TECHNOLOGY 35020090	4.663%	2/15/30	1,256,583.45	1,127,303.10	97.6020	20,346.43	4.78
135,000.00	MICROSOFT CORP 35020090	3.4%	6/15/27	150,040.35	132,089.40	97.8440	0.00	3.47
350,000.00	MICROSOFT CORP 35020090	3.4%	9/15/26	401,663.50	344,603.00	98.4580	3,470.85	3.45
850,000.00	MOLSON COORS 35020010	3%	7/15/26	813,212.00	827,985.00	97.4100	11,758.33	3.08
500,000.00	MOLSON COORS 35020090	3%	7/15/26	538,015.00	487,050.00	97.4100	6,916.67	3.08
2,100,000.00	MORGAN STANLEY 35020010	V/R	7/21/32	1,947,057.90	1,741,425.00	82.9250	20,897.49	2.70
455,000.00	MORGAN STANLEY 35020090	4.3%	1/27/45	391,532.05	375,047.40	82.4280	8,369.51	5.22
450,000.00	MORGAN STANLEY 35020090	4.35%	9/08/26	491,805.00	446,530.50	99.2290	6,144.38	4.38
350,000.00	MORGAN STANLEY 35020090	3.625%	1/20/27	341,730.00	343,619.50	98.1770	5,674.12	3.69
440,000.00	MOTOROLA SOLUTIONS 35020090	4.6%	2/23/28	513,409.60	435,824.40	99.0510	7,196.57	4.64
425,000.00	MPLX LP 35020090	4%	3/15/28	444,634.66	412,326.50	97.0180	5,005.58	4.12
375,000.00	MPLX LP 35020090	4.5%	4/15/38	333,870.00	326,827.50	87.1540	3,562.51	5.16
180,000.00	NATL RURAL UTILS 35020090	5.1%	5/06/27	179,973.00	181,443.60	100.8020	1,402.50	5.06
542,000.00	NEXTERA ENERGY 35020090	3.55%	5/01/27	597,244.96	528,189.84	97.4520	3,206.94	3.64
895,000.00	NORFOLK SOUTHERN 35020090	2.3%	5/15/31	919,923.80	765,547.20	85.5360	2,630.44	2.69
190,472.84	ONEMAIN DIRECT 35020090	3.63%	9/14/27	202,920.54	189,425.24	99.4500	576.18	3.65
224,000.00	ONEMAIN DIRECT AUTO 35020090	4.19%	11/14/28	205,030.00	220,635.52	98.4980	782.13	4.25
500,000.00	ORACLE CORP 35020010	2.95%	4/01/30	458,325.00	451,355.00	90.2710	3,687.52	3.27
420,000.00	OSHKOSH CORP 35020090	3.1%	3/01/30	448,698.60	384,157.20	91.4660	4,340.00	3.39
650,000.00	OWL ROCK CAP CORP 35020090	3.4%	7/15/26	626,145.00	629,778.50	96.8890	10,190.57	3.51

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
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DECEMBER 31, 2024

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
1,250,000.00	PAYPAL HLDGS INC 2.85% 10/01/29 35020010	1,258,250.00	1,142,825.00	91.4260	8,906.25	3.12
521,000.00	PERKINELMER INC 3.3% 9/15/29 35020090	551,310.46	480,695.44	92.2640	5,062.38	3.58
500,000.00	PNC FINL SVCS 2.55% 1/22/30 35020010	453,760.00	444,020.00	88.8040	5,631.25	2.87
185,000.00	PNC FINL SVCS GROUP 3.45% 4/23/29 35020090	171,609.70	175,061.80	94.6280	1,205.61	3.65
400,000.00	PREMIER HEALTH 2.911% 11/15/26 35020090	429,284.00	382,576.00	95.6440	1,487.69	3.04
211,000.00	PRUDENTIAL FINANCIAL 3.878% 3/27/28 35020010	211,000.00	205,400.06	97.3460	2,136.43	3.98
950,000.00	PRUDENTIAL FINL 2.1% 3/10/30 35020090	897,873.50	837,529.50	88.1610	6,151.25	2.38
250,000.00	PUGET SOUND ENERGY 7.02% 12/01/27 35020090	326,365.00	263,397.50	105.3590	5,070.00	6.66
425,000.00	PULTE GROUP INC 5% 1/15/27 35020090	425,518.50	425,620.50	100.1460	9,798.59	4.99
1,500,000.00	REGENERON PHARM 1.75% 9/15/30 35020010	1,448,625.00	1,248,405.00	83.2270	7,729.17	2.10
850,000.00	REGIONS FINANCIAL V/R 6/06/30 35020010	855,023.50	861,755.50	101.3830	3,377.55	5.64
1,000,000.00	REGIONS FINANCIAL 1.8% 8/12/28 35020010	826,150.00	890,720.00	89.0720	6,950.00	2.02
300,000.00	ROYAL BK CDA 3.875% 5/04/32 35020090	273,855.00	275,943.00	91.9810	1,840.63	4.21
118,236.78	SANTANDER AUTO 21-AA 0.71% 8/17/26 35020090	109,447.54	117,747.28	99.5860	69.96	0.71
850,000.00	SANTANDER DRV AUTO 5.09% 5/15/30 35020090	847,775.39	853,009.00	100.3540	3,605.42	5.07
1,000,000.00	SCHWAB CHARLES 6.196% 11/17/29 35020010	1,035,700.00	1,042,380.00	104.2380	7,572.86	5.94
325,000.00	SCHWAB CHARLES CORP NE 3.2% 1/25/28 35020090	326,000.03	310,999.00	95.6920	4,506.94	3.34
750,000.00	SERVICENOW INC 1.4% 9/01/30 35020090	712,604.55	623,332.50	83.1110	3,500.11	1.68
148,000.00	SHERWIN WILLIAMS CO 3.3% 2/01/25 35020090	148,418.86	147,743.96	99.8270	2,035.00	3.31
425,000.00	SIMON PPTY GROUP LP 3.375% 6/15/27 35020090	406,623.00	413,240.25	97.2330	637.48	3.47
512,000.00	SMUCKER J M CO 2.375% 3/15/30 35020090	516,311.04	451,901.44	88.2620	3,580.27	2.69
300,000.00	SOUTHERN COPPER CORP 7.5% 7/27/35 35020090	387,538.50	341,616.00	113.8720	9,625.00	6.59
1,075,000.00	STATE STREET CORP 4.821% 1/26/34 35020010	1,064,470.00	1,042,416.75	96.9690	22,313.81	4.97

BOILERMAKERS NATIONAL HEALTH AND WELFARE FUND
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ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
550,000.00	SUMITOMO MITSUI FINL 2.632% 7/14/26 35020090	580,332.50	532,955.50	96.9010	6,715.11	2.72
475,000.00	SUNTRUST BK ATL 3.3% 5/15/26 35020090	537,039.75	465,105.75	97.9170	2,002.91	3.37
775,000.00	SYSCO CORP 5.95% 4/01/30 35020010	811,014.25	807,224.50	104.1580	11,528.15	5.71
550,000.00	T MOBILE USA INC 3.875% 4/15/30 35020010	578,682.50	517,544.50	94.0990	4,499.25	4.12
700,000.00	TD AMERITRADE HLDG 3.3% 4/01/27 35020090	699,188.00	670,026.00	95.7180	5,710.83	3.45
300,000.00	TENN VALLEY AUTH 2.875% 2/01/27 35020090	331,614.00	291,510.00	97.1700	3,593.75	2.96
465,000.00	TIMKEN CO 6.875% 5/08/28 35020010	491,435.25	482,837.40	103.8360	12,077.01	6.62
850,000.00	TRUIST FINL CORP 1.95% 6/05/30 35020010	686,638.50	725,594.00	85.3640	1,197.08	2.28
500,000.00	TRUIST FINL CORP 4.873% 1/26/29 35020010	501,795.00	497,385.00	99.4770	10,490.50	4.90
850,000.00	UNION PACIFIC CORP 2.4% 2/05/30 35020010	722,160.00	754,587.50	88.7750	8,273.33	2.70
500,000.00	VALERO ENERGY CORP 2.15% 9/15/27 35020090	468,685.00	467,430.00	93.4860	3,135.40	2.30
405,000.00	VERIZON MASTER 4.73% 4/21/31 35020090	411,929.30	405,931.50	100.2300	79.82	4.72
215,000.00	VIACOMCBS INC 4.95% 1/15/31 35020090	255,553.30	200,702.50	93.3500	4,907.56	5.30
6,000.00	VISA INC 3.15% 12/14/25 35020090	6,328.86	5,931.90	98.8650	428.92	3.19
350,000.00	VMWARE INC 1.8% 8/15/28 35020010	333,154.50	314,016.50	89.7190	2,380.00	2.01
425,000.00	VMWARE INC 4.7% 5/15/30 35020010	511,933.75	415,807.25	97.8370	2,552.20	4.80
745,000.00	WALGREENS BOOTS ALLIAN 4.1% 4/15/50 35020090	710,798.74	460,566.45	61.8210	6,448.38	6.63
1,750,000.00	WELLS FARGO & CO V/R 1/23/35 35020010	1,732,710.00	1,742,562.50	99.5750	42,235.40	5.52
500,000.00	WELLS FARGO & CO 4.478% 4/04/31 35020090	617,510.00	483,990.00	96.7980	5,410.74	4.63
500,000.00	WELLS FARGO COML MTG 2.918% 11/15/49 35020090	514,977.00	481,945.00	96.3890	1,215.83	3.03
550,000.00	WELLS FARGO MTG 2016 3.64% 12/15/59 35020090	566,496.15	536,002.50	97.4550	1,668.33	3.74
259,258.85	WEPCO ENVRNMNTAL TR 1.5779% 12/15/35 35020090	224,360.18	221,935.95	85.6040	340.70	1.84
1,000,000.00	WILLIAMS PARTNERS 3.75% 6/15/27 35020010	1,043,670.00	974,720.00	97.4720	1,666.67	3.85

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
	TOTAL CORPORATE OBLIGATIONS	113,678,789.20	105,918,915.28		1,190,258.59	4.11
	MUNICIPALS OBLIGATIONS					
500,000.00	CICERO ILL 1.3% 1/01/26 35020090	500,000.00	484,400.00	96.8800	3,250.15	1.34
350,000.00	WISCONSIN ST GEN FD 0.856% 5/01/26 35020090	350,000.00	334,012.00	95.4320	499.49	0.90
	TOTAL MUNICIPALS OBLIGATIONS	850,000.00	818,412.00		3,749.64	1.16
	CASH EQUIVALENTS					
826,000.00	CASH HELD AT GOLDMAN SACHS 35020070	826,000.00	826,000.00	1.0000	0.00	0.00
401,632.90	FEDERATED GOVERNMENT OBLIG FD #05 35020090	401,632.90	401,632.90	1.0000	9,871.79	4.41
0.00	GS FINANCIAL SQUARE GOVERNMENT 465 35020000	0.00	0.00	1.0000	29,747.95	0.00
1,118,639.74	GS FINANCIAL SQUARE GOVERNMENT #465 35020010	1,118,639.74	1,118,639.74	1.0000	9,798.39	4.49
5,156,569.31	GS FINANCIAL SQUARE GOVERNMENT #465 35020070	5,156,569.31	5,156,569.31	1.0000	20,212.19	4.49
33,281,221.55	SDIT GOVERNMENT OBLIGATION FD #036 35020000	33,281,221.55	33,281,221.55	1.0000	93,452.09	4.36
	TOTAL CASH EQUIVALENTS	40,784,063.50	40,784,063.50		163,082.41	4.29
	PLUS CASH	-42,945.41	-42,945.41			

BOILERMAKERS NATIONAL
HEALTH AND WELFARE FUND
E.I.N. 36-6090694 PLAN NO. 501
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

ASSET STATEMENT
BMKR H&W CONSOLIDATED CUSTODY
AS OF DECEMBER 31, 2024

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ACCOUNT 35020001

SHARES/ PAR VALUE	DESCRIPTION	COST VALUE	MARKET VALUE	MARKET PRICE	ACCRUED INCOME	YIELD ON MARKET
	TOTAL ASSETS	289,174,570.50	270,533,886.76		2,191,402.41	3.78