



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1995
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	
	<b>6a(2)</b>	
	<b>6b</b>	1957
	<b>6c</b>	
	<b>6d</b>	1957
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	502

**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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS & SURVIVING SPOUSES HEALTH FUND		<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 SOUTHERN CALIFORNIA PIPE TRADES		<b>D</b> Employer Identification Number (EIN) 27-4271742	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
DELTA DENTAL OF CALIFORNIA

(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
94-1461312	N/A	78988	1240	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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</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

NONE

(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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	327120
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS &amp; SURVIVING SPOUSES HEALTH FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN CALIFORNIA PIPE TRADES</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>27-4271742</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VISION SERVICE PLAN**

(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
94-1632821	N/A	30096642	879	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.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**NONE**

(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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	76958
<b>b</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. ....	<b>10b</b>	64059

Specify nature of costs.

**CLAIMS PAID BY CARRIER**

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS &amp; SURVIVING SPOUSES HEALTH FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>501</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN CALIFORNIA PIPE TRADES</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>27-4271742</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0251554	316	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.

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**NONE**

(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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	171046
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

N/A

**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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS &amp; SURVIVING SPOUSES HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN CALIFORNIA PIPE TRADES</b>	<b>D</b> Employer Identification Number (EIN) <b>27-4271742</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**US BANK**

**31-0841368**

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

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

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

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

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

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

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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)

SO CA PIPE TRADES ADMIN CORP

95-4557526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	RELATED-PARTY	935060	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUE SHEILD OF CALIFORNIA

94-0360524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	586505	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATIONAL INVESTMENT SERVICES

80-0169636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	111413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RAEL & LETSON

94-1701048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	65521	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EIDE BAILLY LLP

45-0250958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	49833	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLER KAPLAN ARASE & CO.

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COUNCIL FOR AFFORDABLE QUALITY HC

2020 K STREET NW SUITE 900  
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	15964	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL CONSULTING

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	15042	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

O'DONOGHUE & O'DONOGHUE

53-0120518

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NEW ENGLAND PENSION CONSULTANTS

04-2927339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	7006	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BUSH GOTTLIEB

95-2956616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS &amp; SURVIVING SPOUSES HEALTH FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>501</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOUTHERN CALIFORNIA PIPE TRADES</u>	<b>D</b> Employer Identification Number (EIN) <u>27-4271742</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS TOTAL ABSOLUTE RETURN FUND, LLC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES</u>		
<b>c</b> EIN-PN <u>45-4783986-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6078683</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS &amp; SURVIVING SPOUSES HEALTH FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN CALIFORNIA PIPE TRADES</b>	<b>D</b> Employer Identification Number (EIN) <b>27-4271742</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	724246	595948
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	779614	753830
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1015896	809530
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1079867	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	15209703	13169171
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	15711153	19668808
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5695873	6078683
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		1446262
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	40216352	42522232
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	3528636	3095303
<b>h</b> Operating payables.....	<b>1h</b>	202085	188545
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3730721	3283848
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	36485631	39238384

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	8146827	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	6209542	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		14356369
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	473408	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	750419	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1223827
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	78768	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		78768
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	59054690	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	58782285	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	98554	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		428014
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		8
<b>c</b> Other income .....	<b>2c</b>		53561
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		16511506

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	11248114	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	575072	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		11823186
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	935060	
(3) Recordkeeping fees .....	<b>2i(3)</b>	30902	
(4) IQPA audit fees .....	<b>2i(4)</b>	59700	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	118419	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	2747	
(7) Actuarial fees .....	<b>2i(7)</b>	65521	
(8) Legal fees .....	<b>2i(8)</b>	16495	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	706723	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1935567
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		13758753

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2752753
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: EIDE BAILLY LLP

(2) EIN: 45-0250958

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

Financial Statements

December 31, 2024 and 2023

**Southern California Pipe Trades  
Pensioners & Surviving Spouses Health  
Fund**

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

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December 31, 2024 and 2023

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## Independent Auditor's Report

The Board of Trustees  
Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund  
Los Angeles, California

### Opinion

We have audited the financial statements of Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

## Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i – schedule of assets held at end of year, and schedule H, line 4j – schedule of reportable transactions as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Walnut Creek, California  
October 13, 2025

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments at fair value	\$ 40,362,924	\$ 37,696,596
Receivables		
Employer contributions	753,830	779,614
Due from SCPT Administrative Corporation	563,870	764,426
Due from Southern California Pipe Trades Retirement Fund	-	343
Interest	245,660	249,525
Other receivables	-	1,193
Total receivables	1,563,360	1,795,101
Cash	595,948	724,246
Other assets		
Prepaid expenses	-	409
Total assets	42,522,232	40,216,352
Liabilities		
Due to SCPT Administrative Corporation	188,545	202,085
Net Assets Available for Benefits	\$ 42,333,687	\$ 40,014,267

## Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions</b>		
Investment income		
Net appreciation of fair value of investments	\$ 798,981	\$ 1,226,413
Interest and dividends	1,302,595	893,745
	2,101,576	2,120,158
Less investment expense	(121,166)	(118,351)
Total investment income	1,980,410	2,001,807
Contributions		
Employer	8,146,827	8,206,498
Participant	6,209,542	5,902,991
Total contributions	14,356,369	14,109,489
Miscellaneous income	53,561	5,421
Total additions	16,390,340	16,116,717
<b>Deductions</b>		
Premiums paid		
Vision	76,972	72,291
Dental	498,100	297,264
	575,072	369,555
Claims paid, net		
Medical	4,722,776	4,844,808
Hospital	6,620,877	5,060,554
Prescription drug	337,794	564,240
	11,681,447	10,469,602
Total benefits paid	12,256,519	10,839,157

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Operating expenses		
Administrative services from SCPTAC	935,060	886,906
Professional services		
Blue Shield ASO membership fee	586,505	592,258
Legal - General	9,700	7,188
Legal - Collection	6,795	9,445
Auditing	59,700	54,600
Medicare fees	15,215	14,838
Compliance auditing	30,902	26,206
Actuary	65,521	55,308
Consulting - other	26,111	24,079
	800,449	783,922
General expenses		
Printing and mailing	39,975	62,847
Data processing	17,079	9,945
Filing fees	8,683	15,065
Insurance	8,838	4,632
Bank charges-account analysis	2,569	6,633
IT Maintenance	804	1,483
Miscellaneous	944	783
	78,892	101,388
Total operating expenses	1,814,401	1,772,216
Total deductions	14,070,920	12,611,373
Net Increase	2,319,420	3,505,344
Net Assets Available for Benefits		
Beginning of year	40,014,267	36,508,923
End of year	\$ 42,333,687	\$ 40,014,267

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Statements of Plan's Benefit Obligations

December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable		
Claims payable and claims incurred but not reported	\$ 3,095,303	\$ 3,528,636
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Current retirees, their spouses and survivors	80,529,200	75,482,100
Other participants fully eligible for benefits	2,719,500	2,300,400
Other participants not yet fully eligible for benefits	117,959,500	122,042,300
	201,208,200	199,824,800
Total benefit obligations	\$ 204,303,503	\$ 203,353,436

## Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Statements of Changes in Plan's Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable		
Balance at beginning of year	\$ 3,528,636	\$ 2,912,197
Claims and premiums reported and approved for payment	11,823,186	11,455,596
Claims and premiums paid	(12,256,519)	(10,839,157)
Balance at end of year	3,095,303	3,528,636
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Balance at beginning of year	199,824,800	158,908,700
Net change during the year attributable to		
Benefits earned and other changes	28,413,200	15,711,200
Changes in actuarial assumptions	(27,029,800)	25,204,900
Balance at end of year	201,208,200	199,824,800
Total benefit obligations at end of year	\$ 204,303,503	\$ 203,353,436

## **Note 1 - Description of the Plan**

The following brief description of the Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### **General**

The Plan, a multiemployer health and welfare plan, was established on January 1, 2011 by District Council No. 16 of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada (United Association) and employers in the plumbing and pipe fitting industry in Southern California to provide health care benefits to eligible retirees, their spouses or domestic partners, and their surviving spouses or surviving domestic partners. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (Trustees) and is governed by a joint board consisting participating employers and the union.

### **Benefits**

The Plan provides medical, hospital, and prescription drug benefits (dental and vision benefits may also be purchased) to retirees and their spouses or domestic partners and surviving spouses or surviving domestic partners. Medical claims are self-funded by the Plan while dental and vision claims are fully insured by the Plan. The Plan pays a fee to Blue Shield of California to provide a network of medical providers. A dental (DHMO) option is offered through DeltaCare USA and vision benefits are offered through Vision Service Plan (VSP). Effective January 1, 2024, a dental PPO option is offered through MetLife. Surviving spouses and surviving domestic partners are permitted to continue their coverage by making self-payments until they remarry or enter into a domestic partnership. Monthly premiums for coverage are either deducted from the retirees monthly pension benefit, debited from a bank account, or paid by check.

### **Contributions and Eligibility**

Participating employers are required to pay an hourly contribution to the Plan for each compensable hour of employment worked by covered employees. The principal hourly employer contribution rate in effect for the Plan is \$0.60 for the years ended December 31, 2024 and 2023.

*Option 1* – for Individuals who have Sufficient Retirement Fund Pension Credits:

Participants become covered initially when they are receiving a monthly pension from the Southern California Pipe Trades Retirement Fund based on 12 or more years of Pension Credits, had eligibility under the Active Plan as a Participant for at least one month during the 24 months prior to their Annuity Starting Date and had eligibility under the Active Plan as a Participant for at least 60 of the 120 months preceding their Annuity Starting Date.

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Notes to Financial Statements  
December 31, 2024 and 2023

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*Option 2* – for Individuals who have Sufficient Health & Welfare Fund (Active Plan) Eligibility Months: Participants become covered when they have retired and stopped all employment with any Employer that contributes to this Plan or that is signed to an agreement that requires contributions to this Plan. A Participant must also not be engaged in “disqualifying employment” as defined by the Plan. And the Participant must meet one of the following requirements (1) have been eligible for benefits under the Active Plan as a Participant for at least 300 months before their retirement date, or (2) be at least age 55 as of their retirement date and have been eligible for benefits under the Active Plan as a Participant for at least 144 months before their retirement date, or (3) be an Active Plan Participant at the time they are deemed disabled by the Social Security Administration and have been eligible for benefits under the Active Plan as a Participant for at least 144 months before their retirement date; and the Participant must have been eligible for benefits under the Active Plan as a Participant for at least one month during the 24 months prior to their retirement date; and been eligible for benefits under the Active Plan as a Participant for at least 60 months of the 120 months preceding their retirement date; and your employer contributed to coverage offered by the SCPT Pensioners & Surviving Spouses Health Fund for the same months as the Active Plan.

The Plan should be notified within 60 days of the death of a participant in order to preserve a survivor’s right to Consolidated Omnibus Budget Reconciliation Act (COBRA) or survivor premium program coverage. A copy of the death certificate should be provided to the Plan as soon as it is available. If a death certificate is not provided within 12 months of the date of death, any applicable premium adjustment will be prospective only, not retroactive to the date of death.

All participants of the Plan are required to make self-payments in order to maintain coverage. Payments can be made through authorized monthly deductions from pension checks, authorized electronic payments, or by check. The monthly premium amount is determined by Medicare and family status, which determine the classification, and a combination point system called the “Rule of 100”, which determines the range class.

Retired participants are provided benefit coverage in accordance with eligibility provisions of the Plan.

Continuation of health care benefits to persons who could otherwise lose those benefits due to certain events, as mandated by the COBRA, has been adopted by the Plan.

Retirees who are enrolled in the Plan and return to work with a signatory employer will no longer be eligible to participate in this Plan but may be eligible to participate in the Southern California Pipe Trades Health & Welfare Fund.

## **Plan Termination**

It is intended that this Plan will continue indefinitely, but the Trustees reserve the right to change and/or discontinue the Plan at any time. The Trustees may terminate the Plan by a document in writing adopted by a majority of the union trustees and a majority of the employer trustees if, in their opinion, the Plan is not adequate to carry out its intended purpose or is not adequate to meet the payments due or which may come due. The Plan may also be terminated if there are no individuals living who can qualify as participants or beneficiaries under the Plan or if there are no longer any collective bargaining agreements requiring contributions to the Plan. The Trustees have the complete discretion to determine when and if the Plan should be terminated.

If the Plan is terminated, the Trustees will: (i) pay the expenses of the Plan incurred up to the date of termination as well as the expenses in connection with the termination; (ii) arrange for a final audit of the Plan; (iii) give any notice and prepare and file any reports required by law; and (iv) apply the assets of the Plan in accordance with the law and the Plan, including amendments adopted as part of the termination, until the assets are distributed. Under no circumstances will any portion of the Plan revert to the benefit of an employer, any employer association, or the union.

## **Note 2 - Significant Accounting Policies**

### **Basis of Accounting**

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

### **Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations, and changes therein and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

### **Employer Contributions, Contributions Receivable, and Allowance for Credit Losses**

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential credit losses based on historical experience as well as current and reasonable and supportable forecasted economic conditions. As of December 31, 2024 and 2023, there was no allowance taken.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits and are recorded as contributions when collected.

### **Reciprocity and Allowance for Credit Losses**

The Plan has various reciprocal agreements in place with other collectively bargained Local Unions. If a participant works under the jurisdiction of another collectively bargained agreement, the contributions will be transferred to the participant's home Local Union as soon as administratively feasible. For the years ended December 31, 2024 and 2023, the Plan recognized \$793,608 and \$978,589, respectively, of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employer's contributions in the statements of changes in net assets available for benefits.

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Notes to Financial Statements

December 31, 2024 and 2023

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As of December 31, 2024 and 2023, the reciprocal contributions receivable was \$64,617 and \$58,634, respectively. The receivable is included in the employer contributions receivable in the statements of net assets available for benefits. No allowance for credit losses as of December 31, 2024 and 2023, was necessary for reciprocal payments due to the Plan.

Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded when paid. Outgoing reciprocal payments are netted against the related reciprocal contributions received with no material effect on the statement of net changes in net assets available for benefits.

## **Payment of Benefits**

Claims and premiums are recorded when paid. Claims that have been approved but not paid and premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

## **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodians.

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

The classification of investment earnings reported in the statements of changes in the net assets available for benefits may differ from the classification on the Form 5500 due to different reporting requirements on the Form 5500.

## **Refunds and Rebates**

Refunds from the Plan's Pharmacy Benefit Management are recorded when earned. Pharmacy rebates for the years ended December 31, 2024 and 2023 totaling \$325,929 and \$146,091, respectively, are netted against claims paid in the accompanying statements of changes in net assets available for benefits.

## **Expenses**

The Plan's expenses are paid by the Southern California Pipe Trades Administrative Corporation (SCPTAC) as provided in the Plan Document. Certain expenses incurred in connection with the general administration of the Plan that are paid by SCPTAC are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

The Plan shares certain administrative expenses with a related plan. In computing these allocated costs, various factors were considered, including time spent, costs incurred, and volume of transactions relating to the Plan in relation to the other plans.

## **Current Benefit Obligations**

Plan participants earn eligibility in the month a payment is received for coverage. Claims received but not yet processed as of December 31, 2024 and 2023 and the estimate of claims incurred but not yet reported for claims incurred through December 31, 2024 and 2023 are recorded as amounts currently payable on the statements of benefit obligations.

## **Postretirement Benefit Obligations**

Postretirement benefit obligations have been recognized for retiree health benefits for eligible participants and their beneficiaries and dependents. The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future for current plan participants. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired or inactive employees and their beneficiaries and dependents and (b) active employees and their beneficiaries and dependents after retirement from service in the industry. The postretirement benefit obligation represents the amount that is to be funded by contributions from the plan's participating employers, from existing plan assets, and from self-payments by the participants.

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

For measurement purposes, a 6.75% weighted average annual rate of increase in the average per capita cost of covered health care benefits was assumed for 2025; the rate was assumed to decrease gradually to 4.00% by 2036 and to remain at that level thereafter. The prescription drug trend rate was assumed to remain at 2.00% for all years. These assumptions are consistent with those used to measure the benefit obligations at December 31, 2024.

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Notes to Financial Statements  
December 31, 2024 and 2023

The only significant change in assumptions between December 31, 2024 and 2023 is to increase the discount rate from 4.75% to 5.50% as per the available rates of return on high-quality fixed income investments as of December 31, 2024, which is the procedure required by FASB ASC 965.

The following are significant assumptions used to determine the postretirement benefit obligations as of December 31, 2024 and 2023:

	2024	2023
Weighted-average discount rate	5.50%	4.75%
Average retirement age	Various rates ranging from 4% at age 45 to 100% at age 73	Various rates ranging from 4% at age 45 to 100% at age 73
Mortality rates	PRI-2021 Blue-Collar Dataset Employee/Retiree Headcount-Weighted Mortality Tables with scale MP-2021 generational projection	PRI-2021 Blue-Collar Dataset Employee/Retiree Headcount-Weighted Mortality Tables with scale MP-2021 generational projection

The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1 percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023, to \$237,300,000 and \$237,200,000 respectively.

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

The Plan's excess of benefit obligations over net assets at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreements. However, the postretirement benefit obligation is contingent upon a variety of assumptions about future events. Actual experience is likely to vary from these assumptions. The calculation of an accounting obligation does not, in and of itself, imply that there is any legal liability to provide the benefits valued, nor is there any implication that the welfare plan is required to implement a funding policy to satisfy the projected expense.

### **Concentration of Credit Risk**

The Plan maintains its cash balances at high credit quality financial institutions. Accounts at these institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000, per depositor, per insured bank, for each account ownership category. At December 31, 2024 and 2023, the Plan had \$0 and \$77,347, respectively, in excess of FDIC-insured limits at US Bank. At December 31, 2024 and 2023, the Plan also had \$186,486 and \$166,931, respectively, in excess of FDIC-insured limits at Wells Fargo.

### Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date which the financial statements were available to be issued.

### Note 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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- The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market mutual funds – valued at the daily closing price as reported by the fund. Money market mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The money market mutual funds held by the Plan are deemed to be actively traded.

U.S. government & federal agencies obligations – valued using pricing models maximizing the use of observable inputs for similar securities.

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Notes to Financial Statements

December 31, 2024 and 2023

Corporate obligations – 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 issuer with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Common collective trusts – valued at fair value based on the NAV of units held of the collective trusts. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the observable market prices of the underlying investments within the fund less liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023:

	2024			Total
	Level 1	Level 2	Level 3	
Money market mutual funds	\$ 1,446,262	\$ -	\$ -	\$ 1,446,262
U.S. government & federal agencies obligations	710,549	12,458,622	-	13,169,171
Corporate obligations	-	19,668,808	-	19,668,808
Investments at fair value hierarchy	\$ 2,156,811	\$ 32,127,430	\$ -	34,284,241
Investments at net asset value (*)				6,078,683
Total investments at fair value				\$ 40,362,924
	2023			
	Level 1	Level 2	Level 3	Total
Money market mutual funds	\$ 1,079,867	\$ -	\$ -	\$ 1,079,867
U.S. government & federal agencies obligations	892,370	14,317,333	-	15,209,703
Corporate obligations	-	15,711,153	-	15,711,153
Investments at fair value hierarchy	\$ 1,972,237	\$ 30,028,486	\$ -	32,000,723
Investments at net asset value (*)				5,695,873
Total investments at fair value				\$ 37,696,596

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Notes to Financial Statements  
December 31, 2024 and 2023

(\*) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

## Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAVs per share as of December 31, 2024 and 2023, respectively.

	Fair Value December 31, 2024	Fair Value December 31, 2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common Collective Trusts (direct-filing entity)					
NIS Total Absolute Return Fund	\$ 6,078,683	\$ 5,695,873	\$ -	Monthly	3 days

## Note 4 - Tax Status

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated November 21, 2011, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore believes that the related trust is tax-exempt. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

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

## Note 5 - Related Party Transactions and Administrative Expenses

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Notes to Financial Statements  
December 31, 2024 and 2023

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The Plan is allocated general and administrative expenses from SCPTAC, a California nonprofit mutual benefit corporation, created on January 1, 1996, for the administration of the Southern California Pipe Trades Trust Funds. The allocations are determined by management and the Trustees believe that these allocations are based on customary and reasonable rates and that such service occurred in the normal course of operations. At December 31, 2024 and 2023, the amount due to SCPTAC for administrative services were \$188,545 and \$202,085, respectively. The amount charged by SCPTAC to the Plan for the years ended December 31, 2024 and 2023 were \$935,060 and \$886,906, respectively.

In addition, SCPTAC collects employer contributions on behalf of the Plan. These contributions are forwarded on a regular basis. At December 31, 2024 and 2023, amounts due from SCPTAC for contributions from employers and participants and fees from participants received were \$563,870 and \$764,426, respectively.

At December 31, 2024 and 2023, the net amount due from the Southern California Pipe Trades Retirement Fund were \$0 and \$343, respectively.

## Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or global conflict. 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 amounts reported in the statements of net assets available for benefits.

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

## Note 7 - Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 42,333,687	\$ 40,014,267
Benefit obligations currently payable	<u>(3,095,303)</u>	<u>(3,528,636)</u>
Net assets available for benefits per Form 5500	<u>\$ 39,238,384</u>	<u>\$ 36,485,631</u>

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Notes to Financial Statements  
December 31, 2024 and 2023

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The following is a reconciliation of the total benefits paid per the financial statements to the Form 5500 for the year ended December 31, 2024:

Total Benefits Paid per the Financial Statements	\$ 12,256,519
Add - amounts currently payable at end of year	3,095,303
Less - amounts currently payable at beginning of year	<u>(3,528,636)</u>
Total Benefits Paid per the Form 5500	<u>\$ 11,823,186</u>

Claims and premiums that have been processed and approved for payment at year-end, but not paid, and claims incurred but not reported are not considered liabilities under generally accepted accounting principles and, therefore, are not presented as liabilities in the accompanying financial statements but are recorded on the Form 5500 as a liability.

Supplementary Information  
December 31, 2024

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

# Southern California Pipe Trades Pensioners & Surviving Spouses

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2024

EIN: 27-4271742

Plan: 501

(a)	(b)	(c)			(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value	
<b>Money Market Mutual Funds</b>						
	First American Government Obligation Fund			\$ 1,274,380	\$ 1,274,380	
	Obligation Fund			171,882	171,882	
<b>Total money market mutual funds</b>				<b>1,446,262</b>	<b>1,446,262</b>	
		Maturity Date	Rate of Interest	Par Value		
<b>Government Obligations</b>						
	US Treasury	08/31/26	0.750%	649,000	591,554	612,883
	US Treasury	07/31/27	2.750%	2,333,000	2,216,113	2,246,842
	US Treasury	12/31/27	3.875%	3,529,000	3,505,364	3,488,487
	US Treasury	01/15/26	3.875%	1,037,000	1,021,940	1,033,547
	US Treasury	11/15/26	4.625%	3,815,000	3,839,147	3,839,874
	US Treasury	01/31/27	1.500%	1,308,000	1,200,485	1,236,989
	Louisiana ST	08/01/28	3.240%	81,725	80,805	80,752
	Louisiana Loc	02/01/29	3.615%	157,672	157,672	155,798
	Oklahoma Transn Ok	01/01/25	0.904%	100,000	99,635	100,000
	Oregon ST Sch Brds	06/30/28	4.759%	179,974	183,890	179,929
	South Carolina	10/27/36	6.819%	87,479	87,123	87,095
	Utah ST Build	07/01/25	3.539%	5,904	5,831	5,883
	Wisconsin ST Gen	05/01/26	5.700%	100,000	102,867	101,092
<b>Total government obligations</b>				<b>13,092,426</b>	<b>13,169,171</b>	
<b>Corporate Obligations</b>						
	Agco Corp	03/21/27	5.450%	240,000	239,810	242,275
	At T Inc	07/15/26	2.950%	80,000	74,320	77,968
	Abay Leasing LLC	11/09/26	2.654%	36,672	38,519	35,761
	Accredited Mortgage	01/25/35	7.314%	59,390	59,074	59,527
	Accenture Capital	10/04/27	3.900%	185,000	184,761	182,273
	Air Lease Corp Mtn	08/15/26	1.875%	220,000	200,189	209,704
	Ally Auto Recv Tr	11/16/26	3.310%	71,109	71,095	70,812
	American Express Co	10/30/26	6.338%	100,000	100,000	101,238
	American Express Co	02/16/28	5.098%	105,000	105,000	105,606
	American Express	08/16/27	3.750%	170,000	169,264	169,218
	American Honda Mtn	10/22/27	4.450%	165,000	164,886	163,781
	American Homes 4	02/15/28	4.250%	90,000	89,172	87,809
	Americredit Automobile	04/19/27	6.190%	68,093	68,092	68,419
	Americredit Auto Rec	09/18/26	1.490%	135,000	133,339	133,572
	Americredit	01/19/27	1.010%	90,000	89,979	88,171
	Amphenol Corp	03/30/26	4.750%	150,000	149,487	150,087
	Aon North American	03/01/27	5.125%	105,000	104,795	105,719
	Gallagher Arthur J	12/15/27	4.600%	105,000	104,914	104,579
	Barclays Commercial	11/15/52	2.990%	178,091	163,822	172,191
	Bbcmns Mtg Tr	02/18/54	1.960%	115,000	102,512	105,260
	Bank	11/15/61	4.285%	154,604	149,580	152,867
	Bank of America Corp	03/11/27	1.658%	115,000	102,750	110,813

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2024

EIN: 27-4271742

Plan: 501

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
	Bank of America Mtn	04/02/26	3.384%	100,000	100,000	99,613
	Bank New York Mtn	07/24/26	4.414%	105,000	105,000	104,721
	Bank New York Mtn	04/26/27	4.947%	90,000	90,000	90,375
	Bank 2017	11/15/54	3.470%	60,283	62,610	59,169
	Bank	09/15/60	3.265%	128,403	123,468	126,405
	Bbcms Mtg Tr	N/A	N/A	138,844	128,691	133,905
	Bear Stearns	10/25/33	5.250%	37,503	38,708	37,077
	Benchmark Mtg	02/17/51	3.780%	158,478	158,762	156,518
	Benchmark Mtg	02/18/54	1.766%	107,000	96,977	96,648
	Blackrock Funding	07/26/27	4.600%	205,000	204,994	205,467
	Boardwalk Pipelines	07/15/27	4.450%	115,000	110,678	113,788
	Bridgecrest Lending	01/18/28	5.530%	150,000	149,999	150,545
	Comm Mtg Tr	07/10/48	3.421%	2,010	2,127	2,008
	Comm Mtg Tr	07/10/50	3.645%	107,422	117,048	107,060
	Community Mortgage Trust	08/10/48	3.537%	9,883	10,573	9,852
	Comm Mortgage Trust	08/17/57	2.873%	181,638	173,663	174,363
	Countrywide Asset	12/25/34	2.984%	166,725	163,214	161,272
	Capital One Multi	05/15/27	3.490%	175,000	174,972	174,314
	Carmax Auto Owner	01/16/29	5.500%	135,000	134,995	137,160
	Carvana Auto	03/10/28	0.750%	43,856	41,987	42,097
	Carvana Auto Rec Tr	10/08/26	0.610%	17,167	17,161	17,104
	Carvana Auto Rcv	09/10/28	1.240%	7,550	7,495	7,238
	Carvana Auto Rec	01/10/27	0.880%	108,407	106,253	106,656
	Caterpillar Mtn	10/15/27	1.442%	205,000	204,898	204,196
	Citigroup Commercial	04/10/49	3.050%	197,174	189,880	194,041
	Citigroup Commercial	08/10/49	2.710%	24,053	25,362	23,818
	Citicorp Res Mtg	03/25/37	5.042%	37,647	37,551	37,431
	Citigroup Coml Mtg	10/14/50	3.297%	154,933	149,837	152,068
	Home Equity Mtg Tr	03/25/33	4.899%	32,583	32,680	31,999
	Credit Suisse Firs	11/25/33	8.810%	7,458	7,768	7,459
	Csfb Mtg Ptc	01/25/34	5.963%	59,416	59,351	58,553
	Discover Card	03/15/28	4.310%	130,000	128,055	129,708
	Dte Energy Co	07/01/27	4.950%	185,000	184,780	185,694
	Drive Auto	09/15/28	4.500%	115,000	114,998	114,664
	Drive Auto Receiva	02/15/28	5.535%	125,000	124,988	125,498
	Drive Auto Rec Tr	01/16/29	1.450%	43,274	41,396	42,883
	Duke Energy Corp	01/05/27	4.850%	155,000	154,983	155,468
	Duke Energy Progre	07/01/30	1.561%	6,223	5,756	5,804
	Energy Transfer LP	12/01/26	6.050%	175,000	174,978	178,747
	Exeter Auto Recv	06/15/27	1.550%	208,842	197,294	203,781
	Exeter Auto Rec Tr	08/15/23	5.610%	65,000	64,986	65,371
	Exeter Automobile	04/17/28	6.880%	135,000	134,977	136,758
	Exp Imp Imb	05/03/25	1.822%	26,619	25,583	26,440
	Fresb Multifamily	09/25/28	3.745%	124,898	122,546	121,189
	First Horizon Natl	05/26/25	4.000%	280,000	268,296	278,692
	Ford Credit Auto	09/15/28	5.530%	150,000	149,968	151,983
	Ford Cr Auto Owner	07/15/29	4.840%	110,000	109,996	110,077
	Gsr Mortgage Loan	09/25/35	6.687%	8,738	8,828	8,766
	Gsr Mortgage Loan	06/25/35	5.500%	12,463	13,055	12,462
	GM Fin Atmbl Lease	01/20/27	5.740%	105,000	103,507	105,482

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2024

EIN: 27-4271742

Plan: 501

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
	GM Fin AtmbL Lease	01/20/27	5.760%	150,000	149,994	150,864
	Gm Fin Cons Aut	02/16/27	3.100%	94,411	94,391	93,818
	General Mtrs Finl Co	05/08/27	5.400%	240,000	239,789	242,508
	Gm Fin Consumer	02/16/28	4.660%	166,658	166,632	166,818
	GM Fin Cons Auto Rec	04/17/28	1.940%	110,000	106,094	106,546
	Hna 2015 LLC	06/30/27	2.291%	141,312	146,781	135,854
	Healthcare Trust	07/01/27	3.750%	190,000	185,087	184,602
	Hewlett Packard	09/25/27	4.400%	155,000	154,927	153,374
	JP Morgan Chase	08/15/49	2.713%	73,255	71,951	72,418
	Jpmmb Commercial	08/15/48	3.801%	90,100	85,138	89,279
	JP Morgan Chase Co	11/19/26	1.045%	100,000	88,273	96,795
	JP Morgan Chase Co	01/23/28	5.040%	125,000	125,000	125,464
	JP Morgan Chase Co	10/22/28	4.505%	130,000	130,000	128,851
	John Deere Owner	09/15/26	2.320%	55,625	55,613	55,161
	Keycorp Mtn	05/23/25	3.878%	95,000	95,000	95,085
	Kimco Realty	04/01/27	3.800%	175,000	172,504	171,393
	M T Bk Corp Mtn	01/16/29	4.833%	95,000	95,000	94,594
	Manuf Traders	01/27/26	4.650%	80,000	75,303	79,782
	Mastercard	01/15/28	4.100%	115,000	114,937	113,753
	Mercedes Benz Auto	11/15/27	4.510%	142,608	142,591	142,626
	Morgan Stanley Baml	10/15/48	3.252%	190,000	197,445	188,604
	Morgan Stanley Baml	05/15/49	3.325%	160,000	152,588	156,707
	Morgan Stanley Mtn	05/04/27	1.593%	115,000	103,461	110,231
	Nissan Auto Lease	01/15/26	4.910%	22,122	22,121	22,127
	Novastar Home Loan	06/25/35	3.869%	9,826	9,857	9,798
	Old Republic Intl	08/26/26	3.875%	245,000	239,769	240,904
	Pnc Financial Services	10/20/27	6.615%	320,000	327,009	329,677
	Penta Aircraft	04/29/25	1.691%	31,228	31,372	31,017
	Petroleos Mexicanos	04/15/25	2.378%	500,000	476	492
	Pioneer Nat Res Co	03/29/26	5.100%	135,000	134,934	135,930
	Realty Income Corp	01/15/27	3.200%	235,000	229,023	227,840
	Reliance Industries	01/15/26	0.779%	22,895	22,035	22,539
	Residential Asset	06/25/34	4.279%	159,129	153,160	154,404
	Santander Drive	08/16/27	4.130%	78,346	77,679	78,215
	Santander Drive	08/15/29	4.490%	125,000	124,868	124,733
	Santander Drive Auto	09/15/28	6.020%	125,000	124,981	126,319
	Santander Drive Auto	07/15/27	1.350%	55,934	54,566	55,390
	Santander Drive Auto	07/17/28	6.560%	150,000	150,000	151,565
	Santander Auto Rec	09/15/27	1.330%	103,978	100,252	102,597
	Santander Drive Auto	04/17/28	5.880%	160,000	159,992	160,699
	Santander Drive Auto	09/15/27	0.001%	100,000	99,996	100,163
	Santander Drive Auto	04/17/28	5.730%	160,000	160,006	161,029
	Charles Schwab Corp	02/13/26	3.450%	95,000	89,525	93,605
	Seattle Children	10/01/27	1.208%	175,000	160,013	159,166
	6297782 LLC	09/01/27	4.911%	110,000	110,000	109,634
	Soundview Hm	11/25/35	3.394%	81,880	80,242	80,822
	State Str Corp	01/26/26	4.857%	135,000	135,000	134,982
	State Str Corp Sr	03/18/27	4.993%	110,000	110,000	110,915
	State Str Corp	02/20/29	4.530%	240,000	240,000	237,247
	State Str Corp Sr	10/22/27	4.330%	140,000	140,000	139,135
	Structured Adjust	09/25/34	5.873%	25,137	25,286	24,417

# Southern California Pipe Trades Pensioners & Surviving Spouses Health Fund

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2024

EIN: 27-4271742

Plan: 501

(a)	(b)	(c)			(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			Cost	Current Value
	Structured Asset	10/25/34	6.280%	33,016	33,192	31,596
	Take Two Interactive	03/28/26	5.000%	250,000	249,863	250,658
	Toyota At Rec Own	09/15/26	2.930%	72,804	72,802	72,362
	Truist Financial Corp Mtn	06/08/27	6.047%	80,000	80,000	81,316
	Udr Inc Mtn	09/10/26	2.950%	105,000	98,044	101,808
	US Bank Natl Mtn	10/22/27	4.507%	250,000	250,000	248,650
	US Airways 2013 1A	05/15/27	3.950%	141,181	136,946	139,758
	United Air 2014 2	03/03/28	3.750%	374,334	365,027	366,948
	US Bank Mtn	10/26/27	6.786%	145,000	150,161	149,905
	Virginia Pwr Fuel	05/01/29	5.088%	149,040	149,038	149,613
	Wells Fargo Coml	09/17/58	3.572%	159,388	153,959	158,553
	Wells Fargo Co Mtn	04/25/26	3.908%	225,000	224,938	224,312
	Wells Fargo Mtn	04/22/28	5.707%	55,000	55,000	55,905
	Wells Fargo Co Mtg	11/17/50	3.390%	141,925	137,756	139,710
	Wisconsin Pub Svc	11/10/25	5.350%	190,000	189,958	191,094
	World Omni Auto	07/15/27	3.250%	105,157	105,144	104,552
	World Omni Select	03/15/27	5.180%	28,241	28,240	28,287
	World Omni Select	08/15/28	5.870%	175,000	174,986	177,156
	World Omni Auto	05/15/29	5.030%	85,000	85,332	85,354
	World Omni Aut	09/15/26	5.680%	150,000	149,297	150,261
	World Omni ATM tr	10/15/27	5.260%	120,000	119,990	121,376
	Aercap Ireland	10/29/26	2.450%	425,000	394,673	406,848
	Bhp Billiton Fin	09/08/26	5.250%	155,000	154,749	156,606
	Bank Montreal Mtn	12/11/26	5.266%	100,000	100,000	101,169
	Bank Nova Scotia B C	12/07/26	5.350%	90,000	89,882	91,155
	Brookfield Fianance	01/25/28	3.900%	180,000	173,513	175,113
	Canadian Imperial Bk	09/11/27	4.508%	130,000	130,000	129,403
	Credit Suisse Ag Mtn	07/09/27	5.000%	150,000	147,960	150,879
	Enbridge Inc	11/15/26	5.900%	185,000	184,957	188,609
	Hsbc Holdings	06/04/26	2.099%	105,000	102,582	103,762
	Royal Bk Ca	01/27/26	4.650%	255,000	254,814	254,674
	Royal Bank of Mtn	01/19/27	4.875%	110,000	109,973	110,424
	Royal Bk cda Mtn	07/23/27	5.069%	175,000	175,000	175,803
	Smith Nephew	03/20/27	5.150%	75,000	74,920	75,539
	Toronto Dominion Mtn	07/17/26	5.532%	355,000	355,063	359,125
	Total corporate obligations				<u>19,539,452</u>	<u>19,668,808</u>
	Common Collective Trusts					
	Nis Total Absolute Return	11/30/24			<u>4,766,459</u>	<u>6,078,683</u>
	Total common collective funds				<u>4,766,459</u>	<u>6,078,683</u>
					<u>\$ 38,844,599</u>	<u>\$ 20,694,116</u>

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210 - 0110  
1210 - 0089

2024

This Form is Open to  
Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: [ ] a single-employer plan [ ] a DFE (specify)
C If the plan is a collectively-bargained plan, check here [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
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: SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS & SURVIVING SPOUSES HEALTH FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/2011
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHERN CALIFORNIA PIPE TRADES PENSIONERS & SURVIVING SPOUSES HEALTH FUND
2b Employer Identification Number (EIN): 27-4271742
2c Plan Sponsor's telephone number: 213-385-6161
2d Business code (see instructions): 238220

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

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

Table with 3 columns: SIGN HERE, Date, and Enter name of individual signing as... It contains handwritten signatures and dates for the plan administrator (Rodney Cobos) and employer/plan sponsor (Robert A. Felix).

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

Form 5500 (2024)  
v. 240311

Southern California Pipe Trades Pensioners & Surviving Spouses

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2024

Plan: 501

EIN: 27-4271742

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of A Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Fair Value of Asset on Transaction Date	(i) Net Gain or (Loss)
US Bank	First American Government Obligations Fund 234 purchases 104 sales	\$ 17,627,330	\$ 17,915,764			\$ 17,627,330 17,915,764	\$ 17,627,330 17,915,764	\$ - -
US Bank	US Treasury Nt 1.500% 2/15/25 8 sales		3,516,097			3,584,447	3,516,097	68,350
US Bank	US Treasury Nt 2.750% 6 purchases 4 sales	1,501,580	492,227			1,501,580 499,208	1,501,580 492,227	- 6,981
US Bank	US Treasury Nt 3.875% 12/31/27 13 purchases 20 sales	6,238,946	3,076,129			6,238,946 3,105,553	6,238,946 3,076,129	- 29,426
US Bank	US Treasury Nt 3.875% 1/15/26 5 purchases 14 sales	1,844,084 4,702,185				1,844,084 4,736,766	1,844,084 4,702,185	- 34,576
US Bank	US Treasury Nt 4.625% 9 purchases 4 sales	4,493,101	653,955			4,493,101 660,294	4,493,101 653,955	- 6,341
US Bank	US Treasury Nt 1.500% 1/31/27 8 purchases 23 sales	1,313,524	3,289,023			1,313,524 3,358,659	1,313,524 3,289,023	- 69,633