

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/27/1964
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) GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN 650 RIDGE ROAD, STE 300 PITTSBURGH, PA 15205-9503
2b	Employer Identification Number (EIN) 23-7007718
2c	Plan Sponsor's telephone number 412-922-5330
2d	Business code (see instructions) 236200

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.	10/15/2025	WILLIAM SPROULE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DAVID D. DAQUELENTE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7749
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	7749
	6a(2)	7663
	6b	
	6c	
	6d	7663
	6e	
	6f	
	6g(1)	
	6g(2)	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	599

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 4D 4E 4F 4L

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	D Employer Identification Number (EIN) 23-7007718	

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

(a) Name of insurance carrier
FREEDOM BLUE - PPO

(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
23-1522457	54771	58403-00		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
0	0

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(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	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	283423
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	D Employer Identification Number (EIN) 23-7007718	

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

(a) Name of insurance carrier
INDEPENDENCE BLUE CROSS

(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
23-2184623	54771	550413	6932	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
0	1933004

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1928954
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	D Employer Identification Number (EIN) 23-7007718	

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

(a) Name of insurance carrier
AETNA MAP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	54771	E00067102194-PP	1350	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
0	0

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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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. Specify nature of costs ▶	6d	

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1582584
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	D Employer Identification Number (EIN) 23-7007718	

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

(a) Name of insurance carrier
HIGHMARK MEDICAL PPO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	51242-00		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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	53722
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	D Employer Identification Number (EIN) 23-7007718

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

(a) Name of insurance carrier
DELTA DENTAL

(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
23-1667011	54771	21478		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
0	164920

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	D Employer Identification Number (EIN) 23-7007718	

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

(a) Name of insurance carrier THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10356	6616	03/01/2024	02/28/2025

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 10000	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid THE SEGAL COMPANY (EASTERN STATES) 333 WEST 34TH STREET NEW YORK, NY 10001
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10000			

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	906784
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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	D Employer Identification Number (EIN) 23-7007718

Part I	Service Provider Information (see instructions)
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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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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)

DELTA DENTAL

ONE DELTA DRIVE
MECHANICSBURG, PA 17055

23-1667011

(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	NONE	2419148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDEPENDENCE BLUE CROSS

PO BOX 826989
PHILADELPHIA, PA 19182

23-2184623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	1928954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARPENTERS COMBINED FUNDS, INC.

650 RIDGE ROAD, SUITE 300
PITTSBURGH, PA 15205

25-1332392

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	ADMINISTRATOR	1715213	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)

EXPRESS SCRIPTS

21653 NETWORK PLACE
CHICAGO, IL 60673

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	NONE	1623947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA MAP

PO BOX 30017
PITTSBURGH, PA 15222

06-6033492

(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		1581042	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LYTLE EAP PARTNERS

200 CEDAR RIDGE DR, 208
PITTSBURGH, PA 15205

25-1419429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	283423	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)

GRIDIRON PARTNERS

101 BRADFORD SCHOOL ROAD SUITE 200
WEXFORD, PA 15090

83-4311543

(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	NONE	263697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL CO.

1300 EAST NINTH STREET, SUITE 1900
CLEVELAND, OH 44114

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?
11	NONE	218219	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEPHEN J. OBRIEN, ESQ

650 RIDGE ROAD
PITTSBURGH, PA 15205

25-1884429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	185341	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)

C.S. MCKEE

PO BOX 779086
CHICAGO, IL 60677

25-1900687

(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	NONE	107654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HENRY ROSSI & CO., LLP

50 SECO ROAD, SUITE A
MONROEVILLE, PA 15146

25-1698043

(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	NONE	78855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC ADVISORS

116 ALLEGHENY CENTER MALL
PITTSBURGH, PA 15222

25-1197336

(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	CUSTODIAN	77062	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)

LONDON COMPANY

1800 BAYBERRY COURT, SUITE 301
RICHMOND, VA 23226

90-0824693

(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	NONE	72915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWN BROTHERS

140 BOARDWAY 16TH FLOOR
NEW YORK, NY 10005

85-1862426

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	61179	Yes ☐ No ☐

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

CORRY CAPITAL - LONGEVITY FUND VI

960 PENN AVENUE SUITE 301
PITTSBURGH, PA 15222

38-3889041

(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	NONE	58213	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)

PFM ASSET MANAGEMENT LLC

213 MARKET STREET
HARRISBURG, PA 17101

23-3087064

(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	NONE	55902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGHMARK SIGNATURE 65

120 FIFTH AVENUE
PITTSBURGH, PA 15222

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	54160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL

751 BROAD STREET
NEWARK, NJ 07102

52-1679020

(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	NONE	42857	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)

NVA

5040 RITTER ROAD
MECHANICSBURG, PA 17055

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	39304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

50 S LASALLE STREET
CHICAGO, IL 60603

36-2723087

(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	NONE	36513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CANCER STUDY GROUP

600 NEW HAMPSHIRE AVE
WASHINGTON, DC 20037

83-4163919

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	30600	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)

PNC ADVISORS

116 ALLEGHENY CENTER MALL
PITTSBURGH, PA 15222

25-1197336

(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?
21	TREASURY MANAGEMENT	29541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEM MULTIFAMILY PARTNERSHIP

2400 MARKET ST STE 303
PHILADELPHIA, PA 19103

83-1126027

(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	NONE	24638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES INC

66 HUDSON BLVD E 20TH FLOOR
NEW YORK, NY 10001

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?
23		0	Yes ☒ No ☐	Yes ☒ No ☐	9853	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 WAGNER LAW GROUP

858 KENNEBEC STREET
PITTSBURGH, PA 15217

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	D Employer Identification Number (EIN) 23-7007718

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	11167676	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11574078	15939834
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1954328	2141449
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6434878	21508103
(2) U.S. Government securities	1c(2)	70553711	72925003
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11741270	11790278
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9549098	10504486
(5) Partnership/joint venture interests	1c(5)	46357231	42330024
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	228058974	257968604
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	397391244	435107781
Liabilities			
g Benefit claims payable	1g	7719880	13307781
h Operating payables	1h	3134712	1951922
i Acquisition indebtedness	1i		
j Other liabilities	1j	129068544	152932500
k Total liabilities (add all amounts in lines 1g through 1j)	1k	139923136	168192203
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	257468108	266915578

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)	103069920	
(B) Participants	2a(1)(B)	3512581	
(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)		106582501
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	290728	
(B) U.S. Government securities	2b(1)(B)	1481619	
(C) Corporate debt instruments	2b(1)(C)	1527368	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	769185	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4068900
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	141147	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10618332	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10759479
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1786305	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18574653
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		141771838

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	914439	
(2) To insurance carriers for the provision of benefits	2e(2)	128309332	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		129223771
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1530634	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	748283	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	253842	
(8) Legal fees	2i(8)	199163	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	368675	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3100597
j Total expenses. Add all expense amounts in column (b) and enter total	2j		132324368

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9447470
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **HENRY ROSSI & CO.,LLP**

(2) EIN: **25-1698043**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		26127818
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
YEARS ENDED
DECEMBER 31, 2024 AND 2023

Independent Auditor's Report

Board of Trustees
Greater Pennsylvania Carpenters' Medical Plan
Pittsburgh, Pennsylvania

Opinion

We have audited the accompanying financial statements of Greater Pennsylvania Carpenters' Medical Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and the statements of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and the 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 total benefit obligations of Greater Pennsylvania Carpenters' Medical Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Greater Pennsylvania Carpenters' Medical Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 Greater Pennsylvania Carpenters' Medical Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedule 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 (I) assets held at end of year at December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is 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.

Henry Rossi & Co., LLP

Certified Public Accountants

October 11, 2025
Monroeville, Pennsylvania

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31</u>	
	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments - at fair value	\$406,930,529	\$372,695,162
Employer contributions receivable	15,179,459	10,835,994
Reciprocal contributions receivable	760,375	738,084
Formulary refund receivable	531,524	513,172
Prepaid expenses	1,823	1,685
Accrued interest receivable	546,433	534,221
Operating cash - interest bearing	10,095,969	11,167,676
Advance - Carpenters' Combined Funds, Inc.	<u>1,061,669</u>	<u>905,250</u>
TOTAL ASSETS	<u>435,107,781</u>	<u>397,391,244</u>
LIABILITIES:		
Accounts payable and other accrued expenses	673,306	1,471,259
Reciprocal contributions payable	<u>1,278,616</u>	<u>1,663,453</u>
TOTAL LIABILITIES	<u>1,951,922</u>	<u>3,134,712</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$433,155,859</u>	<u>\$394,256,532</u>

See notes to financial statements.

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31	
	<u>2024</u>	<u>2023</u>
CONTRIBUTIONS:		
Employer	\$ 98,602,978	\$ 87,785,963
Reciprocal	4,466,942	4,733,876
Employee	<u>3,512,581</u>	<u>3,311,845</u>
TOTAL CONTRIBUTIONS	<u>106,582,501</u>	<u>95,831,684</u>
INVESTMENT INCOME:		
Interest and dividend income	14,828,379	11,792,574
Net change in fair value of investments	20,360,958	32,040,164
Investment fees	<u>(748,283)</u>	<u>(500,902)</u>
	<u>34,441,054</u>	<u>43,331,836</u>
TOTAL ADDITIONS	<u>141,023,555</u>	<u>139,163,520</u>
BENEFITS AND INSURANCE PREMIUMS:		
Group insurance claims and premiums	98,857,475	97,028,123
Benefit claims expense	<u>914,439</u>	<u>937,311</u>
	<u>99,771,914</u>	<u>97,965,434</u>
OTHER DEDUCTIONS:		
Administrative expenses	1,530,634	1,441,229
Miscellaneous expense	289,820	385,776
Legal expense	199,163	102,292
Actuarial services	253,842	164,212
Accounting fees	<u>78,855</u>	<u>40,700</u>
	<u>2,352,314</u>	<u>2,134,209</u>
TOTAL DEDUCTIONS	<u>102,124,228</u>	<u>100,099,643</u>
NET INCREASE	38,899,327	39,063,877
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	<u>394,256,532</u>	<u>355,192,655</u>
NET ASSETS AVAILABLE FOR BENEFITS - End of year	<u>\$433,155,859</u>	<u>\$394,256,532</u>

See notes to financial statements.

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
STATEMENTS OF BENEFIT OBLIGATIONS

	December 31	
	<u>2024</u>	<u>2023</u>
Amounts currently payable:		
Estimated liability for claims incurred but not paid or reported, self-funded benefits	\$ 9,722,000	\$ 6,671,000
Group insurance claims payable	<u>3,585,781</u>	<u>1,048,880</u>
	<u>13,307,781</u>	<u>7,719,880</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Estimated liability for future benefits	<u>152,932,500</u>	<u>129,068,544</u>
Post-retirement benefit obligations, net of current amounts payable:		
Current retirees, beneficiaries and dependents	23,848,333	9,218,129
Other participants fully eligible for benefits	70,621,673	55,722,699
Other participants not yet fully eligible for benefits	<u>41,707,464</u>	<u>34,679,478</u>
	<u>136,177,470</u>	<u>99,620,306</u>
Total benefit obligations	<u>\$302,417,751</u>	<u>\$236,408,730</u>

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	Year Ended December 31	
	<u>2024</u>	<u>2023</u>
Amounts currently payable:		
Balance at beginning of year	\$ 7,719,880	\$ 9,386,382
Group insurance claims payable	3,585,781	1,048,880
Prior year group insurance claims payable	(1,048,880)	(1,723,382)
Change in pending and unrevealed claims reserve	<u>3,051,000</u>	<u>(992,000)</u>
Balance at end of year	<u>\$ 13,307,781</u>	<u>\$ 7,719,880</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance at beginning of year	\$129,068,544	\$124,230,055
Change in Dollar Bank liability	<u>23,863,956</u>	<u>4,838,489</u>
Balance at end of year	<u>\$152,932,500</u>	<u>\$129,068,544</u>
Post-retirement benefit obligations, net of current amounts payable:		
Balance at beginning of year	\$ 99,620,306	\$126,186,953
Benefits earned net of benefits paid	3,768,929	6,136,131
Actuarial experience gain	(604,095)	-
Changes in actuarial assumptions	33,392,330	(32,702,778)
Plan amendments	<u>-</u>	<u>-</u>
Balance at end of year	<u>\$136,177,470</u>	<u>\$ 99,620,306</u>
Total benefit obligations at end of year	<u>\$302,417,751</u>	<u>\$236,408,730</u>

See notes to financial statements.

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

A. General:

The Greater Pennsylvania Carpenters' Medical Plan (the Trust) was formed in 1964 under an agreement, as amended, between the Greater Pennsylvania Regional Council of Carpenters, and certain employer associations, namely, Master Builders' Association of Western Pennsylvania, Master Interior Contractors Association, Keystone Contractors Association, Constructors of Western Pennsylvania, and Wood Manufacturers Council. The agreement provides, among other things, for employers of members to contribute various amounts for each hour worked or a percentage of gross wages. The Master Builders' Association of Western Pennsylvania contract rate determines employer contribution rates. Employees may make contributions in order to become eligible, or for COBRA and retiree self-payments.

The Trust is administered by a Board of Trustees comprised of management and labor representatives. The Board of Trustees has overall responsibility for the operation and administration of the Trust.

In order to be eligible for the benefit period, an active member needs a pre-determined amount of employer contributions during a three month work period. The eligibility level is based on 750 hours of employment at the majority journeyman's rate. If employer contributions are not sufficient to earn eligibility, a member may be permitted to make self-payments to make up the shortage. Members can maintain coverage through periods of unemployment by utilizing their Dollar Bank account. The Dollar Bank account is funded by employer contributions. Dollar Bank accounts are "notional" accounts and therefore not a vested benefit. In addition, these accounts are not portable; therefore members do not receive a distribution of the account balance upon termination.

A plan of insurance provides for death, disability, hospital, surgical, medical and other similar benefits for eligible employees and families of eligible employees of employers who are or may become participants in the plan. Retirees not eligible for Medicare are eligible for retiree medical benefits if currently receiving a pension from the Greater Pennsylvania Carpenters' Pension Fund, making required monthly self-payments and were eligible in 36 of 40 benefit periods prior to retirement. Retirees eligible for Medicare must meet the same requirements and be enrolled in Medicare Parts A and B, or other insurance plans. Medical, prescription drug, and death benefits are provided to all non-Medicare eligible retirees. Medicare eligible retirees can choose other supplemental coverage. The plan is a self-funded plan. Claims are processed by a third party claims processor. The claims processor pays claims on behalf of or directly to participants and is then reimbursed by the Trust. The Trust records these claims paid as group insurance premiums in the Statements of Changes in Net Assets Available for Benefits. The Trust utilizes a pharmacy benefit manager for its formulary drug program and is periodically billed for these services.

GREATER PENNSYLVANIA CARPENTERS'
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NOTES TO FINANCIAL STATEMENTS
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(Continued)

A. General (continued):

Administrative services are provided by Carpenters' Combined Funds, Inc., a corporation created by the Greater Pennsylvania Carpenters' Pension Fund and Medical Plan. The Medical Plan incurs an administrative fee equal to its proportionate share of costs incurred for services provided by Carpenters' Combined Funds, Inc. Administrative expenses paid under this arrangement were \$1,530,634 and \$1,441,229 for the years ended December 31, 2024 and 2023, respectively.

B. Summary of Significant Accounting Policies:

Basis of Accounting - The financial statements of the Trust are prepared on the accrual basis of accounting.

Payment of Benefits - Benefits are recorded when paid by the claims processor. Claims payable are included on the Statements of Benefit Obligations.

Investment Valuation - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The net change in fair value of investments consists of the net change in appreciation (depreciation) in fair value and gains and losses on sales of investments. The net appreciation (depreciation) of fair value of investments is determined by the change in fair value from the beginning of the year, if held for the entire year, to the date of sale, or from the date of purchase to the end of the year. Interest and dividend income is recognized on the accrual basis. Trust management determines the valuation policies.

Employer Contributions - Employer contributions are recognized as net asset additions based upon the period the members performed the work. Accordingly, contributions receivable represent amounts collected subsequent to the reporting period but applicable to hours worked during the reporting period.

Formulary Rebates Receivable - Drug manufacturers pay pharmacy benefit organizations for the placement of their medications on the organization's formulary. The organizations in turn pass on percentages of these rebates to the Trust. The formulary rebates receivable represents amounts due from these organizations. These rebates are netted against group insurance premiums on the Statements of Changes in Net Assets Available for Benefits.

Allowance for Credit Losses - The Trust provides an allowance for credit losses based on Trust management's evaluation of year-end contributions receivable. The evaluation considers historical losses, expected future losses, the financial stability of the employers, and current economic conditions. An allowance of \$419,612 and \$432,017 was provided at December 31, 2024 and 2023, respectively.

Estimated Liability for Claims Incurred but not Paid or Reported, Self-Funded Benefits - The estimated liability for claims incurred but not paid or reported, self-funded benefits is an amount computed by the Trust's consulting actuary on the basis of the historical experience relative to the time lag between incurrence of the claim and the reporting of such claim for payment.

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
NOTES TO FINANCIAL STATEMENTS
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(Continued)

B. Summary of Significant Accounting Policies (continued):

Estimated Liability for Future Benefits - The Trust has received contributions that provide participants with coverage in periods subsequent to the end of its reporting period. The estimated cost of this coverage, computed by the Trust's consulting actuary on the basis of earned future eligibility, is recognized on the Statements of Benefit Obligations.

Stop Loss Insurance - The Trust has entered into a stop loss insurance arrangement in an effort to limit benefit claims exposure. Premiums for stop loss insurance are included in Group Insurance Claims and Premiums on the Statements of Changes in Net Assets Available for Benefits. Stop loss refunds totaling \$29,720 and \$747,727 have been netted with premiums of \$897,459 and \$807,229 for the years ended December 31, 2024 and 2023, respectively.

Trust Expenses - The Trust pays administrative expenses that consist primarily of administrative fees, professional fees and insurance. These expenses are reported on the Statements of Changes in Net Assets Available for Benefits.

Reciprocal Agreements - The Trust has reciprocal agreements with other unions when participants perform work for other unions. The contribution rates are based on the applicable union contract. The agreements require that the contributions follow the employee. Reciprocal payments received are reported as a separate component of contributions on the Statements of Changes in Net Assets Available for Benefits. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the reciprocal contributions payable account on the Statements of Net Assets Available for Benefits and are not included on the Statements of Changes in Net Assets Available for Benefits as they do not represent an expense of the Trust.

Cash - Operating cash represents amounts not invested and immediately available to pay benefits and obligations of the Trust. Operating cash consists of non-interest bearing checking accounts and linked interest bearing cash sweep accounts.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results inevitably will differ from those estimates, and such differences may be material to the financial statements.

C. Fair Value Measurements:

The Trust has adopted the provisions of FASB ASC 820-10, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. FASB ASC 820-10 describes a fair value hierarchy based on three levels of inputs of which the first two are considered observable and the last is considered unobservable.

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(Continued)

C. Fair Value Measurements (continued):

The levels are defined as:

Level 1 - Quoted prices in active markets for identical assets.

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets; quoted prices in markets that are not active; or inputs other than quoted prices that are observable.

Level 3 - Unobservable inputs that are supported by little or no market activity.

The following table represents the Trust's fair value hierarchy of investments held at December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Partnerships	\$ -	\$ 16,074,779	\$26,127,818	\$ 42,202,597
Interest bearing cash	11,412,134	-	-	11,412,134
Corporate common stock	10,504,486	-	-	10,504,486
Institutional funds	173,994,035	-	-	173,994,035
U.S. Government securities	-	72,925,003	-	72,925,003
Corporate debt	-	11,790,278	-	11,790,278
	<u>195,910,655</u>	<u>100,790,060</u>	<u>26,127,818</u>	<u>322,828,533</u>
Investments measured at NAV	-	-	-	84,101,996
Investments at fair value	<u>\$195,910,655</u>	<u>\$100,790,060</u>	<u>\$26,127,818</u>	<u>\$406,930,529</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Trust evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers between fair value levels during the years ended December 31, 2024 and 2023.

The following table sets forth a summary of certain changes in the fair value of the Trust's Level 3 assets for the year ended December 31, 2024:

	<u>Partnerships</u>
Purchases	\$ 2,658,902
Issuances	-
Transfers in	-
Transfers out	-

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NOTES TO FINANCIAL STATEMENTS
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(Continued)

C. Fair Value Measurements (continued):

The following table represents the Trust's fair value hierarchy of investments held at December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Partnerships	\$ -	\$ 17,773,275	\$28,202,105	\$ 45,975,380
Interest bearing cash	6,434,878	-	-	6,434,878
Corporate common stock	9,549,098	-	-	9,549,098
Institutional funds	162,297,167	-	-	162,297,167
U.S. Government securities	-	70,553,711	-	70,553,711
Corporate debt	-	11,741,270	-	11,741,270
	<u>178,281,143</u>	<u>100,068,256</u>	<u>28,202,105</u>	<u>306,551,504</u>
Investments measured at NAV	-	-	-	66,143,658
Investments at fair value	<u>\$178,281,143</u>	<u>\$100,068,256</u>	<u>\$28,202,105</u>	<u>\$372,695,162</u>

The following table sets forth a summary of certain changes in the fair value of the Trust's Level 3 assets for the year ended December 31, 2023:

	<u>Partnerships</u>
Purchases	\$ 2,037,500
Issuances	-
Transfers in	-
Transfers out	-

Common stocks are valued at closing prices reported on the active market on which the individual securities are traded. Corporate debt is valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds and institutional funds are valued at the daily closing price as reported by the fund. U.S. Government securities are valued using pricing models maximizing the use of observable inputs for similar securities. The Trust invests in a number of funds that invest in holdings which are not traded on an exchange and whose fair value is determined by the fund's trustees based on a variety of methods. The funds usually provide the fund's managers and accountants varying levels of flexibility in determining methods used to value the Trust's assets. The fund's managers and accountants are charged with determining methods which are consistent and best reflect the fair value of the underlying investments.

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(Continued)

C. Fair Value Measurements (continued):

In addition, the funds are valued based on predetermined valuation dates which can occur periodically, monthly or yearly. Individuals valuing funds may be faced with a conflict of interest as such values may determine their compensation. The funds are discussed below.

Pacific Asset Management:

The investment seeks a high level of current income. The fund invests principally in income producing floating rate loans and floating rate debt securities. Under normal circumstances, it invests at least 80% of its assets in floating rate loans and floating rate debt securities. The fund may invest up to 25% of its assets in U.S. dollar denominated foreign investments, principally in developed markets. It may invest up to 20% of its assets in certain other types of debt instruments or securities including non-investment grade (high yield/high risk, sometimes called "junk bonds") debt instruments. The fund is non-diversified.

The Trust may withdraw all or any portion of its capital account as of the first business day of each calendar month by providing written notice to the general partner by no later than the 10th business day of the prior month. Withdrawals are subject to a \$1,000,000 minimum unless waived by the general partner in its sole discretion or unless the Trust is withdrawing all of its limited partnership interests, provided that the Trust must maintain a minimum of \$2,000,000 in its capital account, unless waived by the general partner in its sole discretion. The Trust has determined this fund to be a Level 2 investment in the fair value hierarchy.

CCA Black, LP:

The CCA Black, LP is a life settlement investment fund which is uncorrelated with the equity, credit and commodities markets. The underlying policies that comprise life settlement investments are issued by high quality, highly regulated insurance companies and are back-stopped by states that guarantee some payment amount in the rare event of insurance company failure.

The fund is structured as a limited partnership with no lock-up period and monthly liquidity. A management fee of 1.25%-2% is charged annually on invested capital, while a 15%-20% performance fee is charged on returns in excess of a 7% hurdle rate, but only when capital is redeemed.

The Trust has the right, upon 120 days prior written notice to the general partner, to withdraw any portion of its capital account, calculated and valued on the net asset value of the partnership, on the last business day of the fiscal quarter subject to the limitations described in the partnership agreement. However, no withdrawal shall be permitted in the first 12 months following a capital contribution. If the general partner permits a withdrawal prior to the 12 month holding period, the general partner may assess a charge of 5% of any withdrawal. The investment is classified as a Level 3 investment. There are no unfunded commitments at December 31, 2024 and 2023.

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(Continued)

C. Fair Value Measurements (continued):

The following table summarizes the quantitative inputs and assumptions used.

<u>Instrument</u>	<u>Fair Value 12/31/24</u>	<u>Fair Value 12/31/23</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>2024/2023 Range of Significant Input Values</u>
Partnership	\$5,110,379	\$6,146,600	Forward looking projection of cash flows	Life expectancy of insured	2015 VBT/2015 VBT
				Discount rate	12.00%/12.00%

CCA Longevity Fund VI, LP:

The CCA Longevity Fund VI, LP's primary investments consist of in-force non-variable universal life insurance policies insuring the lives of individuals of at least seventy years of age who have a life expectancy as of the date of purchase of between two and nine years at a price greater than the cash surrender value offered by the life insurance companies but less than the face amount of or the death benefit payable under such policies.

A management fee of 1.25%-1.50% of the limited partner's commitments is charged annually. There is also a fee of 15%-20% of the distributed profits of the partnership after the limited partners have received an amount equal to 100% of their capital contributions and a preferred return of 6% per annum, compounded annually. The investment is classified as a Level 3 investment. There are no unfunded commitments at December 31, 2024 and 2023.

The following table summarizes the quantitative inputs and assumptions used.

<u>Instrument</u>	<u>Fair Value 12/31/24</u>	<u>Fair Value 12/31/23</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>2024/2023 Range of Significant Input Values</u>	<u>2024/2023 Weighted Average</u>
Partnership	\$4,599,628	\$5,949,239	Forward looking projection of cash flows	Life expectancy of insured	2015 VBT/ 2015 VBT	N/A
				Discount rate	12.00%/12.00%	11.00%-12.00%/ 11.00%-13.00%

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C. Fair Value Measurements (continued):

Atel Institutional Venture Debt Fund, LLC, Atel Private Debt Partners II, Atel Private Debt III:

The funds were formed under the laws of the state of California for the purpose of providing financing for the acquisition of equipment and other goods and services used by pre-IPO emerging growth companies financed by top tier venture capital firms. The funds expect to obtain terms from its customers that may include, as consideration for providing financing, the granting of warrants, options or other rights to purchase equity securities issued by the customer. From time to time, the funds may receive warrants and rights to purchase securities in connection with lending arrangements. The Trust classifies the entire investments as Level 3 investments in the fair value hierarchy. Atel Institutional Venture Debt Fund, LLC and Atel Private Debt Partners II had no unfunded commitments at December 31, 2024 and 2023. Atel Private Debt III had unfunded commitments of \$4,350,000 and \$4,350,000 at December 31, 2024 and 2023, respectively.

The following table summarizes the quantitative inputs and assumptions used.

<u>Instrument</u>	<u>Fair Value 12/31/24</u>	<u>Fair Value 12/31/23</u>	<u>Valuation Frequency</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>2024/2023 Significant Range of Input Values</u>
Atel Instl. Partnership	\$2,796,395	\$4,548,772	Recurring	Black- Scholes formulation	Stock price Exercise price Time to maturity (in years) Annualized volatility	\$0.01 - \$14.59/ \$0.01 - \$20.06 \$N/A - \$ N/A/ \$0.01 - \$ 9.96 2.85 - 13.37/ 3.85 - 14.37 9.29% - 179.35%/ 9.67% - 178.71%
						<u>2024/2023</u>
Atel Private Debt II Partnership	\$4,726,506	\$4,816,703	Recurring	Black- Scholes formulation	Stock price Exercise price Time to maturity (in years) Annualized volatility	\$0.03 - \$14.59/ \$0.32 - \$20.06 \$N/A - \$ N/A/ \$0.01 - \$ 9.96 2.85 - 13.89/ 3.85 - 14.37 9.29% - 115.00%/ 9.67% - 128.83%
						<u>2024/2023</u>
Atel Private Debt III Partnership	\$1,314,028	\$ 650,000	Recurring	Black- Scholes formulation	Stock price Exercise price Time to maturity (in years) Annualized volatility	\$0.22-8.67 / \$8.67 \$N/A / \$3.37 9.98-13.89 / 13.81 27.46-67.00% / 32.70%

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C. Fair Value Measurements (continued):

LEM Multi-Family Fund V, L.P.:

The partnership was established to generate current income and appreciation primarily through the origination of structured equity investments in multi-family real estate properties in select markets in the United States. The Trust classifies the entire investment as a Level 3 asset. There are no unfunded commitments at December 31, 2024 and 2023.

The following table summarizes the quantitative inputs and assumptions used.

Instrument	Fair Value 12/31/24	Fair Value 12/31/23	Principal Valuation Technique	2024/2023 Unobservable Input		Weighted Average
				Input	Range	
Partnership	\$1,457,140	\$1,535,065	DCF	Underlying property discount rate	8.6% – 9.0%/ 8.4% – 8.8%	8.7%/ 8.5%
				Underlying property terminal cap rate	5.3% – 6.0%/ 5.5% – 6.0%	5.5%/ 5.6%
				Underlying property avg. ann. mkt. rent growth rate	2.0% – 4.4%/ 2.7% – 4.2%	2.9%/ 3.2%
				Underlying property avg. ann. mkt. expense growth rate	2.1% – 4.0%/ 3.6% – 4.5%	3.3%/ 3.9%
				Underlying mortgage discount rate	6.2% – 6.5%/ 5.8% – 7.8%	6.4%/ 6.5%

Washington Alliance Capital Fund II, LLC:

Washington Alliance Capital Fund II, LLC is a Delaware limited liability company. The purposes of the fund are to make, identify, investigate, acquire, develop, own, manage, and dispose of investments. The fund seeks to capitalize on double and triple net leased real estate occupied by federal, state, and/or local government agencies, quasi-governmental entities and/or private companies. The Trust classifies the entire investment as a Level 3 asset. There are no unfunded commitments at December 31, 2024 and 2023. The following table summarizes the quantitative inputs and assumptions used.

Instrument	Fair Value 12/31/24	Fair Value 12/31/23	Valuation Technique	Unobservable Input	2024/2023 Range
Partnership	\$6,123,742	\$4,555,726	Direct Capitalization	Capitalization rate	6.65%-8.48%/ 6.00%-8.40%

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(Continued)

C. Fair Value Measurements (continued):

Fair value of investments that calculate NAV:

Northern Trust Comingled Trust Fund:

The Trust is a participant in the Northern Trust Comingled Trust Fund. The Trust's participation in the investment is measured by units of participation. The units of participation are valued through procedures set forth in the trust fund document. The comingled trust is primarily invested in a portfolio of equity securities designed to mirror commonly recognized indexes. As such, the trustees base the value of the units on the underlying closing prices of securities on a generally recognized exchange. This investment is measured at net asset value.

OHA Credit Solutions Fund:

The fund is a limited partnership that engages directly or indirectly in the speculative trading of diversified portfolio of commodity interests including futures, options, swaps and forward contracts on United States exchanges and certain foreign exchanges. The investment is valued using net asset value as a practical expedient.

The following table summarizes investments measured at fair value based on net asset value per share:

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Northern Trust Comingled Trust Fund	\$83,974,569	\$ -	Daily	1 Day
OHA Credit Solutions Fund	\$ 127,427	\$ -	Monthly	3 Days
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Northern Trust Comingled Trust Fund	\$65,761,807	\$ -	Daily	1 Day
OHA Credit Solutions Fund	\$ 381,851	\$ -	Monthly	3 Days

D. Estimated Liability for Future Benefits:

To help participants pay for coverage under the Trust, a "Dollar Bank" (bookkeeping account) is established which is funded by employer contributions based on a given participant's hours worked. Quarterly, the Trust deducts the cost of selected medical coverage from the participants' "Dollar Bank" account. There are three different coverages available to participants. For participants not eligible due to a lack of funds in their "Dollar Bank", the Trust allows for self-payments to cover the monthly cost of coverage.

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D. Estimated Liability for Future Benefits (continued):

The allowable balance in a "Dollar Bank" per participant is limited to a maximum of \$22,000 at December 31, 2024 and 2023. The "Dollar Bank" account balance at year-end as reported by the Trust is as follows:

	<u>December 31</u>	
	<u>2024</u>	<u>2023</u>
Dollar Bank liability	<u>\$152,932,500</u>	<u>\$129,068,544</u>

E. Investments:

The composition of the investments held by the Trust is as follows:

	<u>December 31, 2024</u>	
	<u>Current Value</u>	<u>Cost</u>
Partnerships	\$ 42,330,024	\$ 34,093,174
Interest bearing cash	11,412,134	11,412,134
Corporate common stock	10,504,486	7,701,941
Institutional funds	257,968,604	214,687,639
U.S. Government securities	72,925,003	74,617,373
Corporate debt	<u>11,790,278</u>	<u>11,831,912</u>
	<u>\$406,930,529</u>	<u>\$354,344,173</u>

	<u>December 31, 2023</u>	
	<u>Current Value</u>	<u>Cost</u>
Partnerships	\$ 46,357,231	\$ 38,023,957
Interest bearing cash	6,434,878	6,434,878
Corporate common stock	9,549,098	7,447,481
Institutional funds	228,058,974	202,041,854
U.S. Government securities	70,553,711	72,292,014
Corporate debt	<u>11,741,270</u>	<u>11,778,514</u>
	<u>\$372,695,162</u>	<u>\$338,018,698</u>

The cost of the investments at year-end reflects the original purchase price of the security plus interest reinvestments.

GREATER PENNSYLVANIA CARPENTERS'
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F. Income Tax Status:

The Trust received its latest determination letter in May of 1968, in which the Internal Revenue Service stated that the Trust is qualified under Section 501(c)(9) of the Internal Revenue Code and is exempt from income tax under Section 501(a) of the Code. The Trust's tax exempt status was affirmed again by the Internal Revenue Service in October of 1999. The Trustees believe that the Trust, as amended, continues to qualify and operate as designed.

Accounting principles generally accepted in the United States of America require Trust management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the Trust has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Trust Administrator has analyzed the tax positions taken by the Trust, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

G. Post-retirement Benefit Obligation:

A post-retirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Trust to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees. The obligations represent the amounts that are expected to be funded by contributions and from existing assets of the Trust. Post-retirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service.

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

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NOTES TO FINANCIAL STATEMENTS
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(Continued)

G. Post-retirement Benefit Obligation (continued):

The actuary determined the accumulated post-retirement benefit obligation of the Trust, using the following significant actuarial assumptions as of December 31, 2024:

Discount rate	5.50%
Health trend rates:	
Self-insured Non-Medicare	
Medical & Prescription Drug	8.25% graded to 4.50% over 10 years
Self-insured Medicare Medical	5.00% graded to 4.50% over 10 years
Aetna PPO Medicare	10.25% graded to 4.50% over 9 years
Administrative expense increase rate	3.00%
Retiree contribution increase rate	Equal to medical & prescription drug trend
Post-retirement mortality rates:	
Healthy retiree and spouse	94% of the Pri-2012 Blue Collar Headcount-Weighted Healthy Annuitant Mortality Table projected generationally with Scale MP-2021
Disabled	94% of the Pri-2012 Headcount-Weighted Disabled Retiree Mortality Table projected generationally with Scale MP-2021
Surviving Spouse	94% of the Pri-2012 Blue Collar Headcount-Weighted Contingent Survivor Mortality Table projected generationally with Scale MP-2021

Trust obligations are \$136,177,470 as of December 31, 2024, an increase of \$36,557,164 from last year.

Trust obligations had been expected to increase \$3,768,929 due to normal Trust operations, which consist of continuing accruals for active members, plus interest on the total obligations, less expected benefit payments. The difference between the actual and expected change was the net effect of several factors:

- An actuarial experience gain lowered obligations by \$604,095. This was the net result of gains and losses due to demographic changes. We have taken these actuarial gains and losses into consideration in reviewing our assumptions for the current valuation.

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YEARS ENDED DECEMBER 31, 2024 AND 2023
(Continued)

G. Post-retirement Benefit Obligation (continued):

- Valuation assumption changes increased obligations by \$33,392,330. This was primarily due to the contribution rates remaining level. Other changes include updating the valuation-year per-capita health costs, modifying the future trend on health costs and contributions, and increasing the discount rate from 4.75% to 5.50%. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.
- A Trust amendment had a *de minimis* effect on obligations. Effective January 1, 2025, the SWORD program was implemented.

The weighted-average healthcare cost trend rate assumption has a significant effect on the amounts reported as post-retirement benefit obligations.

Using trend rates 1% higher than the assumed healthcare cost, trend rates would have the following effects:

	December 31			
	2024		2023	
Change	<u>\$ 19,514,732</u>		<u>\$ 12,882,831</u>	
Adjusted obligation	<u>\$155,692,732</u>		<u>\$112,503,137</u>	
The effects of retiree contributions:				
Plan benefits before reduction				
For retiree contributions	\$251,856,036	100%	\$273,500,455	100%
Less projected retiree contributions	<u>(115,678,566)</u>	<u>(46%)</u>	<u>(173,880,149)</u>	<u>(64%)</u>
Net obligation	<u>\$136,177,470</u>	<u>54%</u>	<u>\$ 99,620,306</u>	<u>36%</u>

H. Risks and Uncertainties:

The Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the Statements of Net Assets Available for Benefits.

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023
(Continued)

H. Risks and Uncertainties (continued):

In addition, the Trust has substantial investments in securities where valuations are based on unobservable inputs. Therefore, it is possible that the valuation methods used to value these investments may not properly reflect fair value or that the investments may not timely alter their assumptions as a result of changes in market conditions and the resulting differences may be material to the financial statements.

Trust contributions are made and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Cash consists of checking accounts the Trust maintains with a reputable financial institution that is insured with the Federal Deposit Insurance Corporation (FDIC). All accounts are insured up to \$250,000 by the FDIC. As of December 31, 2024, deposits of \$9,845,969 were in excess of insured amounts. The Trust has not experienced any losses in this cash balance and does not believe it is subject to any significant credit risk.

I. Termination of the Trust:

Although the Board of Trustees has not expressed intent to discontinue the Trust, they may do so at any time subject to the provisions of ERISA and the terms of the collective bargaining agreement. If the Trust is to terminate, all assets of the Trust shall be used to pay expenses of the Trust, premiums for coverages and claims of the participants until exhausted. Upon exhaustion of the Trust assets, the Trust will terminate.

J. Management Evaluation of Subsequent Events:

Management's representations and estimates include evaluations of subsequent events through October 11, 2025, the date which the financial statements were available to be issued.

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023
(Continued)

K. Reconciliation of Financial Statements to Schedule H of Form 5500:

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

	December 31	
	2024	2023
Net assets available for benefits per the financial statements	\$433,155,859	\$394,256,532
Estimated liability for future benefits	(152,932,500)	(129,068,544)
Estimated liability for claims incurred but not paid or reported, self-funded benefits	(9,722,000)	(6,671,000)
Group insurance claims payable	(3,585,781)	(1,048,880)
Net assets available for benefits per Schedule H of the Form 5500	<u>\$266,915,578</u>	<u>\$257,468,108</u>

The following is a reconciliation of benefits for participants per the financial statements to Form 5500:

	December 31	
	2024	2023
Benefits paid for group insurance claims and premiums per the financial statements	\$ 98,857,475	\$ 97,028,123
Change in pending and unrevealed claims reserve	3,051,000	(992,000)
Group insurance claims payable	3,585,781	1,048,880
Change in Dollar Bank liability	23,863,956	4,838,489
Prior year group insurance claims payable	(1,048,880)	(1,723,382)
Benefits paid for group insurance claims and premiums per Form 5500	<u>\$128,309,332</u>	<u>\$100,200,110</u>

The following is a reconciliation of net increase (decrease) per the financial statements to Schedule H of the Form 5500:

	December 31	
	2024	2023
Net increase per the financial statements	\$ 38,899,327	\$ 39,063,877
Change in group insurance claims payable	(2,536,901)	674,502
Change in pending and unrevealed claims reserve	(3,051,000)	992,000
Change in Dollar Bank liability	(23,863,956)	(4,838,489)
Net increase per Schedule H of the Form 5500	<u>\$ 9,447,470</u>	<u>\$ 35,891,890</u>

Claims and premiums that have not been paid, and claims incurred but not reported, are not considered liabilities under GAAP. Therefore, claims and premiums are not presented as liabilities or claims and premiums paid in the financial statements but are recorded on the Form 5500 as a liability.

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023
(Continued)

L. Collective Bargaining Agreement:

The Trust is part of a collective bargaining agreement that requires participating employers to contribute on behalf of their eligible employees certain amounts to the Trust. This collective bargaining agreement expires on May 31, 2026.

M. Party-In-Interest and Related Party Transactions:

The Trust transacts with related organizations including Carpenters' Combined Funds, Greater Pennsylvania Carpenters' Pension Fund, and Greater Pennsylvania Carpenters' Annuity and Savings Fund. These transactions are not considered ERISA prohibited transactions.

N. Merger:

On August 23, 2024, the Greater Pennsylvania Carpenters' Medical Plan (GPCMP) entered into a merger agreement to acquire all assets and liabilities of the Carpenters Health Fund of West Virginia (CHFV) as of January 1, 2025, and amounts receivable for, and payable by the CHFV anytime thereafter. The fair value of the assets transferred on January 1, 2025 was \$27,597,422. The liabilities and obligations were also transferred on January 1, 2025. The amount of the liabilities and obligations was \$7,888,122. The Dollar Bank balances of merged participants was \$2,997,271. An additional subsidy of \$1,300 per eligible participant (total \$1,306,500) was applied to increase their bank to make eligibility in the GPCMP for the first quarter of 2025. The bank was further adjusted by the participant's HRA balance which totaled \$3,584,442. All participants of the CHFV also became participants in GPCMP on January 1, 2025.

SUPPLEMENTAL INFORMATION

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)

EIN 23-7007718 - PLAN NO. 501

SCHEDULE I - ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

(b.) Identity of Issue, (a.) Borrower or Similar Party	(c.) Description of Investments	(d.) Cost	(e.) Fair Value
Northern Trust Comingled Trust Fund	Institutional funds	\$ 42,165,933	\$ 83,974,569
Northern Trust Comingled Trust Fund	Interest bearing cash	57,631	57,631
Jo Hambro	Institutional funds	14,482,510	14,682,932
Vanguard International	Institutional funds	6,594,989	7,576,842
Vanguard International	Interest bearing cash	8,287	8,287
Intl. Equity PCA	Institutional funds	17,299,925	16,361,269
Doubleline Core	Institutional funds	48,536,569	42,997,622
Doubleline Core	Interest bearing cash	161	161
Prudential Core Bond	U.S. Government securities	40,101,423	36,643,420
C.S. McKee	U.S. Government securities	23,515,950	23,339,411
C.S. McKee	Corporate debt	11,831,912	11,790,278
C.S. McKee	Interest bearing cash	838,816	838,816
Gridiron	Institutional funds	13,696,048	12,780,443
Gridiron	Interest bearing cash	3,296,911	3,296,911
Blackrock Adv	Institutional funds	6,321,752	8,457,113
Blackrock Adv	Interest bearing cash	13	13
London Company	Corporate common stock	7,701,941	10,504,486
London Company	Interest bearing cash	213,856	213,856
CCA Black, LP	Partnership	5,110,379	5,110,379
CCA Longevity VI	Partnership	2,462,273	4,599,628
Atel Instl. Venture Debt Fund	Partnership	2,796,395	2,796,395
Pacific Asset Management, L.P.	Partnership	10,403,000	16,074,779
Pacific Asset Management, L.P.	Interest bearing cash	6,097	6,097
Atel Private Debt Fund II	Partnership	4,726,506	4,726,506
LEM Multi-Family V, L.P.	Partnership	1,283,575	1,457,140
Washington Alliance Capital II	Partnership	5,740,561	6,123,742
Vanguard International ETF	Institutional funds	14,562,776	15,605,548
Vanguard International ETF	Interest bearing cash	1,955,890	1,955,890
Vanguard TS ETF	Institutional funds	9,789,496	17,035,322
Vanguard TS ETF	Interest bearing cash	1,094,137	1,094,137
Jensen Quality GF	Institutional funds	24,275,965	23,280,454
Jensen Quality GF	Interest bearing cash	1,372,245	1,372,245
Brown Brothers	U.S. Government securities	11,000,000	12,942,172
Brown Brothers	Interest bearing cash	665	665
AFL-CIO HIT	Institutional funds	6,922,906	6,863,222
AFL-CIO HIT	Interest bearing cash	29	29
OHA Credit	Partnership	256,457	127,427
Invesco Optimum	Institutional funds	1,480,120	1,316,549
Invesco Optimum	Interest bearing cash	341,889	341,889
Pimco Commodity	Institutional funds	2,406,866	1,681,236
Pimco Commodity	Interest bearing cash	9,975	9,975
Principal RE	Institutional funds	3,042,540	2,675,565
Principal RE	Interest bearing cash	3,733	3,733
Cohen & Steers	Institutional funds	3,109,244	2,679,918
Cohen & Steers	Interest bearing cash	448	448
Federated Hermes Govt. Obligations	Interest bearing cash	2,211,351	2,211,351
Atel Private Debt Fund III	Partnership	1,314,028	1,314,028
		<u>\$354,344,173</u>	<u>\$406,930,529</u>

See independent auditor's report.

GREATER PENNSYLVANIA CARPENTERS'
MEDICAL PLAN (A TRUST)

EIN 23-7007718 - PLAN NO. 501

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DECEMBER 31, 2024

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