

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
1b Three-digit plan number (PN) 501
1c Effective date of plan 05/01/1950
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN
14420 TOWNSEND ROAD, SUITE B PHILADELPHIA, PA 19154-1028
2b Employer Identification Number (EIN) 23-2715454
2c Plan Sponsor's telephone number 267-350-2600
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 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4421
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2801
	6a(2)	2856
	6b	1444
	6c	218
	6d	4518
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	186

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

<p>A Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN</p>	<p>D Employer Identification Number (EIN) 23-2715454</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
EMPOWER ANNUITY 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
06-1050034	93629	557452-E1	4518	01/01/2024	12/31/2024

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 71890708
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 66930673
c	(1) Contributions deposited during the year	7c(1) 4609702
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 2350333
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 6960035
d	Total of balance and additions (add lines 7b and 7c(6))	7d 73890708
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ CASH	7e(4) 2000000
(5) Total deductions	7e(5) 2000000	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 71890708

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN</p>	<p>D Employer Identification Number (EIN) 23-2715454</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
HUMANA

(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
39-1263473	73288	312586	2373	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>(a) Total amount of commissions paid 108606</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LABOR FIRST LLC **1000 MIDATLANTIC DRIVE SUITE 100**
MT LAUREL, NJ 08054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
108606			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4861433
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN</p>	<p>D Employer Identification Number (EIN) 23-2715454</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
SYMETRA 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
91-0742147	68608	24-000069-00	4518	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>(a) Total amount of commissions paid</p> <p style="color: blue;">101178</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">43836</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

JOHN H BLASCH
71 BEECHWOOD LN
BERKELEY HEIGHTS, NJ 07922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
101178	43836	GROUP VOLUME BONDS	3

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1011783
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

<p>A Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN</p>	<p>D Employer Identification Number (EIN) 23-2715454</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
HUMANA

(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
20-2888723	12634	312588	5	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>(a) Total amount of commissions paid 275</p>	<p>(b) Total amount of fees paid 0</p>
---	--

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
LABOR FIRST LLC **1000 MIDATLANTIC DRIVE**
MOUNT LAUREL, NJ 08054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
275			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	12564
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN</p>	<p>D Employer Identification Number (EIN) 23-2715454</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
GERBER 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
13-2611847	70939	GL-0083-VU	4518	05/01/2023	04/30/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2104716
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN	D Employer Identification Number (EIN) 23-2715454	

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
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(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
94-0734860	71420	H2001	2454	01/01/2024	12/31/2024

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LABOR FIRST LLC **3000 MIDLANTIC DRIVE SUITE 101**
MT LAUREL, NJ 08054

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	2542719
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN	D Employer Identification Number (EIN) 23-2715454	

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

BOYD WATTERSON ASSET MGMT

34-1922005

(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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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)

INDEPENDENCE BLUE CROSS

23-2184623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	2302309	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)

GUARDIAN NURSES HEALTHCARE ADVOCATE

PO BOX 224
FLOURTOWN, PA 19031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	445584	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)

ZENITH AMERICAN SOLUTIONS,INC

401 LIBERTY AVENUE, STE 1200
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	375797	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)

SAGE ADVISORY SERVICES, LTD CO.

5900 SOUTHWEST PARKWAY, BUILDING 1
AUSTIN, TX 78735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	148514	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)

CONNER STRONG & BUCKELEW

401 ROUTE 73 NORTH P.O BOX 989
MARLTON, NJ 08053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	126750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIEL A. WINTERS & COMPANY, CPAS

23-2586736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	108536	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)

EMPLOYEE A

23-2715454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	85053	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)

UNITED CONCORDIA COMPANIES INC

25-1687586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	83694	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIED TRADES ASSISTANCE PROGRAM

23-2591093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	75260	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)

HELPSCRIPT LLC

1101 WOOTTON PARKWAY, SUITE 1040
ROCKVILLE, MD 20852

(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	NONE	70569	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)

EMPLOYEE B

23-2715454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	70007	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)

KENNEDY PRINTING CO., INC.

23-1699861

(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?
36	NONE	68627	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)

CLEARY, JOSEM & TRIGIANI, LLP

23-2657967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	53974	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)

AIM ADMINISTRATORS LLC

401 ROUTE 73 NORTH, SUITE 300
MARLTON, NJ 08053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	52500	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)

STEAMFITTERS LU 420 BUILDING FUND

37-1424586

(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?
99	UNION AFFILIATE	44762	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)

KANG HAGGERTY & FETBROYT

123 S. BROAD STREET, SUITE 1670
PHILADELPHIA, PA 19109

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	42613	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)

EMPLOYEE C

23-2715454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	30679	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)

EMPLOYEE D

23-2715454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	30520	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)

MANIFESTO HEALTH

1 W. THIRD STREET
MEDIA, PA 19063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	26148	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 VISION ADMINISTRATORS LLC

22-2998772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	22241	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY WEALTH MGMT

522 5TH AVENUE, 11TH FLOOR
NEW YORK, NY 10036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	19096	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)

CBIZ RETIREMENT PLAN SERVICES

1845 WALNUT STREET, 14TH FLOOR
PHILADELPHIA, PA 19103

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	18000	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)

PNC BANK, N.A.

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 63 68	NONE	14899	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

XPAN LAW PARTNERS LLC

4 N MARPLE AVE
MARLTON, NJ 08053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5000	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"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	19 28 62 63 68	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PNC BANK, N.A. 25-1211909	INVESTMENT ADVISORY FEES ARE 0.15% OF AVERAGE DAILY NET ASSETS PER FUND GROSS OF WAIVERS. ANNUAL CO-ADMINISTRATION AND ACCOUNTING FEES WERE 0.05% OF AVERAGE DAILY NET ASSETS PER FUND ALLOCATED BETWEEN THE ADVISOR AND UNAFFILIATED CO-ADMINISTRATOR. DI	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
D&W TECHNOLOGIES 13 BRECKENRDIGE DR SICKLERVILLE, NJ 08081 22-3481565	49	THIS SERVICE PROVIDER DID NOT PROVIDE INFORMATION REQUESTED FOR SCHEDULE C OF THE FORM 5500.

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TEES OF STEAMFITTERS LU 420 WELFARE PLAN	D Employer Identification Number (EIN) 23-2715454

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7590171	7487386
(2) Participant contributions	1b(2)	1003128	1023165
(3) Other	1b(3)	6011707	5654153
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34599554	41142972
(2) U.S. Government securities	1c(2)	60349029	51282473
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	14620087	19190878
(B) All other	1c(3)(B)	23349294	29403561
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	7896970	7212068
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	66930673	71890708
(15) Other.....	1c(15)	1747212	961016

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	76260	77675
f Total assets (add all amounts in lines 1a through 1e).....	1f	224174085	235326055
Liabilities			
g Benefit claims payable.....	1g	5970483	8108728
h Operating payables.....	1h	1312955	635609
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	146775	156461
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7430213	8900798
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	216743872	226425257

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	76650581	
(B) Participants.....	2a(1)(B)	15978807	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		92629388
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1759006	
(B) U.S. Government securities.....	2b(1)(B)	2342213	
(C) Corporate debt instruments.....	2b(1)(C)	2085531	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2350332	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8537082
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	103704410	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	101991302	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-3081666	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3145
d Total income. Add all income amounts in column (b) and enter total	2d		99801057

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	68455634	
(2) To insurance carriers for the provision of benefits	2e(2)	17247745	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		85703379
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	268513	
(2) Contract administrator fees	2i(2)	2570291	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	75927	
(5) Investment advisory and investment management fees	2i(5)	276368	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	590084	
(8) Legal fees	2i(8)	93744	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	541366	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4416293
j Total expenses. Add all expense amounts in column (b) and enter total	2j		90119672

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9681385
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DANIEL A. WINTERS & COMPANY, CPAS

(2) EIN: 23-2586736

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7480624
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

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

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454; PLAN NO. 501

SCHEDULE H, LINE 3a, INDEPENDENT AUDITOR'S REPORT
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024
AND 2023 AND SUPPLEMENTAL SCHEDULES.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454; PLAN NO. 501

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024
AND 2023 AND SUPPLEMENTAL SCHEDULES.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454; PLAN NO. 501

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024
AND 2023 AND SUPPLEMENTAL SCHEDULES.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454; PLAN NO. 501

SCHEDULE H, LINE 4a – SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

SEE ATTACHED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2024
AND 2023 AND SUPPLEMENTAL SCHEDULES.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
of the Steamfitters Local Union No. 420 Welfare Plan

Opinion

We have audited the accompanying financial statements of the Steamfitters Local Union No. 420 Welfare Plan (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Plan Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA and Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the foregoing table of contents are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules listed in the foregoing table of contents that denote they represent schedules to Form 5500 are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

The supplemental schedules of non-exempt transactions and delinquent participant contributions that accompany the Plan's financial statements do not disclose certain contributions that were withheld by employers from participants and remitted to the Plan later than applicable rules and regulations permitted. See Note 13. Disclosure of this information, although not considered to be material, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.



Daniel A. Winters & Company

October 14, 2025

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments, at fair value:		
Short term investment funds (cost - 2024, \$1,786,058; 2023, \$2,096,475)	\$ 1,786,058	\$ 2,096,475
U.S. government and agency obligations (cost - 2024, \$52,410,631; 2023, \$60,200,629)	51,282,473	60,349,029
Corporate obligations (cost - 2024, \$49,295,417; 2023, \$39,815,247)	48,594,439	37,969,381
Certificates of deposit (cost - 2024, \$960,000; 2023, \$1,260,000)	961,016	1,259,297
Limited partnership (cost - 2024, \$7,872,991; 2023, \$7,675,624)	7,212,068	7,896,970
Municipal and other obligations (cost - 2024, \$ - ; 2023, \$522,145)	-	487,915
Total	<u>109,836,054</u>	<u>110,059,067</u>
Investment contracts with insurance company, at contract value	<u>71,890,708</u>	<u>66,930,673</u>
Receivables:		
Employer contributions	7,487,386	7,590,171
Participant contributions	1,023,165	1,003,128
Interest and dividends	866,561	826,229
Due from affiliate.....	25,980	37,780
Other	3,427,604	3,082,011
Total	<u>12,830,696</u>	<u>12,539,319</u>
Cash	<u>39,356,914</u>	<u>32,503,079</u>
Prepaid expenses	<u>29,024</u>	<u>28,348</u>
Right-of-use asset.....	<u>104,008</u>	<u>134,957</u>
Prepaid insurance	<u>-</u>	<u>700,730</u>
Deposit with health claim payer	<u>1,230,000</u>	<u>1,230,000</u>
Fixed assets, net of accumulated depreciation	<u>48,651</u>	<u>47,912</u>
Total	<u>235,326,055</u>	<u>224,174,085</u>
LIABILITIES:		
Accounts payable	635,609	1,312,955
Lease Liability.....	104,008	134,957
Due to affiliate.....	52,453	11,818
Total	<u>792,070</u>	<u>1,459,730</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 234,533,985</u>	<u>\$ 222,714,355</u>

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

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income:		
Net appreciation(depreciation) in fair value of investments	\$(1,368,558)	\$ 1,417,668
Interest and dividends	<u>8,537,082</u>	<u>6,491,673</u>
Total	7,168,524	7,909,341
Less investment expenses	<u>(276,368)</u>	<u>(275,066)</u>
Total	<u>6,892,156</u>	<u>7,634,275</u>
Contributions and other income:		
Employer contributions	76,650,581	76,989,026
Participant contributions	15,978,807	17,210,274
Other income	<u>3,145</u>	<u>85,946</u>
Total	<u>92,632,533</u>	<u>94,285,246</u>
Total	<u>99,524,689</u>	<u>101,919,521</u>
DEDUCTIONS:		
Claims paid to and for participants, beneficiaries and dependents	57,191,074	48,550,212
Insurance premiums paid	<u>15,109,500</u>	<u>20,792,350</u>
Total	<u>72,300,574</u>	<u>69,342,562</u>
Payments for vacation benefits	<u>11,264,560</u>	<u>10,225,325</u>
Administrative service fees	<u>2,170,799</u>	<u>2,070,668</u>
Administrative expenses	<u>1,969,126</u>	<u>2,016,092</u>
Total	<u>87,705,059</u>	<u>83,654,647</u>
NET INCREASE	11,819,630	18,264,874
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>222,714,355</u>	<u>204,449,481</u>
END OF YEAR	<u>\$ 234,533,985</u>	<u>\$ 222,714,355</u>

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

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following brief description of the Steamfitters Local Union No. 420 Welfare Plan (Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

A. General - The Plan is a multiemployer collectively bargained defined benefit welfare plan covering steamfitters, and their dependents, pursuant to collective bargaining agreements primarily with employers in the Greater Philadelphia and Lehigh Valley areas of Pennsylvania. The Plan was established effective May 1, 1950 pursuant to an Agreement and Declaration of Trust between the Steamfitters Local Union No. 420 of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada (Union), on the one part, and the Mechanical Contractors Association of Eastern Pennsylvania, Inc. and Independent Heating Contractors, which is now the Mechanical & Service Contractors Association of Eastern Pennsylvania, Inc., (Association), on the other part. The Plan is operated and administered by six trustees provided for in the Agreement and Declaration of Trust and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

B. Benefits, Eligibility and Vesting - Participants satisfying eligibility requirements described in the Summary Plan Description, and their dependents, are provided coverage for hospital, major medical, surgical, dental, prescription, mental health, alcohol and substance abuse, weekly income, hearing, vision, accidental death and dismemberment, death and related benefits.

Certain benefits of the Plan are provided in accordance with an arrangement with Independent Blue Cross, which provides coverage under an administrative services only (ASO) arrangement. Certain claims are also processed by the Plan's third party administrator and other service providers. Benefit claims processed by service providers are ultimately paid by the Plan, up to a predetermined amount for certain claims pursuant to stop-loss insurance coverage.

The Plan has agreements with various service providers which provide for the processing of certain claims. Under these agreements health benefit claims processed by service providers are ultimately paid by the Plan.

The Plan provides vacation benefits. During the years ended December 31, 2024 and 2023 participants could elect to receive the amount accumulated in their vacation account plus applicable interest either (1) on or about June 15 of each year or (2) in two payments on or about June 15 and December 15 of each year. Participants are immediately vested in their account balance. Benefits unclaimed after three years are subject to forfeiture to the Plan.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements are prepared on the accrual basis of accounting. The significant accounting policies utilized to prepare the financial statements are described as follows:

- A. Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- B. Accounting Standards Codification - The Financial Accounting Standards Board ("FASB") publishes a single source of authoritative nongovernmental U.S. GAAP, the Accounting Standards Codification referred to in these notes as "ASC".
- C. Valuation of Investments - Investments are reported at fair value, except for fully benefit responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurement.
- D. Employer Contributions Receivable - This amount represents an estimate of employer contributions related to work performed prior to the close of the fiscal year, and remitted by employers after the close of the fiscal year and it includes amounts due to the Plan from delinquent contributing employers, and related receivables, totaling \$8,187,208 and \$8,425,993 which have been recorded in the financial statements as of December 31, 2024 and 2023, respectively.

As of December 31, 2024 and 2023 the allowance for these amounts considered uncollectible is \$699,822 and \$835,822, respectively. The net effect of recognizing employer contributions receivable and allowances for uncollectible amounts is reflected in employer contribution income. The net amounts of \$7,487,386 and \$7,590,171 are included in the Statements of Net Assets Available for Benefits as employer contributions receivable at December 31, 2024 and 2023, respectively.

- E. Participant Contributions Receivable - This amount represents an estimate of contributions which were withheld from participants' wages, related to work performed prior to the close of the fiscal year, and remitted to the Plan by employers after the close of the fiscal year. It does not include any additional amounts that may be due from delinquent contributing employers or other receivables the Plan considers should not be recognized as revenue.

(Continued...)

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- F. Cash - The Plan maintains varying cash balances in more than one account at financial institutions. The Plan maintained a cash balance of \$39,356,914 and \$32,503,079 at December 31, 2024 and 2023, respectively, in a single financial institution. Accordingly, the Plan was subject to a potential credit risk related to maintaining a cash balance in a bank in excess of the federally insured limit of \$250,000. The Plan had amounts subject to potential credit risk in the aggregate amount of \$39,106,914 and \$32,253,079 at December 31, 2024 and 2023, respectively.
- G. Deposit with Insurance Company - In conjunction with the Plan's ASO arrangement (see Note 1B) Independence Blue Cross maintains a non interest bearing deposit of the Plan.
- H. Fixed Assets - Fixed assets are stated at cost less accumulated depreciation. Depreciation is provided over the estimated useful lives of assets by use of the straight-line method. See also Note 6.

When an asset is sold, retired or otherwise disposed of the cost of the property and the related accumulated depreciation are removed from the respective accounts and any resulting gains or losses are reflected in the statements of changes in net assets available for benefits.
- I. Benefit Obligations - The Plan's benefit obligations include amounts due under insurance and similar arrangements, estimates for claims incurred and not reported, accumulated eligibility credits and postretirement benefit obligations. These estimates were determined by independent service providers to the Plan. See also Note 3.
- J. Recognition of Income from Investments - Income from investments is recognized on the accrual basis. Security transactions are accounted for on a trade date basis. Net appreciation (depreciation) in fair value of investments is reflected in the statements of changes in net assets available for benefits.
- K. New Accounting Pronouncement - Effective January 1, 2023, the Plan adopted FASB Accounting Standards Update (ASU) 2016-02, Leases (Topic 842), which provides accounting and reporting requirements for leases, including for lessees to recognize certain amounts for leases on the financial statements and to disclose key information about leasing arrangements. The Plan elected not to restate the comparative period of the year ended December 31, 2022, with prospective application of the standard, and elected permitted practical expedients to not reassess certain historical lease classifications, prior conclusions related to indirect costs related to leases, whether expired or existing contracts are or contain leases and accounting for arrangements with lease and non-lease components as a single lease component. See also note on Leases.

(Continued...)

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Concluded)

- L. Reconciliation of Financial Statements to Form 5500 - The following is a reconciliation of net assets available for benefits according to the financial statements to Form 5500:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 234,533,985	\$ 222,714,355
Claims payable, claims incurred but not reported and amounts due under insurance arrangements	<u>(8,108,728)</u>	<u>(5,970,483)</u>
Net assets available for benefits per Form 5500	<u>\$ 226,425,257</u>	<u>\$ 216,743,872</u>

The following is a reconciliation of health claim payments according to the financial statements to Form 5500:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Health claims paid to or for participants, beneficiaries and dependents, and insurance premiums paid, per financial statements	\$ 72,300,574	\$ 69,342,562
Payments for vacation benefits	11,264,560	10,225,325
Add: Claims payable, claims incurred but not reported and amounts due under insurance arrangements at December 31, 2024 and 2023, respectively	8,108,728	5,970,483
Less: Claims payable, claims incurred but not reported and amounts due under insurance arrangements at December 31, 2023 and 2022, respectively	<u>(5,970,483)</u>	<u>(6,605,669)</u>
Health claims paid to participants and payments to insurance carriers, per Form 5500	<u>\$ 85,703,379</u>	<u>\$ 78,932,701</u>

Claims payable, claims incurred but not reported and amounts due under insurance arrangements are not reported as liabilities on the financial statements but are reflected as liabilities on Form 5500 per the reporting requirements.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. BENEFIT OBLIGATIONS

The Plan's benefit obligations consist of (a) amounts currently payable to or for participants including amounts due under insurance arrangements, (b) other obligations for current benefit coverage, and (c) postretirement benefit obligations.

Plan obligations at December 31, 2024 for health claims incurred by active participants but not reported at that date, and for accumulated eligibility credits at December 31, 2024 are estimated by independent service providers to the Plan.

Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to participants' service rendered to the valuation date, net of the actuarial present value of estimated future contributions, for postretirement benefits, from participants. While these obligations for postretirement benefits reflect the current rules and benefits provided by the Plan they are subject to change, including termination of certain benefits.

The actuarial present value of the expected postretirement benefit obligations 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. The actuarial present value of the expected postretirement benefit obligations is net of the actuarial present value of estimated future contributions, for postretirement benefits, expected to be received from participants based on the terms of the Plan document.

The Plan's benefit obligations as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Claims payable, claims incurred but not reported and amounts due under insurance arrangements	\$ <u>8,108,728</u>	\$ <u>5,970,483</u>
Accumulated eligibility credits, net of amounts currently payable	<u>41,937,000</u>	<u>39,623,000</u>
Postretirement benefit obligations:		
Current retirees	220,160,361	204,026,899
Other participants fully eligible for benefits	95,285,403	89,290,305
Other participants not yet fully eligible for benefits	<u>189,499,479</u>	<u>196,424,266</u>
Total	<u>504,945,243</u>	<u>489,741,470</u>
Plan's total benefit obligations	<u>\$ 554,990,971</u>	<u>\$ 535,334,953</u>

(Continued...)

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. BENEFIT OBLIGATIONS (Continued)

The significant actuarial assumptions used in determining the present value of postretirement benefit obligations as of December 31, 2024 were (a) life expectancy of participants (for healthy lives, the sex distinct Headcount-Weighted Blue Collar Pri-2012 Mortality Table for employees and healthy annuitants, with generational projections from 2021 using Mortality Improvement Scale MP-2021 with an adjustment factor of 1.10 applied to the base rates; for disabled lives, the sex distinct Headcount-Weighted Pri-2012 Mortality Table for disabled retirees, with generational projection from 2021 using Mortality Improvement Scale MP-2021), (b) retirement age assumptions (retirement ages were assumed to range from 55 to 72 with varying assumed frequencies), (c) discount rate (5.50% compounded annually) and (d) health care cost-trend rate (8.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2025, decreasing 0.25% per year to 4.0% for 2041 and thereafter).

The discount rate was changed for determining the present value of post-retirement benefit obligations as of December 31, 2024 from 4.80% compounded annually for the prior year.

The health care cost-trend rates were changed for determining the present value of postretirement benefit obligations as of December 31, 2024 from 7.00% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2024, decreasing 0.25% per year to 4.5% for 2034 and thereafter.

The health care cost-trend rate assumption ((d), above) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the actuarial present value of expected postretirement benefit obligations as of December 31, 2024 and 2023 by \$69,579,372 and \$71,126,528, respectively.

(Continued...)

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. BENEFIT OBLIGATIONS (Continued)

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.

On December 8, 2003, the President of the United States of America signed into law the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act). The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Plan participates in an Employer Group Welfare Plan with an insurance company through which it benefits from subsidies which the Plan may receive. The Plan's benefit obligation calculations are based on this Plan.

The following factors affected the change in the Plan's benefit obligations for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Claims payable, claims incurred but not reported and amounts due under insurance arrangements:		
Balance at beginning of year	\$ 5,970,483	\$ 6,605,669
Net change during the year	<u>2,138,245</u>	<u>(635,186)</u>
Balance at end of year	<u>8,108,728</u>	<u>5,970,483</u>
Accumulated eligibility credits, net of amounts currently payable:		
Balance at beginning of year	39,623,000	34,028,000
Net change during the year	<u>2,314,000</u>	<u>5,595,000</u>
Balance at end of year	<u>41,937,000</u>	<u>39,623,000</u>
Postretirement benefit obligations:		
Balance at beginning of year	489,741,470	467,699,205
Benefits earned and other changes	14,066,000	12,924,598
Benefits and provider expenses paid	(20,720,136)	(19,515,409)
Passage of time	23,010,307	22,897,075
Actuarial experience and other	2,033,817	(7,853,671)
Changes in actuarial assumptions	<u>(3,186,215)</u>	<u>13,589,672</u>
Balance at end of year	<u>504,945,243</u>	<u>489,741,470</u>
Plan's total benefit obligations at end of year	<u>\$ 554,990,971</u>	<u>\$ 535,344,953</u>

(Continued...)

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

3. BENEFIT OBLIGATIONS (Concluded)

The costs of the postretirement benefits are shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, retirees pay a monthly contribution. As of December 31, 2024 and 2023, the annual retiree contributions per person were as follows:

<u>Retiree group</u>	<u>2024</u>	<u>2023</u>
Not Medicare eligible	\$ 3,000	\$ 3,000
Medicare eligible	1,020	1,020

The Plan's deficiency of net assets available for benefits over plan's total benefit obligations at December 31, 2024 and 2023 relates primarily to the postretirement benefit obligations, which is not planned to be fully funded by the contribution rate provided by the current collective bargaining agreement. It is expected that future benefits will be funded, as they are payable, by employer contributions and retiree contributions. Because this deficiency is based upon the actuarial present value of expected postretirement benefits planned to be funded by the items noted above, the Board of Trustees monitors the funded status of the Plan to assess any possible changes, including changes in the terms of the Plan document that may be necessary. While these obligations for postretirement benefits reflect the current rules and benefits provided by the Plan they are subject to change, including termination of certain benefits.

4. FAIR VALUE MEASUREMENTS

Current accounting standards, codified in ASC Topic 820 - *Fair Value Measurement* requires disclosures about assets and liabilities that are measured and reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date.

These standards provide a fair value hierarchy that prioritizes the inputs to valuation techniques used to determine fair value of assets and liabilities. In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates, yield curves and other information that is observable or is derived principally from or corroborated by observable market data. Level 3 inputs are unobservable inputs used to the extent observable inputs are not available. These include inputs that are available in situations where there is little, if any, market activity for the related asset or liability. The inputs into the determination of fair value require significant management judgment. Due to the inherent uncertainty of these estimates, these values may differ materially from the values that would have been used had a ready market for these investments existed. In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The following is a description of the valuation methodologies used for investments measured at fair value, including the general classification of such investments in the fair value hierarchy.

(Continued...)

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

4. FAIR VALUE MEASUREMENTS (Continued)

Short term investment funds are valued based on the Net Asset Value (NAV) provided by the administrator of the short term investment fund. When they are valued at fair value using quoted market prices for identical assets, on an active market, they are considered Level 1 of the fair value hierarchy. When such quoted market prices are not available and the value is based on underlying assets which are not traded on an active market or based on observable inputs, such as market interest rates and quoted prices for similar assets, these investments are considered Level 2 of the fair value hierarchy.

U.S. government and agency obligations are valued at fair value using quoted market prices for identical assets, on an active market where available, and are considered Level 1 of the fair value hierarchy. When the value is based on underlying assets which are not traded on an active market or based on observable inputs, such as market interest rates and quoted prices for similar assets, these investments are considered Level 2 of the fair value hierarchy.

Corporate obligations are valued at fair value using quoted market prices for identical assets, on an active market, and are considered Level 1 of the fair value hierarchy. When such quoted market prices are not available the value is based on observable inputs, such as market interest rates and quoted prices for similar assets, these investments are considered Level 2 of the fair value hierarchy.

Municipal and other obligations are valued at fair value using quoted market prices for identical assets, on an active market, and are considered Level 1 of the fair value hierarchy. When such quoted market prices are not available and the value is based on observable inputs, such as market interest rates and quoted prices for similar assets, these investments are considered Level 2 of the fair value hierarchy.

Certificates of deposit are valued at fair value based on observable inputs, such as market interest rates and prices for similar assets or prices obtained from national pricing services that use broker quotes and yields when determining value. These fair value measurements are considered Level 2 of the fair value hierarchy. Plan management considers the certificates of deposit to be part of its investment portfolio.

The Plan's interests in limited partnerships are valued at fair value using their Net Asset Value (NAV) or capital account balances, provided by the entity in which the Plan is invested based on the application of U.S. GAAP to the assets and liabilities of the partnership. Certain limited partnership's underlying assets may include alternative investments such as certain real estate assets, hard-to-value arrangements and other assets for which sufficient observable information is not available.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

4. FAIR VALUE MEASUREMENTS (Continued)

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

The following table was prepared to agree to the total investments by class as reflected on the Schedule of Assets (held at end of year) which agrees to the respective amounts reflected on the Statement of Net Assets Available for Benefits.

The following table summarizes the valuation of the Plan's assets by class according to the above fair value hierarchy, as of December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short term investment funds	\$ -	\$ 1,786,058	\$ -	\$ 1,786,058
U.S. government and agency obligations	-	51,282,473	-	51,282,473
Corporate obligations	-	48,594,439	-	48,594,439
Certificates of deposit	<u>-</u>	<u>961,016</u>	<u>-</u>	<u>961,016</u>
Total assets in the fair value hierarchy	<u>\$ -</u>	<u>\$ 102,623,986</u>	<u>\$ -</u>	<u>\$ 102,623,986</u>
Investments measured at net asset value ⁽¹⁾				
Limited Partnerships				<u>\$ 7,212,068</u>
Total investments at net asset value				<u>7,212,068</u>
Total Investments				<u>\$ 109,836,054</u>

⁽¹⁾ In accordance with ASC 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 these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

4. FAIR VALUE MEASUREMENTS (Concluded)

The following table summarizes the valuation of the Plan's assets by class according to the above fair value hierarchy, as of December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Short term investment funds	\$ -	\$ 2,096,475	\$ -	\$ 2,096,475
U.S. government and agency obligations	-	60,349,029	-	60,349,029
Corporate obligations	-	37,969,381	-	37,969,381
Municipal and other obligations	-	487,915	-	487,915
Certificates of deposit	<u>-</u>	<u>1,259,297</u>	<u>-</u>	<u>1,259,297</u>
Total assets in the fair value hierarchy	<u>\$ -</u>	<u>\$ 102,162,097</u>	<u>\$ -</u>	<u>\$ 102,162,097</u>

Investments measured at net asset value ⁽¹⁾

Limited Partnerships	<u>\$ 7,896,970</u>
Total investments at net asset value	<u>7,896,970</u>
Total Investments	<u>\$ 110,059,067</u>

⁽¹⁾ In accordance with ASC 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 these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

5. FULLY BENEFIT-RESPONSIVE GUARANTEED INVESTMENT CONTRACTS

The Plan entered into a fully benefit-responsive guaranteed investment contract with the Prudential Retirement Insurance and Annuity Company which is maintained in the unallocated general account of the insurance company, subject to its creditors. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. At December 31, 2024 and 2023, the amount of fully benefit-responsive investment contracts is \$71,890,708 and \$66,930,673, respectively.

The investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at specified interest rates that are guaranteed to the Plan. The crediting rates are based on a formula established by the contract issuer. The average crediting rates for the years ended December 31, 2024 and 2023 were 3.37% and 2.40%, respectively. The crediting rate is reviewed periodically for resetting, as defined in the contract. The contract cannot be terminated before the scheduled maturity dates.

The Plan's investment in this investment contract represents a significant concentration of the Plan's overall investments.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive contracts is dependent upon the third-party contract issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

While the contract owned by the Plan as of December 31, 2024 was fully benefit-responsive, the termination by the Plan of any arrangement, under certain conditions, including sponsor withdrawals (i.e. withdrawals resulting from Plan termination, merger, spin-off, Plan amendment, etc.) could result in either a charge for investment loss or a fair value adjustment at the time of withdrawal. No such sponsor withdrawals occurred during 2024 and none is anticipated by the Plan's management.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and also with the participants.

6. FIXED ASSETS

Fixed assets and accumulated depreciation at December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Furniture, fixtures and equipment	\$ 52,032	\$ 47,366
Leasehold improvements	<u>97,222</u>	<u>97,222</u>
Total	149,254	144,588
Less accumulated depreciation	<u>(100,603)</u>	<u>(96,676)</u>
Total	<u>\$ 48,651</u>	<u>\$ 47,912</u>

Depreciation expense included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 was \$3,928 and \$2,996, respectively.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

7. FUNDING POLICY

Employer contributions to the Plan are determined by collective bargaining agreements between Local Union No. 420 of the United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada on the one part, and the Mechanical Contractors Association of Eastern Pennsylvania, Inc., the Servicing Contractors Association of Greater Delaware Valley, Inc. and Independent Heating Contractors on the other part. During the year ended December 31, 2020, an additional contribution, named the Reserve Contribution, was added effective with hours worked on and after May 1, 2020, to the amounts to be paid by Employers participating in the Steamfitters Local Union No. 420 Benefit Plans. Employers are to contribute an additional \$2.20 and \$1.85, for December 31, 2024 and 2023, respectively, over and above the prior year, for each hour compensated, for the expressed purpose of improving the reserve levels of the Steamfitters Local Union No. 420 Pension and Welfare Plans. These additional contributions are to be allocated as decided annually by the Union and Association and, starting May 1, 2020, were allocated all to the Pension Plan.

8. LEASE

The Plan is obligated under a lease for office premises in Philadelphia, Pennsylvania, owned by the Steamfitters Local Union No. 420 Realty, Inc., an affiliated organization, per a lease agreement. The lease terminates December 31, 2027 and allows for rent increases based on increases in the Consumer Price Index (CPI). The Plan leases office space from Steamfitters Local Union No. 420 Realty, Inc. under a non-cancelable operating lease. As of December 31, 2024, the following is a schedule by year of future minimum rental payments required under this operating lease:

<u>Fiscal Year</u> <u>Ending December 31,</u>	<u>Amount</u>
2025	\$ 37,729
2026	38,295
2027	38,869
Less imputed interest	<u>(10,885)</u>
Total	<u>\$ 104,008</u>

In accordance with ASU 2016-01, a right-of-use asset and lease liability were recorded for the lease. As of December 31, 2024 and 2023, the right-of-use asset and associated lease liability were \$104,008 and \$134,957, and the associated right-of-use amortization for the years ended were \$36,392 and \$35,852, respectively. The Statement of Net Assets Available for Benefits reflects the right-of-use asset, net of amortization, and the associated lease liability. The weighted average remaining lease term as of December 31, 2024 and 2023 is 36 months and 48 months and the average discount rate is 3.93% and 3.94%, respectively.

Rent expense for the years ended December 31, 2024 and 2023 of \$36,567 and \$30,293, respectively, is reflected in the Summary of Administrative Expenses.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

9. EMPLOYEE BENEFIT PLANS

The Plan contributes to a domestic multiemployer defined benefit pension plan for employees it shares with other entities (See Note 10). The risks of participating in a multiemployer plan are different than those of a single-employer plan in that assets contributed are pooled and may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to a multiemployer plan, the unfunded obligations of the plan may be borne by the remaining participating employers. If an employer stops participating in a multiemployer plan, it may be required to pay an amount based on the underfunded status of the multiemployer plan, referred to as a withdrawal liability.

The Plan’s participation in multiemployer plans for the annual periods ended December 31, 2024 and 2023 is outlined in the table below. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the plan’s years ended December 31, 2024 and 2023, respectively. The zone status is based on information received from the plan and is certified by its actuary. “FIP/RP Status Pending/Implemented” column indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented.

Plan Name	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending/Implemented	Contributions		Surcharge Imposed	Expiration Date of Collective Bargaining Agreement
		2024	2023		2024	2023		
Steamfitters Local Union No. 420 Pension Plan	23-2004424001	Critical (Red)	Critical (Red)	RP Implemented	\$43,999	\$51,236	No	(a)

(a) Contributions to the Plan are pursuant to a participation agreement that does not reflect an expiration date.

For the years ended December 31, 2024 and 2023, respectively, the Plan was not listed in the above plan’s Form 5500 as providing more than 5% of the total contributions for the plan.

In addition, the Plan participates in a multiemployer arrangement that provides postretirement benefits other than pensions, with the Steamfitters Local Union No. 420 Welfare Plan. This arrangement generally provides medical, dental, prescription, substance abuse, weekly income, hearing, vision, accidental death and dismemberment, death, life benefits and vacation benefits for eligible active employees and retirees and their dependents. Contributions to the multiemployer plan that provides postretirement benefits other than pensions were \$59,016 and \$69,548 for the years ended December 31, 2024 and 2023, respectively.

The Plan participates in various additional employee benefit plans to provide benefits to employees of the Plan. Contributions made in 2024 and 2023 to a multiemployer defined contribution employee benefit pension plan were \$55,127 and \$55,885, respectively; and to a multiemployer welfare employee benefit plan that does not provide postretirement benefits were \$2,488 and \$2,115, respectively.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

10. TRANSACTIONS WITH AFFILIATES

The Plan shares assets and incurs certain administrative expenses, including expenses related to sharing both office space and leased assets, with the affiliated entities noted below:

Administrative expenses are allocated to the affiliated entities following based upon a pro-rata percentage:

Steamfitters Local Union No. 420:
Pension Plan
Supplemental Retirement Plan

For the years ended December 31, 2024 and 2023, administrative expenses are allocated to each of the following based upon an estimate of \$11,800 for the year for those Funds marked (T) and \$5,900 for the year for those Funds marked (R) below:

Servicing Contractors Association of Greater Delaware Valley, Inc. (T)
Scholarship Fund of Steamfitters Local Union No. 420 (R)
Steamfitters Local Union No. 420 Piping Industry Political Education Fund (T)
Steamfitters Local Union No. 420 General Fund (T)
Steamfitters Local Union No. 420 Apprenticeship and Journeyman Training Fund (T)
Steamfitters Local Union No. 420 Welfare Plan (T)
Steamfitters Local Union No. 420 Organizing and Market Recovery Fund (T)
Mechanical Contractors Association of Eastern Pennsylvania, Inc. (T)

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

11. SUBSEQUENT EVENTS

ASC Topic 855 - *Subsequent Events* establishes standards of accounting for the disclosure of events that take place after the date of the financial statements, but before the financial statements are issued. Depending upon facts and circumstances, for certain subsequent events their effect must be recognized in the financial statements while for others applicable information should be disclosed in the notes to the financial statements. Plan management has evaluated subsequent events occurring between December 31, 2024, and the date the financial statements were available to be issued, October 14, 2025, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements.

12. PROHIBITED TRANSACTIONS

During the years ended December 31, 2024 and 2023, the Plan identified certain contributions that were withheld by employers from participants and remitted to the Plan later than applicable rules and regulations permitted. The Plan identifies transactions are reportable based on receipt of contributions, later than the date the Plan's collection policy considers the amounts due, which contributions are identifiable as withheld from participants. The Plan does not necessarily receive from the contributing employers information to identify all contributions withheld from participants. The accompanying supplemental schedules of non-exempt transactions and delinquent participant contributions reflect the identified transactions but do not include all such transactions. Transactions not reflected in the schedules include monthly amounts remitted by employers that were equal to or less than \$50 for the years ended December 31, 2024 and 2023. Transactions will remain on each schedule through the second year after the delinquent contributions, without applicable late payment interest, have been remitted to the Plan. These transactions are noted on the schedule of delinquent participant contributions as "Contributions Not Corrected".

13. PLAN CONTINUATION

It is the present intention of the Trustees to continue the Plan indefinitely. In the event of the termination of the Plan for any reason the Trustees shall use the moneys available to pay all obligations of the Plan. Should there be a surplus after the payment of all obligations it shall be applied by the Trustees in such manner as will best effectuate the purpose of the Plan.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

14. RISKS AND UNCERTAINTIES

The Plan invests in various assets for investment. Investments are exposed to various risks such as interest rate, market and credit risks and the risk of compliance of the issuer and/or other parties. Due to the level of risk associated with certain investments it is at least reasonably possible that changes in values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

To provide benefits the Plan maintains a significant portion of its assets in investments, which are subject to fluctuation in value. The Plan's assets include investments that are traded in markets outside of the United States which are subject to risks related to those foreign markets as well as the effect of exchange rate changes. Further, the Plan is subject to risks associated with each investment, such as compliance of the issuer with certain contractual obligations. The Plan minimizes concentrations of risk by hiring professionals to manage and evaluate investments and by diversifying the holdings in its investment portfolio, which limits the amount of credit exposure to any one issuer.

The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, inflation rates, health care cost-trend 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.

The COVID - 19 pandemic adversely affected global economic activity and influenced the values of certain investments and other assets. These conditions may adversely affect the Plan, although the extent of any impact on the Plan cannot be predicted at this time.

In January 2024, the U.S. Department of Labor began conducting an investigation of the Plan. While the eventual outcome of this investigation is currently unknown, Plan management believes there will not be a material effect to the Plan.

15. TAX STATUS

On October 30, 1973, the Internal Revenue Service advised the Plan it made a favorable determination of the Plan's tax status and it is exempt from federal income taxes pursuant to Internal Revenue Code (IRC) Section 501(a), as an organization described in IRC Section 501(c)(9). The Plan is not, however, exempt from taxes on net income from unrelated business activities, if any. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. No change in the Plan's tax status is anticipated. The Trustees believe that the Plan is being operated in compliance with all applicable requirements and, therefore, believe that the Plan continues to be a multiemployer collectively bargained defined welfare employee benefit plan that is tax exempt. No provision for income taxes has been included in the financial statements.

ASC Topic 740 - *Income Taxes* clarifies the accounting for uncertainty in income taxes recognized in an organization's financial statements and prescribes a recognition threshold and measurement attribute for tax positions taken or expected to be taken on a tax return, including the entity's status as a tax-exempt entity. The Plan has determined there is no impact of ASC Topic 740 on its financial statements for the years ended December 31, 2024 and 2023. The Plan is no longer subject to federal examination for the years ended prior to December 31, 2021.

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN

SUMMARY OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

<u>DESCRIPTION</u>	<u>2024</u>	<u>2023</u>
Salaries and related payroll taxes	\$ 268,513	\$ 273,767
Employee fringe benefits	160,630	178,784
Consulting and actuarial fees	590,084	565,600
Administrative fees	399,492	514,843
Printing, supplies and office expense	175,640	113,597
Legal fees	93,744	107,150
Audit and accounting fees	75,927	75,180
Medical claims audit fees	43,750	35,250
Postage	41,178	41,863
Office rent	36,567	30,293
Insurance	35,313	26,943
PCORI fee	29,030	26,594
Meeting, travel and auto	13,170	21,468
Depreciation	3,928	2,996
Telephone	2,160	1,764
Total	<u>\$ 1,969,126</u>	<u>\$ 2,016,092</u>

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
 EIN 23-2715454, PLAN NO. 501
 SCHEDULE H TO FORM 5500, LINE 4i
 SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
 DECEMBER 31, 2024

(a)	(b) <u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	(c) <u>DESCRIPTION OF INVESTMENT</u>			(d) <u>COST</u>	(e) <u>CURRENT VALUE</u>
		<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>FACE VALUE OR SHARES</u>		
INVESTMENTS, AT FAIR VALUE:						
SHORT TERM INVESTMENT FUNDS:						
	FEDERATED HERMES GOVERNMENT OBLIGATIONS PREMIUM SHARES #117			1,784,989	\$ 1,784,989	\$ 1,784,989
	MORGAN STANLEY BANK N.A.			1,069	1,069	1,069
	TOTAL SHORT TERM INVESTMENT FUNDS				1,786,058	1,786,058
CERTIFICATES OF DEPOSIT:						
	BANK OF AMERICA N CHARLOTTE, NC	4.100%	06/11/26	245,000	245,000	245,037
	CHARLES SCHWAB WESTLAKE, TX	5.250%	05/08/25	245,000	245,000	245,698
	CROSS RIV TEANECK, NJ	4.050%	05/14/24	245,000	245,000	245,000
	WELLS FARGO BK N SIOUX FALLS, SD	5.150%	03/12/25	225,000	225,000	225,281
	TOTAL CERTIFICATES OF DEPOSIT				960,000	961,016
U.S. GOVERNMENT AND AGENCY OBLIGATIONS:						
	FEDERAL HOME LOAN MTG CORP POOL SD8207	3.500%	04/01/52	1,321,399	1,313,140	1,170,403
	FEDERAL HOME LOAN MTG CORP POOL SD8214	3.500%	05/01/52	1,506,818	1,487,158	1,335,266
	FEDERAL HOME LOAN MTG CORP POOL SD8215	4.000%	05/01/52	1,647,432	1,648,333	1,509,773
	FEDERAL HOME LOAN MTG CORP POOL SD8342	5.500%	07/01/53	943,345	948,190	932,421
	FEDERAL HOME LOAN MTG CORP POOL SD8394	5.000%	01/01/54	389,939	380,898	376,482
	FEDERAL HOME LOAN MTG CORP POOL SD3977	5.000%	04/01/53	902,954	888,528	872,931
	FEDERAL HOME LOAN MTG CORP POOL RA9475	5.000%	07/01/53	502,310	488,477	485,392
	FEDERAL NATL MTG ASSN POOL CB6475	5.000%	06/01/53	1,690,637	1,652,069	1,634,829
	FEDERAL NATL MTG ASSN POOL FS6668	5.500%	12/01/53	542,312	539,545	535,349
	FEDERAL NATL MTG ASSN POOL FS6866	5.000%	10/01/53	980,737	963,957	948,137
	FEDERAL NATL MTG ASSN POOL MA4580	3.500%	04/01/52	863,165	862,457	765,049
	FEDERAL NATL MTG ASSN POOL MA4600	3.500%	04/01/52	1,627,933	1,581,766	1,442,805
	FEDERAL NATL MTG ASSN POOL MA4656	4.500%	07/01/52	1,006,533	974,214	948,577
	FEDERAL NATL MTG ASSN POOL MA4761	5.000%	09/01/52	1,330,131	1,294,696	1,287,979
	FEDERAL NATL MTG ASSN POOL MA5189	5.000%	11/01/53	1,452,860	1,434,416	1,403,681
	FEDERAL NATL MTG ASSN POOL MA5215	5.500%	12/01/53	881,814	880,022	870,791
	FEDERAL NATL MTG ASSN POOL MA5245	5.000%	01/01/54	997,611	969,163	963,423
	FEDERAL NATL MTG ASSN POOL MA5352	5.000%	05/01/54	943,018	924,305	910,503
	FEDERAL NATL MTG ASSN SERIES 2024 R03 CLASS 2M2	VAR	03/25/44	175,000	175,341	176,846
	U.S. TREASURY NOTES	2.750%	08/31/25	250,000	246,017	247,559
	U.S. TREASURY NOTES	2.875%	04/30/25	1,000,000	994,766	995,391
	U.S. TREASURY NOTES	2.875%	11/30/25	250,000	246,113	246,958
	U.S. TREASURY NOTES	3.500%	09/30/26	250,000	246,895	246,914
	U.S. TREASURY NOTES	3.250%	06/30/29	1,400,000	1,348,346	1,335,922
	U.S. TREASURY NOTES	3.500%	02/15/33	2,074,000	2,025,156	1,929,420
	U.S. TREASURY NOTES	3.750%	05/31/30	2,750,000	2,669,329	2,661,698
	U.S. TREASURY NOTES	3.875%	04/30/25	1,800,000	1,796,203	1,797,434
	U.S. TREASURY NOTES	3.875%	08/15/33	2,328,000	2,199,914	2,215,604
	U.S. TREASURY NOTES	4.000%	02/15/34	2,755,000	2,697,425	2,637,527
	U.S. TREASURY NOTES	4.125%	03/31/29	676,000	665,915	669,355
	U.S. TREASURY NOTES	4.625%	04/30/29	3,129,000	3,128,209	3,158,976
	U.S. TREASURY NOTES	4.625%	06/15/27	1,954,000	1,965,685	1,970,375
	U.S. TREASURY NOTES	4.250%	06/30/29	2,916,000	2,988,340	2,899,845
	U.S. TREASURY NOTES	4.375%	07/15/27	3,786,000	3,848,858	3,795,730
	U.S. TREASURY NOTES	3.375%	09/15/27	3,020,000	2,966,216	2,951,204
	U.S. TREASURY NOTES	4.125%	11/15/27	2,965,000	2,970,569	2,951,924
	TOTAL U.S. GOVERNMENT AND AGENCY OBLIGATIONS				52,410,631	51,282,473

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4i
SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

(a)	(b) <u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	(c) <u>DESCRIPTION OF INVESTMENT</u>			(d) <u>COST</u>	(e) <u>CURRENT VALUE</u>
		<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>FACE VALUE OR SHARES</u>		
CORPORATE OBLIGATIONS:						
	AERCAP IRELAND CAP/GLOBAL	2.450%	10/29/26	730,000	675,301	698,822
	AIR LEASE CORP	5.200%	07/15/31	436,000	432,636	430,794
	AIR LEASE CORP	1.875%	08/15/26	382,000	350,565	364,122
	AMERICAN EXPRESS CREDIT ACCOUN SERIES 2024 2 CLASS A	5.240%	04/15/31	645,000	647,717	658,829
	AMERICAN TOWER TRUST I SER 144A PASS	3.652%	03/23/48	380,000	380,978	362,246
	AMSR TRUST SERIES 2021 SFR3 CLASS D	2.177%	10/17/38	540,000	541,856	511,450
	ANGEL OAK MORTGAGE TRUST SERIES 2021 4 CLASS A1	VAR	07/25/65	287,374	287,374	235,997
	AON NORTH AMERICA INC	5.150%	03/01/29	391,000	390,457	392,161
	ARROYO MORTGAGE TRUST SERIES 2019 1 CLASS A1	VAR	01/25/49	180,232	184,185	173,672
	AVIS BUDGET RENTAL CAR FUNDING SERIES 2024 2A CLASS A	5.130%	10/20/28	235,000	234,936	236,159
	BANK OF AMERICA CORP	VAR	08/15/35	597,000	610,498	581,072
	BANK OF AMERICA CORP SERIES MTN	VAR	01/20/28	1,076,000	1,150,860	1,054,308
	BANK OF AMERICA CORP	VAR	07/22/27	665,000	596,857	633,964
	BANK OF NOVA SCOTIA	4.500%	12/16/25	501,000	488,605	498,380
	BANK SERIES 2024 BNK47 CLASS A5	5.716%	06/15/57	361,000	371,815	373,487
	BANK5 SERIES 2024 5YR8 CLASS A3	5.884%	08/15/57	515,000	530,445	529,219
	BARCLAYS PLC	6.496%	09/13/27	295,000	300,856	302,136
	BOEING CO	2.196%	02/04/26	530,000	532,383	513,989
	BROADCOM INC	4.350%	02/15/30	500,000	499,826	486,495
	BX TRUST SERIES 2022 AHP CLASS A	VAR	02/15/39	360,000	358,952	358,985
	CAPITAL ONE FINANCIAL CO	VAR	02/01/34	490,000	490,392	492,122
	CAPITAL ONE FINANCIAL CO	VAR	06/08/29	495,000	482,046	511,137
	CAPITAL ONE FINANCIAL CO	VAR	07/24/26	322,000	320,519	321,746
	CAPITAL ONE MULTI-ASSET EXECUT SERIES 2023 A1 CLASS A	4.420%	05/15/28	1,075,000	1,061,187	1,075,108
	CAPITAL ONE MULTI-ASSET EXECUT SERIES 2024 A1 CLASS A	3.920%	09/17/29	740,000	739,862	727,316
	CENTENE CORP	4.625%	12/15/29	219,000	217,714	207,121
	CHESAPEAKE FUNDING II LLC SERIES 2024 1A CLASS A1	0.000%	05/15/36	195,553	197,211	197,671
	CIT GROUP INC	6.125%	03/09/28	420,000	500,850	432,075
	CITIGROUP INC	VAR	05/25/34	883,000	903,795	899,539
	CITIGROUP INC	VAR	03/20/30	548,000	485,133	523,198
	CITIGROUP INC	VAR	02/24/28	726,000	660,282	698,325
	CITIGROUP INC	VAR	01/28/27	785,000	704,137	753,867
	CLOUD CAPITAL SERIES 2024 1A CLASS A2	5.781%	11/22/49	220,000	220,000	219,261
	CNA FINANCIAL CORP	4.500%	03/01/26	653,000	662,057	650,982
	CNH INDUSTRIAL CAP LLC	1.450%	07/15/26	335,000	332,347	318,548
	CNO FINANCIAL GROUP INC	5.250%	05/30/29	450,000	481,500	446,832
	CNO FINANCIAL GROUP INC	6.450%	06/15/34	189,000	188,373	195,263
	CORPORATE OFFICE PROP LP	2.750%	04/15/31	468,000	463,100	399,508
	CORPORATE OFFICE PROP LP	2.900%	12/01/33	470,000	441,322	377,584
	DELL INT LLC / EMC CORP	5.400%	04/15/34	301,000	301,632	300,275
	DELL INT LLC / EMC CORP	4.900%	10/01/26	208,000	207,465	208,580
	DELTA AIR LINES/SKYMILES SER 144A	4.750%	10/20/28	302,000	307,762	297,875
	DRIVEN BRANDS FUNDING, LLC SERIES 2024 1A CLASS A2	6.372%	10/20/54	234,413	234,413	238,494
	DTE ENERGY CO	4.950%	07/01/27	191,000	190,773	191,716
	DUKE ENERGY CORP	3.400%	06/15/29	516,000	495,907	483,456
	DUKE ENERGY CORP	5.750%	09/15/33	499,000	498,616	511,600
	EDISON INTL	5.750%	06/15/27	284,000	319,187	288,743
	EDISON INTL	6.950%	11/15/29	71,000	75,278	75,822
	ENERGY TRANSFER LP	6.400%	12/01/30	825,000	852,959	871,720
	ENTERGY LOUISIANA LLC	5.150%	09/15/34	224,000	223,147	220,300
	EPR PROPERTIES	3.750%	08/15/29	246,000	255,167	227,907

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EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4i
SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

(a)	(b) <u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	(c) <u>DESCRIPTION OF INVESTMENT</u>			(d) <u>COST</u>	(e) <u>CURRENT VALUE</u>
		<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>FACE VALUE OR SHARES</u>		
	EQUIFAX INC	5.100%	12/15/27	295,000	289,814	296,673
	FLAGSTAR MORTGAGE TRUST SERIES 2021 4 CLASS A5	VAR	06/01/51	374,457	383,935	326,403
	FORD CREDIT AUTO OWNER TRUST SERIES 2024 A CLASS B	5.260%	11/15/29	145,000	144,954	146,235
	FORD CREDIT FLOORPLAN MASTER O SERIES 2024 1 CLASS A1	5.682%	04/15/29	265,000	264,948	268,625
	FORD MOTOR CO	6.100%	08/19/32	154,000	152,822	153,255
	FORD MOTOR CREDIT CO LLC	7.122%	11/07/33	230,000	251,666	240,046
	GENERAL MOTORS FINL CO	5.800%	06/23/28	478,000	482,938	487,560
	GENERAL MOTORS FINL CO	5.750%	02/08/31	60,000	60,463	60,790
	GENERAL MOTORS SERIES 2024 1A CLASS A1	5.330%	03/15/29	250,000	249,968	252,493
	GM FINANCIAL SECURITIZED TERM SERIES 2024 1 CLASS A3	5.250%	12/18/28	755,000	751,903	758,880
	GOLDMAN SACHS GROUP INC	VAR	02/24/33	885,000	798,828	762,755
	GOLDMAN SACHS GROUP INC	VAR	10/21/27	776,000	693,325	736,253
	GOLDMAN SACHS GROUP INC	VAR	04/23/29	735,000	694,987	706,916
	GREAT WOLF TRUST SERIES 2024 WOLF CLASS D	VAR	03/15/39	200,000	199,500	201,500
	HCA INC	5.875%	02/01/29	213,000	217,019	217,396
	HCA INC	4.500%	02/15/27	235,000	241,471	232,789
	HP ENTERPRISE CO	4.550%	10/15/29	270,000	269,714	263,193
	HUNTINGTON BANCSHARES	VAR	11/18/39	295,000	297,103	294,617
	INVITATION HOMES OP	4.875%	02/01/35	375,000	370,706	354,758
	JBS USA/FOOD/FINANCE	3.625%	01/15/32	305,000	273,725	269,147
	JERSEY MIKES FUNDING LLC SERIES 2024 1A CLASS A2	5.636%	02/15/55	245,000	242,521	241,955
	JP MORGAN CHASE & CO	VAR	11/19/26	339,000	336,807	328,135
	JPMBB COMMERCIAL MORTGAGE SECU SERIES 2015 C33 CLASS A3	3.504%	12/15/48	428,700	406,713	425,322
	JPMORGAN CHASE & CO	VAR	05/01/28	285,000	271,152	276,926
	KIMCO REALTY OP LLC	4.850%	03/01/35	380,000	370,802	361,893
	KYNDRYL HOLDINGS INC	3.150%	10/15/31	302,000	248,226	261,873
	LPL HOLDINGS INC	5.700%	05/20/27	236,000	236,616	238,844
	MICROCHIP TECHNOLOGY INC	4.900%	03/15/28	395,000	394,585	393,594
	MICRON TECHNOLOGY INC	6.750%	11/01/29	270,000	297,726	287,464
	MYLAN NV	3.950%	06/15/26	278,000	305,578	273,585
	ONSLow BAY FINANCIAL LLC SERIES 2024 NQM1 CLASS A1	4.944%	09/25/64	235,725	235,725	232,423
	ORACLE CORP	2.300%	03/25/28	220,000	197,298	203,388
	PRIMERICA INC	2.800%	11/19/31	416,000	414,128	356,013
	PROGRESS RESIDENTIAL TRUST SERIES 2021 SFR1 CLASS D	1.805%	04/17/38	590,000	587,972	573,580
	PROGRESS RESIDENTIAL TRUST SERIES 2021 SFR6 CLASS D	2.225%	07/17/38	500,000	504,785	480,275
	PROGRESS RESIDENTIAL TRUST SERIES 2021 SFR8 CLASS C	1.931%	10/17/38	430,000	427,480	409,170
	PRUDENTIAL FINANCIAL INC	VAR	09/15/48	296,000	343,730	293,813
	RADIAN GROUP INC	6.200%	05/15/29	298,000	299,963	305,817
	REALTY INCOME CORP	4.000%	07/15/29	275,000	290,060	264,462
	REGIONS FINANCIAL CORP	VAR	06/06/30	381,000	379,678	386,269
	RETAINED VANTAGE DATA CENTERS SERIES 2024 1A CLASS A2	4.992%	09/15/49	415,000	415,010	402,297
	SABINE PASS LIQUEFACTION	4.500%	05/15/30	338,000	392,570	327,414
	SOUTHERN CO	3.250%	07/01/26	622,000	594,700	609,180
	SOUTHERN CO	5.700%	03/15/34	480,000	478,565	489,907
	SOUTHWESTERN ENERGY CO	4.750%	02/01/32	205,000	197,569	190,816
	SPRINT SPECTRUM / SPEC 1 SER 144A	4.738%	09/20/29	13,750	13,750	13,742
	SPRINT SPECTRUM / SPEC 1 SER 144A	5.152%	09/20/29	152,750	152,750	153,346
	SREIT TRUST SERIES 2021 FLWR CLASS A	VAR	07/15/36	260,000	259,053	259,675
	SREIT TRUST SERIES 2021 PALM CLASS A	VAR	10/15/34	300,000	298,662	298,875
	SUBWAY FUNDING LLC SERIES 2024 1A CLASS A2I	6.028%	07/30/54	235,000	235,000	237,860
	TARGA RESOURCES CORP	5.500%	02/15/35	245,000	245,568	241,036
	T-MOBILE USA INC	4.700%	01/15/35	275,000	274,596	260,098
	T-MOBILE USA INC	3.875%	04/15/30	305,000	289,070	287,002
	T-MOBILE USA INC	3.750%	04/15/27	414,000	400,094	404,461

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4i
SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

(a)	(b) <u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	(c) <u>DESCRIPTION OF INVESTMENT</u>			(d) <u>COST</u>	(e) <u>CURRENT VALUE</u>
		<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>FACE VALUE OR SHARES</u>		
	TORONTO-DOMINION BANK	VAR	09/10/34	293,000	293,000	286,659
	TOWD POINT MORTGAGE TRUST SERIES 2024 CES4 CLASS A1	VAR	09/25/64	212,387	212,385	210,360
	TRUIST FINANCIAL CORP	VAR	10/30/29	569,000	604,074	608,432
	US BANCORP	VAR	06/12/34	300,000	300,000	305,820
	VERIZON MASTER TRUST SERIES 2024 8 CLASS A1A	5.140%	11/20/30	630,000	630,347	629,402
	VERIZON MASTER TRUST SERIES 2024-3 CLASS A1A	5.340%	04/22/30	1,580,000	1,579,650	1,606,607
	VIATRIS INC	2.700%	06/22/30	562,000	481,668	487,513
	VMWARE INC	3.900%	08/21/27	703,000	652,230	687,098
	WELL FARGO COMMERCIAL MTG TRUST SERIES 2015-C29 CLASS A4	3.637%	06/15/48	745,000	813,796	740,320
	WELLS FARGO & CO	VAR	01/23/35	495,000	506,177	492,896
	WELLS FARGO & CO	VAR	07/25/29	566,000	570,120	574,660
	WELLS FARGO & CO	VAR	06/02/28	482,000	496,176	453,962
	WELLS FARGO & CO	VAR	07/25/28	511,000	504,296	509,186
	WOODWARD CAPITAL MANAGEMENT SERIES 2024 CES2 CLASS A1A	VAR	04/25/44	438,315	441,972	440,752
	TOTAL CORPORATE OBLIGATIONS				<u>49,295,417</u>	<u>48,594,439</u>
	LIMITED PARTNERSHIP:					
	BOYD WATTERSON STATE GOVERNMENT FUND LP			7,250	<u>7,872,991</u>	<u>7,212,068</u>
	TOTAL INVESTMENTS, AT FAIR VALUE				<u>112,325,097</u>	<u>109,836,054</u>

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4i
SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)			(d)	(e)
<u>IDENTITY OF ISSUE, BORROWER,</u>	<u>LESSOR, OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>INTEREST</u>	<u>MATURITY</u>	<u>FACE VALUE</u>	<u>CURRENT</u>
			<u>RATE</u>	<u>DATE</u>	<u>OR SHARES</u>	<u>COST</u>
						<u>VALUE</u>
INVESTMENTS, AT CONTRACT VALUE:						
INVESTMENT CONTRACTS WITH INSURANCE COMPANY, AT CONTRACT VALUE						<u>CONTRACT</u>
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY CO:						<u>VALUE</u>
PRUDENTIAL FIXED RATE FUND - UNALLOCATED GENERAL ACCOUNT						71,890,708
TOTAL INVESTMENTS						\$ 181,726,762

* PARTY-IN-INTEREST AS DEFINED BY ERISA

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
 EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
A A Duckett Inc	Employer	03/24	04/20/24	04/23/24	3	\$ 579
A A Duckett Inc	Employer	05/24	06/20/24	06/21/24	1	464
A S L Refrigeration Inc	Employer	10/15	11/20/15	02/10/23	2,639	105
A S L Refrigeration Inc	Employer	12/15	01/20/16	02/10/23	2,578	56
A S L Refrigeration Inc	Employer	02/16	03/21/16	02/10/23	2,518	90
A S L Refrigeration Inc	Employer	07/16	08/22/16	02/10/23	2,365	72
A S L Refrigeration Inc	Employer	08/16	09/20/16	02/10/23	2,334	57
A S L Refrigeration Inc	Employer	11/16	12/20/16	02/10/23	2,243	59
A S L Refrigeration Inc	Employer	12/16	01/20/17	02/10/23	2,212	176
A S L Refrigeration Inc	Employer	01/17	02/21/17	02/10/23	2,181	190
A S L Refrigeration Inc	Employer	02/17	03/20/17	02/10/23	2,153	101
A S L Refrigeration Inc	Employer	12/22	01/20/23	03/16/23	55	73
A S L Refrigeration Inc	Employer	01/23	02/21/23	03/16/23	23	96
A S L Refrigeration Inc	Employer	01/23	02/21/23	04/13/23	51	60
A S L Refrigeration Inc	Employer	02/23	03/20/23	04/13/23	24	472
A S L Refrigeration Inc	Employer	05/23	06/20/23	07/05/23	15	876
A S L Refrigeration Inc	Employer	06/23	07/20/23	08/21/23	32	953
A S L Refrigeration Inc	Employer	07/23	08/21/23	09/05/23	15	1,242
A S L Refrigeration Inc	Employer	08/23	09/20/23	10/02/23	12	1,268
A S L Refrigeration Inc	Employer	09/23	10/20/23	11/02/23	13	644
A S L Refrigeration Inc	Employer	10/23	11/20/23	12/12/23	22	609
A S L Refrigeration Inc	Employer	11/23	12/20/23	01/26/24	37	217
A S L Refrigeration Inc	Employer	12/23	01/22/24	01/26/24	4	493
A S L Refrigeration Inc	Employer	11/23	12/20/23	01/26/24	37	173
A S L Refrigeration Inc	Employer	12/23	01/20/24	01/26/24	6	369
A S L Refrigeration Inc	Employer	01/24	02/20/24	03/04/24	13	510
A S L Refrigeration Inc	Employer	02/24	03/20/24	04/30/24	41	404
A S L Refrigeration Inc	Employer	03/24	04/20/24	05/10/24	20	470
A S L Refrigeration Inc	Employer	04/24	05/20/24	07/16/24	57	725
A S L Refrigeration Inc	Employer	05/24	06/20/24	07/16/24	26	585
A S L Refrigeration Inc	Employer	06/24	07/20/24	08/20/24	31	765
A S L Refrigeration Inc	Employer	07/24	08/20/24	09/10/24	21	1,148
A S L Refrigeration Inc	Employer	08/24	09/20/24	09/30/24	10	1,594
A T Chadwick Co Inc	Employer	02/23	03/20/23	03/23/23	3	50,096
A T Chadwick Co Inc	Employer	05/23	06/20/23	06/21/23	1	46,068
A T Chadwick Co Inc	Employer	08/23	09/20/23	09/27/23	7	49,356
A T Chadwick Co Inc	Employer	10/23	11/20/23	11/27/23	7	61,703
A T Chadwick Co Inc	Employer	01/24	02/20/24	02/21/24	1	43,150
A T Chadwick Co Inc	Employer	01/24	02/20/24	03/20/24	29	432
A T Chadwick Co Inc	Employer	04/24	05/20/24	05/22/24	2	48,529
A T Chadwick Co Inc	Employer	06/24	07/20/24	07/22/24	2	44,394
A T Chadwick Co Inc	Employer	09/24	10/20/24	06/24/25	247	10,548
A T Chadwick Co Inc	Employer	12/24	01/20/25	01/22/25	2	45,020
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	115
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	120
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	120
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	240
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	269
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	280
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	400
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	560
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	120
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	120
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	120

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	232
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	238
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	280
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	400
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	560
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	147
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	150
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	150
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	299
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	349
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	349
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	520
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	700
Able Engineering Services	Employer	08/23	09/20/23	02/06/24	139	280
Able Engineering Services	Employer	08/23	09/20/23	02/06/24	139	302
Able Engineering Services	Employer	09/23	10/20/23	02/06/24	109	280
Able Engineering Services	Employer	05/23	06/20/23	02/06/24	231	2,104
Able Engineering Services	Employer	06/23	07/20/23	02/06/24	201	2,071
Able Engineering Services	Employer	07/23	08/21/23	02/06/24	169	2,664
Able Engineering Services	Employer	08/23	09/20/23	02/06/24	139	582
Able Engineering Services	Employer	09/23	10/20/23	02/06/24	109	280
Able Engineering Services	Employer	05/24	06/20/24	08/21/24	62	1,443
Able Engineering Services	Employer	06/24	07/22/24	08/21/24	30	1,804
Able Engineering Services	Employer	11/24	12/20/24	12/23/24	3	48,118
AJC Mechanical Services LLC	Employer	11/22	12/20/22	01/19/23	30	130
AJC Mechanical Services LLC	Employer	01/23	02/21/23	03/23/23	30	130
AJC Mechanical Services LLC	Employer	02/23	03/20/23	03/23/23	3	130
AJC Mechanical Services LLC	Employer	03/23	04/20/23	05/19/23	29	130
AJC Mechanical Services LLC	Employer	05/23	06/20/23	07/17/23	27	130
AJC Mechanical Services LLC	Employer	06/23	07/20/23	08/30/23	41	130
AJC Mechanical Services LLC	Employer	07/23	08/21/23	08/30/23	9	130
AJC Mechanical Services LLC	Employer	08/23	09/20/23	10/27/23	37	130
AJC Mechanical Services LLC	Employer	09/23	10/20/23	10/27/23	7	130
AJC Mechanical Services LLC	Employer	10/23	11/20/23	01/03/24	44	130
AJC Mechanical Services LLC	Employer	11/23	12/20/23	01/03/24	14	130
AJC Mechanical Services LLC	Employer	10/23	11/20/23	01/03/24	44	130
AJC Mechanical Services LLC	Employer	11/23	12/20/23	01/03/24	14	130
AJC Mechanical Services LLC	Employer	01/24	02/20/24	03/11/24	20	130
AJC Mechanical Services LLC	Employer	02/24	03/20/24	04/24/24	35	130
AJC Mechanical Services LLC	Employer	03/24	04/20/24	04/24/24	4	130
AJC Mechanical Services LLC	Employer	04/24	05/20/24	06/10/24	21	130
AJC Mechanical Services LLC	Employer	05/24	06/20/24	07/22/24	32	130
AJC Mechanical Services LLC	Employer	06/24	07/20/24	07/22/24	2	130
AJC Mechanical Services LLC	Employer	07/24	08/20/24	09/24/24	35	130
AJC Mechanical Services LLC	Employer	08/24	09/20/24	09/24/24	4	130
AJC Mechanical Services LLC	Employer	09/24	10/20/24	11/27/24	38	130
AJC Mechanical Services LLC	Employer	10/24	11/20/24	01/02/25	43	130
AJC Mechanical Services LLC	Employer	11/24	12/20/24	01/31/25	42	194
AJC Mechanical Services LLC	Employer	12/24	01/20/25	01/31/25	11	282
AJM Mechanical LLC	Employer	09/24	10/20/24	10/31/24	11	169
AJM Mechanical LLC	Employer	10/24	11/20/24	11/27/24	7	175
All Trades Mechanical	Employer	04/24	05/20/24	06/12/24	23	669
Allied Power Services LLC	Employer	05/23	06/20/23	09/22/23	94	171
Andrew James Mechanical	Employer	03/23	04/20/23	05/04/23	14	468

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
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SCHEDULE H TO FORM 5500, LINE 4a
 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH</u>	<u>DATE</u>	<u>DATE</u>	<u>NUMBER OF DAYS LATE</u>	
		<u>MONIES WITHHELD</u>	<u>DUE</u>	<u>MONIES RECEIVED</u>		
Andrew James Mechanical	Employer	04/23	05/22/23	06/09/23	18	576
Andrew James Mechanical	Employer	05/23	06/20/23	08/11/23	52	1,164
Andrew James Mechanical	Employer	06/23	07/20/23	10/20/23	92	1,164
Andrew James Mechanical	Employer	07/23	08/21/23	10/20/23	60	1,128
Andrew James Mechanical	Employer	08/23	09/20/23	10/20/23	30	1,163
Andrew James Mechanical	Employer	09/23	10/20/23	11/06/23	17	1,197
Andrew James Mechanical	Employer	10/23	11/20/23	11/29/23	9	1,293
Andrew James Mechanical	Employer	11/23	12/20/23	01/05/24	16	1,352
Andrew James Mechanical	Employer	12/23	01/22/24	02/15/24	24	1,326
Andrew James Mechanical	Employer	11/23	12/20/23	01/05/24	16	902
Andrew James Mechanical	Employer	12/23	01/20/24	02/15/24	26	884
Andrew James Mechanical	Employer	01/24	02/20/24	03/31/24	40	897
Andrew James Mechanical	Employer	02/24	03/20/24	05/13/24	54	880
Andrew James Mechanical	Employer	03/24	04/20/24	05/23/24	33	927
Andrew James Mechanical	Employer	04/24	05/20/24	06/06/24	17	1,022
Andrew James Mechanical	Employer	05/24	06/20/24	08/29/24	70	890
Andrew James Mechanical	Employer	06/24	07/20/24	08/29/24	40	913
Andrew James Mechanical	Employer	07/24	08/20/24	10/15/24	56	857
Andrew James Mechanical	Employer	08/24	09/20/24	10/15/24	25	902
Andrew James Mechanical	Employer	09/24	10/20/24	10/25/24	5	985
Andrew James Mechanical	Employer	10/24	11/20/24	11/27/24	7	955
Andrew James Mechanical	Employer	12/24	01/20/25	02/21/25	32	832
Atlantic Plant Maintenance Inc	Employer	04/23	05/22/23	06/13/23	22	398
Atlantic Plant Maintenance Inc	Employer	04/24	05/20/24	06/12/24	23	481
Bates Brothers LLC	Employer	12/22	01/20/23	01/23/23	3	611
Bates Brothers LLC	Employer	04/23	05/22/23	06/01/23	10	416
Bates Brothers LLC	Employer	04/23	05/22/23	06/13/23	22	431
Bates Brothers LLC	Employer	04/23	05/22/23	06/21/23	30	380
Bates Brothers LLC	Employer	05/23	06/20/23	06/21/23	1	760
Bates Brothers LLC	Employer	05/23	06/20/23	06/29/23	9	1,250
Bates Brothers LLC	Employer	06/23	07/20/23	08/14/23	25	1,721
Bates Brothers LLC	Employer	09/23	10/20/23	10/27/23	7	908
Bates Brothers LLC	Employer	09/23	10/20/23	12/19/23	60	560
Bates Brothers LLC	Employer	09/23	10/20/23	12/26/23	67	1,254
Bates Brothers LLC	Employer	10/23	11/20/23	12/28/23	38	2,468
Bates Brothers LLC	Employer	10/23	11/20/23	01/10/24	51	896
Bates Brothers LLC	Employer	10/23	11/20/23	01/22/24	63	940
Bates Brothers LLC	Employer	11/23	12/20/23	01/22/24	33	4,561
Bates Brothers LLC	Employer	12/23	01/22/24	02/14/24	23	3,976
Bates Brothers LLC	Employer	12/23	01/22/24	03/11/24	49	2,055
Bates Brothers LLC	Employer	10/23	11/20/23	01/10/24	51	727
Bates Brothers LLC	Employer	10/23	11/20/23	01/22/24	63	771
Bates Brothers LLC	Employer	11/23	12/20/23	01/22/24	33	3,820
Bates Brothers LLC	Employer	12/23	01/20/24	02/14/24	25	3,326
Bates Brothers LLC	Employer	12/23	01/20/24	03/11/24	51	1,690
Bates Brothers LLC	Employer	01/24	02/20/24	03/31/24	40	829
Bates Brothers LLC	Employer	01/24	02/20/24	04/15/24	55	1,199
Bates Brothers LLC	Employer	01/24	02/20/24	04/30/24	70	2,103
Bates Brothers LLC	Employer	02/24	03/20/24	04/30/24	41	1,998
Bates Brothers LLC	Employer	02/24	03/20/24	05/20/24	61	160
Bates Brothers LLC	Employer	02/24	03/20/24	07/09/24	111	1,991
Bates Brothers LLC	Employer	03/24	04/20/24	07/09/24	80	3,076
Bates Brothers LLC	Employer	03/24	04/20/24	07/24/24	95	2,035
Bates Brothers LLC	Employer	04/24	05/20/24	08/20/24	92	4,299

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
 EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH	DATE	DATE	NUMBER OF	
		MONIES WITHHELD	DUE	RECEIVED	DAYS LATE	
Bates Brothers LLC	Employer	04/24	05/20/24	08/29/24	101	80
Bates Brothers LLC	Employer	05/24	06/20/24	08/20/24	61	2,224
Bates Brothers LLC	Employer	06/24	07/20/24	08/23/24	34	3,729
Bates Brothers LLC	Employer	07/24	08/20/24	09/26/24	37	3,128
Bates Brothers LLC	Employer	08/24	09/20/24	10/21/24	31	690
Bates Brothers LLC	Employer	08/24	09/20/24	01/14/25	116	980
Bates Brothers LLC	Employer	08/24	09/20/24	01/28/25	130	1,045
Bates Brothers LLC	Employer	09/24	10/20/24	01/21/25	93	1,378
Bates Brothers LLC	Employer	09/24	10/20/24	01/28/25	100	356
Bates Brothers LLC	Employer	09/24	10/20/24	01/31/25	103	132
Bates Brothers LLC	Employer	10/24	11/20/24	01/23/25	64	1,372
Bates Brothers LLC	Employer	10/24	11/20/24	03/11/25	111	487
Bates Brothers LLC	Employer	10/24	11/20/24	03/12/25	112	420
Bates Brothers LLC	Employer	11/24	12/20/24	03/11/25	81	1,105
Bates Brothers LLC	Employer	11/24	12/20/24	03/12/25	82	288
Bates Brothers LLC	Employer	12/24	01/20/25	03/12/25	51	456
Bates Brothers LLC	Employer	12/24	01/20/25	05/19/25	119	1,210
Bensalem Maintenance	Employer	02/23	03/20/23	04/04/23	15	178
Bensalem Maintenance	Employer	01/23	02/21/23	05/24/23	92	301
Bensalem Maintenance	Employer	02/23	03/20/23	05/25/23	66	178
Bensalem Maintenance	Employer	04/23	05/22/23	06/05/23	14	1,456
Bensalem Maintenance	Employer	04/22	05/20/22	06/09/23	385	133
Bensalem Maintenance	Employer	06/22	07/20/22	06/09/23	324	76
Bensalem Maintenance	Employer	07/22	08/22/22	06/09/23	293	131
Bensalem Maintenance	Employer	08/22	09/20/22	06/09/23	262	136
Bensalem Maintenance	Employer	09/22	10/20/22	06/09/23	232	123
Bensalem Maintenance	Employer	10/22	11/21/22	06/09/23	201	106
Bensalem Maintenance	Employer	12/22	01/20/23	06/09/23	140	164
Bensalem Maintenance	Employer	01/17	02/21/17	07/11/23	2,331	349
Bensalem Maintenance	Employer	05/21	06/21/21	10/30/23	861	1,020
Bensalem Maintenance	Employer	04/24	05/20/24	06/05/24	16	1,541
Binsky & Snyder LLC	Employer	11/22	12/20/22	01/31/23	42	9,822
Binsky & Snyder LLC	Employer	12/22	01/20/23	01/31/23	11	7,574
Binsky & Snyder LLC	Employer	07/22	08/22/22	02/21/23	185	186
Binsky & Snyder, LLC	Employer	11/22	12/20/22	01/31/23	42	9,822
Binsky & Snyder, LLC	Employer	12/22	01/20/23	01/31/23	11	9,377
Binsky & Snyder, LLC	Employer	07/22	08/22/22	02/21/23	183	186
Binsky & Snyder, LLC	Employer	02/23	03/20/23	04/17/23	28	9,383
Binsky & Snyder, LLC	Employer	03/23	04/20/23	05/31/23	41	11,531
Binsky & Snyder, LLC	Employer	04/23	05/22/23	06/07/23	16	9,669
Binsky & Snyder, LLC	Employer	05/23	06/20/23	08/01/23	42	14,225
Binsky & Snyder, LLC	Employer	06/23	07/20/23	08/01/23	12	11,617
Binsky & Snyder, LLC	Employer	07/23	08/21/23	08/24/23	3	11,786
Binsky & Snyder, LLC	Employer	08/23	09/20/23	09/25/23	5	12,074
Binsky & Snyder, LLC	Employer	09/23	10/20/23	10/31/23	11	9,482
Binsky & Snyder, LLC	Employer	10/23	11/20/23	12/12/23	22	15,591
Binsky & Snyder, LLC	Employer	11/23	12/20/23	01/04/24	15	11,815
Binsky & Snyder, LLC	Employer	12/23	01/22/24	01/29/24	7	9,833
Binsky & Snyder, LLC	Employer	01/23	02/21/23	03/15/24	388	104
Binsky & Snyder, LLC	Employer	03/23	04/20/23	03/15/24	330	117
Binsky & Snyder, LLC	Employer	04/23	05/22/23	03/15/24	298	87
Binsky & Snyder, LLC	Employer	01/23	02/20/23	03/15/24	389	104
Binsky & Snyder, LLC	Employer	03/23	04/20/23	03/15/24	330	117
Binsky & Snyder, LLC	Employer	04/23	05/20/23	03/15/24	300	87

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
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SCHEDULE H TO FORM 5500, LINE 4a
 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
Binsky & Snyder, LLC	Employer	11/23	12/20/23	01/04/24	15	9,507
Binsky & Snyder, LLC	Employer	12/23	01/20/24	01/29/24	9	7,850
Binsky & Snyder, LLC	Employer	01/24	02/20/24	02/28/24	8	6,210
Binsky & Snyder, LLC	Employer	02/24	03/20/24	03/31/24	11	6,586
Binsky & Snyder, LLC	Employer	03/24	04/20/24	04/30/24	10	7,604
Binsky & Snyder, LLC	Employer	04/24	05/20/24	06/11/24	22	5,205
Binsky & Snyder, LLC	Employer	05/24	06/20/24	07/08/24	18	4,570
Binsky & Snyder, LLC	Employer	06/24	07/20/24	07/29/24	9	6,536
Binsky & Snyder, LLC	Employer	08/24	09/20/24	10/07/24	17	5,207
Binsky & Snyder, LLC	Employer	09/24	10/20/24	10/29/24	9	7,021
Binsky & Snyder, LLC	Employer	10/24	11/20/24	11/21/24	1	7,114
Binsky & Snyder, LLC	Employer	12/24	01/20/25	01/21/25	1	6,509
Burkhardt Mech Inc	Employer	11/22	12/20/22	01/09/23	20	1,608
Burkhardt Mech Inc	Employer	01/23	02/21/23	04/10/23	48	2,228
Burkhardt Mech Inc	Employer	02/23	03/20/23	04/19/23	30	1,724
Burkhardt Mech Inc	Employer	03/23	04/20/23	04/24/23	4	1,617
Burkhardt Mech Inc	Employer	04/23	05/22/23	06/27/23	36	1,699
Burkhardt Mech Inc	Employer	05/23	06/20/23	07/20/23	30	2,234
Burkhardt Mech Inc	Employer	07/23	08/21/23	10/30/23	70	3,221
Burkhardt Mech Inc	Employer	08/23	09/20/23	10/30/23	40	1,854
Burkhardt Mech Inc	Employer	09/23	10/20/23	01/08/24	80	1,964
Burkhardt Mech Inc	Employer	10/23	11/20/23	01/08/24	49	2,840
Burkhardt Mech Inc	Employer	11/23	12/20/23	01/22/24	33	1,919
Burkhardt Mech Inc	Employer	12/23	01/22/24	01/24/24	2	1,583
Burkhardt Mech Inc	Employer	09/23	10/20/23	01/08/24	80	1,309
Burkhardt Mech Inc	Employer	10/23	11/20/23	01/08/24	49	1,893
Burkhardt Mech Inc	Employer	11/23	12/20/23	01/22/24	33	1,280
Burkhardt Mech Inc	Employer	12/23	01/20/24	01/24/24	4	1,056
Burkhardt Mech Inc	Employer	01/24	02/20/24	02/23/24	3	1,368
Burkhardt Mech Inc	Employer	02/24	03/20/24	03/31/24	11	1,188
Burkhardt Mech Inc	Employer	03/24	04/20/24	05/28/24	38	1,274
Burkhardt Mech Inc	Employer	04/24	05/20/24	06/11/24	22	1,533
Burkhardt Mech Inc	Employer	05/24	06/20/24	07/17/24	27	1,206
Burkhardt Mech Inc	Employer	06/24	07/20/24	08/12/24	23	1,085
Burkhardt Mech Inc	Employer	07/24	08/20/24	09/13/24	24	1,527
Burkhardt Mech Inc	Employer	08/24	09/20/24	10/07/24	17	1,168
Burkhardt Mech Inc	Employer	09/24	10/20/24	12/09/24	50	1,497
Burkhardt Mech Inc	Employer	10/24	11/20/24	12/16/24	26	1,249
Burkhardt Mech Inc	Employer	11/24	12/20/24	01/07/25	18	1,139
Capitol Refrigeration Inc	Employer	05/23	06/20/23	06/21/23	1	4,799
Carrier Bldg Service	Employer	06/23	07/20/23	12/15/23	148	248
Carrier Bldg Service	Employer	07/23	08/21/23	12/15/23	116	257
Carrier Bldg Service	Employer	08/23	09/20/23	12/15/23	86	195
Carrier Bldg Service	Employer	11/23	12/20/23	05/07/24	139	96
Carrier Bldg Service	Employer	12/23	01/22/24	05/07/24	106	228
Carrier Bldg Service	Employer	11/23	12/20/23	05/07/24	139	64
Carrier Bldg Service	Employer	12/23	01/20/24	05/07/24	108	152
Carrier Bldg Service	Employer	01/24	02/20/24	02/21/24	1	2,399
Carrier Bldg Service	Employer	01/24	02/20/24	05/07/24	77	164
Carrier Bldg Service	Employer	02/24	03/20/24	05/07/24	48	172
Carrier Bldg Service	Employer	03/24	04/20/24	04/23/24	3	552
Carrier Bldg Service	Employer	03/24	04/20/24	05/07/24	17	123
Carrier Bldg Service	Employer	07/24	08/20/24	09/24/24	35	108
Carrier Bldg Service	Employer	08/24	09/20/24	09/24/24	4	2,100

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
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 SCHEDULE H TO FORM 5500, LINE 4a
 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
Carrier Bldg Service	Employer	08/24	09/20/24	09/30/24	10	312
Chadwick Service Co	Employer	05/23	06/20/23	07/18/23	28	14,114
Chadwick Service Co	Employer	08/23	09/20/23	09/22/23	2	18,986
Chadwick Service Co	Employer	05/24	06/20/24	06/21/24	1	9,613
Chadwick Service Co	Employer	12/24	01/20/25	01/21/25	1	11,886
CHE Mechanical Services	Employer	01/23	02/21/23	03/01/23	8	552
CHE Mechanical Services	Employer	08/23	09/20/23	09/25/23	5	949
Climate Pros	Employer	12/22	01/20/23	02/01/23	12	9,206
Climate Pros	Employer	12/22	01/20/23	02/01/23	12	9,206
Climate Pros	Employer	04/23	05/22/23	06/06/23	15	241
Climate Pros	Employer	06/23	07/20/23	08/04/23	15	588
Climate Pros	Employer	07/23	08/21/23	08/24/23	3	560
CM 3 Building Solutions Inc	Employer	02/24	03/20/24	03/26/24	6	77
CMS Mechanical Contracting, LLC	Employer	07/22	08/22/22	09/15/23	389	501
CMS Mechanical Contracting, LLC	Employer	08/22	09/20/22	09/15/23	360	479
Collins & Collins Mechanical Inc	Employer	04/24	05/20/24	06/14/24	25	347
Command Mechanical Group, LLC	Employer	12/22	01/20/23	01/25/23	5	1,604
Compass SAP Newtown Square	Employer	12/22	01/20/23	01/27/23	7	8,106
Compass SAP Newtown Square	Employer	04/23	05/22/23	05/31/23	9	10,805
Compass SAP Newtown Square	Employer	10/23	11/20/23	11/28/23	8	9,984
Compass SAP Newtown Square	Employer	05/23	06/20/23	03/31/24	285	394
Compass SAP Newtown Square	Employer	06/23	07/20/23	03/31/24	255	517
Compass SAP Newtown Square	Employer	07/23	08/21/23	03/31/24	223	11,241
Compass SAP Newtown Square	Employer	08/23	09/20/23	03/31/24	193	441
Compass SAP Newtown Square	Employer	09/23	10/20/23	03/31/24	163	352
Compass SAP Newtown Square	Employer	06/23	07/20/23	03/31/24	255	14,310
Compass SAP Newtown Square	Employer	07/23	08/21/23	03/31/24	223	11,034
Compass SAP Newtown Square	Employer	08/23	09/20/23	03/31/24	193	12,196
Compass SAP Newtown Square	Employer	09/23	10/20/23	03/31/24	163	9,749
Compass SAP Newtown Square	Employer	12/23	01/22/24	03/31/24	69	9,565
Compass SAP Newtown Square	Employer	04/24	05/20/24	06/04/24	15	9,892
Continental Field Systems Inc	Employer	05/24	06/20/24	07/10/24	20	55
Core Mechanical, Inc.	Employer	12/22	01/20/23	01/25/23	5	302
Core Mechanical, Inc.	Employer	12/22	01/20/23	01/25/23	5	302
Core Mechanical, Inc.	Employer	01/23	02/21/23	03/09/23	16	440
Core Mechanical, Inc.	Employer	05/23	06/20/23	06/29/23	9	516
Core Mechanical, Inc.	Employer	08/23	09/20/23	09/25/23	5	449
Core Mechanical, Inc.	Employer	10/23	11/20/23	11/28/23	8	660
Core Mechanical, Inc.	Employer	11/23	12/20/23	12/28/23	8	276
Core Mechanical, Inc.	Employer	05/24	06/20/24	06/27/24	7	424
Core Mechanical, Inc.	Employer	07/24	08/20/24	09/10/24	21	297
Core Mechanical, Inc.	Employer	08/24	09/20/24	09/24/24	4	312
Core Mechanical, Inc.	Employer	09/24	10/20/24	10/21/24	1	352
Core Mechanical, Inc.	Employer	11/24	12/20/24	12/24/24	4	345
CSI International Inc	Employer	12/22	01/20/23	01/24/23	4	17,571
CSI International Inc	Employer	12/22	01/20/23	01/24/23	4	17,571
CSI International Inc	Employer	02/23	03/20/23	03/23/23	3	13,954
CSI International Inc	Employer	03/23	04/20/23	04/24/23	4	18,088
CSI International Inc	Employer	04/23	05/22/23	05/23/23	1	15,246
CSI International Inc	Employer	05/23	06/20/23	06/21/23	1	16,104
CSI International Inc	Employer	07/23	08/21/23	08/23/23	2	15,030
CSI International Inc	Employer	09/23	10/20/23	10/25/23	5	16,104
CSI International Inc	Employer	12/23	01/22/24	01/24/24	2	18,251
CSI International Inc	Employer	12/23	01/22/24	01/24/24	2	18,251

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
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SCHEDULE H TO FORM 5500, LINE 4a
 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
CSI International Inc	Employer	01/24	02/20/24	02/29/24	9	17,983
CSI International Inc	Employer	02/24	03/20/24	03/25/24	5	21,472
CSI International Inc	Employer	03/24	04/22/24	04/23/24	1	17,178
CSI International Inc	Employer	04/24	05/20/24	05/23/24	3	17,178
CSI International Inc	Employer	05/24	06/20/24	06/24/24	4	14,507
CSI International Inc	Employer	06/24	07/22/24	07/30/24	8	11,304
CSI International Inc	Employer	07/24	08/20/24	08/22/24	2	12,623
CSI International Inc	Employer	08/24	09/20/24	10/25/24	35	16,014
CSI International Inc	Employer	09/24	10/21/24	10/29/24	8	12,246
CSI International Inc	Employer	10/24	11/20/24	11/21/24	1	15,072
CSI International Inc	Employer	11/24	12/20/24	01/02/25	13	12,058
CSI International Inc	Employer	12/24	01/21/25	01/28/25	7	12,434
CTX Infrastructure LLC	Employer	03/23	04/20/23	05/30/23	40	861
CTX Infrastructure LLC	Employer	04/23	05/22/23	06/09/23	18	641
CTX Infrastructure LLC	Employer	05/23	06/20/23	07/28/23	38	862
CTX Infrastructure LLC	Employer	06/23	07/20/23	08/15/23	26	468
D & D Heating And Air Conditioning Inc	Employer	12/24	01/20/25	01/21/25	1	160
Danella Construction Corp	Employer	11/22	12/20/22	01/23/23	34	941
Danella Construction Corp	Employer	12/22	01/20/23	02/28/23	39	1,784
Danella Construction Corp	Employer	01/23	02/21/23	02/28/23	7	1,862
Danella Construction Corp	Employer	02/23	03/20/23	05/08/23	49	3,357
Danella Construction Corp	Employer	03/23	04/20/23	05/09/23	19	4,663
Danella Construction Corp	Employer	04/23	05/22/23	07/17/23	56	4,881
Danella Construction Corp	Employer	05/23	06/20/23	07/18/23	28	3,289
Danella Construction Corp	Employer	06/23	07/20/23	09/25/23	67	4,831
Danella Construction Corp	Employer	07/23	08/21/23	09/25/23	35	2,807
Danella Construction Corp	Employer	08/23	09/20/23	10/04/23	14	2,644
Danella Construction Corp	Employer	09/23	10/20/23	01/03/24	75	1,761
Danella Construction Corp	Employer	10/23	11/20/23	01/03/24	44	2,486
Danella Construction Corp	Employer	11/23	12/20/23	01/03/24	14	3,663
Danella Construction Corp	Employer	12/23	01/22/24	02/26/24	35	3,993
Danella Construction Corp	Employer	09/23	10/20/23	01/03/24	75	1,279
Danella Construction Corp	Employer	10/23	11/20/23	01/03/24	44	1,844
Danella Construction Corp	Employer	11/23	12/20/23	01/03/24	14	2,666
Danella Construction Corp	Employer	12/23	01/20/24	02/26/24	37	3,023
Danella Construction Corp	Employer	01/24	02/20/24	02/26/24	6	2,267
Danella Construction Corp	Employer	02/24	03/20/24	03/31/24	11	2,518
Danella Construction Corp	Employer	03/24	04/20/24	06/10/24	51	2,360
Danella Construction Corp	Employer	04/24	05/20/24	06/10/24	21	2,227
Danella Construction Corp	Employer	05/24	06/20/24	08/26/24	67	1,114
Danella Construction Corp	Employer	05/24	06/20/24	12/17/24	180	158
Danella Construction Corp	Employer	06/24	07/20/24	08/26/24	37	1,479
Danella Construction Corp	Employer	06/24	07/20/24	10/15/24	87	304
Danella Construction Corp	Employer	06/24	07/20/24	12/17/24	150	174
Danella Construction Corp	Employer	07/24	08/20/24	10/15/24	56	2,386
Danella Construction Corp	Employer	08/24	09/20/24	10/15/24	25	5,975
Danella Construction Corp	Employer	09/24	10/20/24	12/10/24	51	4,450
Danella Construction Corp	Employer	10/24	11/20/24	12/10/24	20	4,814
Danella Construction Corp	Employer	11/24	12/20/24	02/11/25	53	3,496
Danella Construction Corp	Employer	12/24	01/20/25	02/11/25	22	4,679
Day Mechanical LLC	Employer	04/23	05/22/23	05/24/23	2	240
Day Mechanical LLC	Employer	05/23	06/20/23	07/10/23	20	240
Day Mechanical LLC	Employer	08/23	09/20/23	09/25/23	5	396
Day Mechanical LLC	Employer	11/23	12/20/23	02/05/24	47	471

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
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SCHEDULE H TO FORM 5500, LINE 4a
 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
Day Mechanical LLC	Employer	12/23	01/22/24	02/05/24	14	456
Day Mechanical LLC	Employer	11/23	12/20/23	02/05/24	47	314
Day Mechanical LLC	Employer	12/23	01/20/24	02/05/24	16	304
Day Mechanical LLC	Employer	04/24	05/20/24	05/28/24	8	314
Day Mechanical LLC	Employer	05/24	06/20/24	08/13/24	54	302
Day Mechanical LLC	Employer	06/24	07/20/24	08/13/24	24	294
Day Mechanical LLC	Employer	07/24	08/20/24	11/07/24	79	276
Day Mechanical LLC	Employer	08/24	09/20/24	11/07/24	48	324
Day Mechanical LLC	Employer	09/24	10/20/24	11/07/24	18	302
Day Mechanical LLC	Employer	10/24	11/20/24	11/22/24	2	298
Day Mechanical LLC	Employer	11/24	12/20/24	12/24/24	4	296
Devine Brothers Inc	Employer	04/23	05/22/23	05/30/23	8	640
Dewitt Heating & Air Conditioning Inc	Employer	10/22	11/21/22	02/09/23	81	2,402
Dewitt Heating & Air Conditioning Inc	Employer	01/23	02/21/23	04/11/23	49	432
Dewitt Heating & Air Conditioning Inc	Employer	02/23	03/20/23	04/11/23	22	390
Dewitt Heating & Air Conditioning Inc	Employer	03/23	04/20/23	04/30/23	10	570
Dewitt Heating & Air Conditioning Inc	Employer	05/23	06/20/23	06/27/23	7	144
Dewitt Heating & Air Conditioning Inc	Employer	06/23	07/20/23	07/28/23	8	117
Dewitt Heating & Air Conditioning Inc	Employer	07/23	08/21/23	09/08/23	18	87
Dewitt Heating & Air Conditioning Inc	Employer	06/21	07/20/21	10/23/23	825	169
Dewitt Heating & Air Conditioning Inc	Employer	09/23	10/20/23	10/24/23	4	120
Dewitt Heating & Air Conditioning Inc	Employer	10/23	11/20/23	12/14/23	24	72
Dewitt Heating & Air Conditioning Inc	Employer	12/23	01/22/24	02/09/24	18	186
Dewitt Heating & Air Conditioning Inc	Employer	12/23	01/20/24	02/09/24	20	124
Dolan Mechanical Inc	Employer	04/23	05/22/23	06/21/23	30	1,113
Dolan Mechanical Inc	Employer	05/23	06/20/23	06/21/23	1	5,271
Dolan Mechanical Inc	Employer	04/24	05/20/24	06/21/24	32	1,556
Dolan Mechanical Inc	Employer	05/24	06/20/24	06/21/24	1	4,192
Dolan Mechanical Inc	Employer	11/24	12/20/24	12/23/24	3	3,514
DWD Mechanical Contractor Inc	Employer	01/23	02/21/23	02/23/23	2	9,918
DWD Mechanical Contractor Inc	Employer	02/23	03/20/23	03/21/23	1	10,164
DWD Mechanical Contractor Inc	Employer	05/23	06/20/23	06/21/23	1	12,312
DWD Mechanical Contractor Inc	Employer	01/13	02/20/13	07/17/23	3,799	187
DWD Mechanical Contractor Inc	Employer	08/13	09/20/13	07/17/23	3,587	67
DWD Mechanical Contractor Inc	Employer	11/14	12/22/14	07/17/23	3,131	59
DWD Mechanical Contractor Inc	Employer	11/23	12/20/23	12/27/23	7	11,746
DWD Mechanical Contractor Inc	Employer	05/24	06/20/24	06/21/24	1	8,825
DWD Mechanical Contractor Inc	Employer	06/24	07/20/24	07/22/24	2	13,451
DWD Mechanical Contractor Inc	Employer	10/24	11/20/24	01/31/25	72	84
DWD Mechanical Contractor Inc	Employer	12/24	01/20/25	02/18/25	29	110
Eagle Mechanical Inc	Employer	04/24	05/20/24	06/12/24	23	56
East Coast Constructors Inc	Employer	10/22	11/21/22	01/09/23	50	2,076
East Coast Constructors Inc	Employer	11/22	12/20/22	01/27/23	38	1,514
East Coast Constructors Inc	Employer	12/22	01/20/23	03/16/23	55	1,164
East Coast Constructors Inc	Employer	01/23	02/21/23	03/31/23	38	1,400
East Coast Constructors Inc	Employer	02/23	03/20/23	04/24/23	35	1,469
East Coast Constructors Inc	Employer	03/23	04/20/23	04/24/23	4	3,105
East Coast Constructors Inc	Employer	04/23	05/22/23	06/27/23	36	2,340
East Coast Constructors Inc	Employer	05/23	06/20/23	08/24/23	65	1,835
East Coast Constructors Inc	Employer	06/23	07/20/23	08/24/23	35	1,616
East Coast Constructors Inc	Employer	07/23	08/21/23	08/24/23	3	1,370
East Coast Constructors Inc	Employer	06/23	07/20/23	09/26/23	68	1,616
East Coast Constructors Inc	Employer	08/23	09/20/23	10/17/23	27	2,147
East Coast Constructors Inc	Employer	11/23	12/20/23	01/30/24	41	972

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 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
East Coast Constructors Inc	Employer	12/23	01/22/24	03/20/24	58	840
East Coast Constructors Inc	Employer	11/23	12/20/23	01/30/24	41	648
East Coast Constructors Inc	Employer	12/23	01/20/24	03/20/24	60	560
East Coast Constructors Inc	Employer	01/24	02/20/24	03/31/24	40	1,427
East Coast Constructors Inc	Employer	02/24	03/20/24	03/31/24	11	882
East Coast Constructors Inc	Employer	03/24	04/20/24	07/02/24	73	912
East Coast Constructors Inc	Employer	04/24	05/20/24	08/07/24	79	737
East Coast Constructors Inc	Employer	05/24	06/20/24	09/10/24	82	637
East Coast Constructors Inc	Employer	06/24	07/20/24	09/16/24	58	687
East Coast Constructors Inc	Employer	07/24	08/20/24	10/07/24	48	948
East Coast Constructors Inc	Employer	08/24	09/20/24	10/07/24	17	792
East Coast Constructors Inc	Employer	09/24	10/20/24	12/02/24	43	608
East Coast Constructors Inc	Employer	10/24	11/20/24	01/15/25	56	822
East Coast Constructors Inc	Employer	11/24	12/20/24	02/27/25	69	1,192
East Coast Constructors Inc	Employer	12/24	01/20/25	03/17/25	56	868
Edward J Meloney Inc	Employer	04/24	05/20/24	06/12/24	23	200
Elliott Lewis Corp	Employer	03/24	04/20/24	04/24/24	4	42,844
Elliott Lewis Corp	Employer	05/24	06/20/24	06/21/24	1	54,517
Elliott Lewis Corp	Employer	03/24	04/22/24	04/24/24	2	11,581
Elliott Lewis Corp	Employer	05/24	06/20/24	06/21/24	1	14,476
Energy Services LLC	Employer	10/22	11/21/22	01/12/23	52	240
Energy Services LLC	Employer	10/22	11/21/22	01/12/23	53	240
Energy Services LLC	Employer	11/22	12/20/22	01/30/23	41	240
Energy Services LLC	Employer	11/22	12/20/22	01/30/23	41	240
Energy Services LLC	Employer	11/22	12/20/22	02/14/23	56	51
Energy Services LLC	Employer	12/22	01/20/23	03/15/23	54	240
Energy Services LLC	Employer	01/23	02/21/23	03/15/23	22	240
Energy Services LLC	Employer	12/22	01/20/23	03/15/23	54	240
Energy Services LLC	Employer	02/23	03/20/23	04/19/23	30	240
Energy Services LLC	Employer	03/23	04/20/23	06/16/23	57	240
Energy Services LLC	Employer	04/23	05/22/23	06/16/23	25	240
Energy Services LLC	Employer	03/23	04/20/23	07/06/23	77	52
Energy Services LLC	Employer	07/23	08/21/23	10/02/23	42	240
Energy Services LLC	Employer	07/23	08/21/23	10/30/23	70	51
Energy Services LLC	Employer	08/23	09/20/23	11/09/23	50	240
Energy Services LLC	Employer	09/23	10/20/23	11/09/23	20	240
Energy Services LLC	Employer	10/23	11/20/23	01/05/24	46	240
Energy Services LLC	Employer	11/23	12/20/23	01/05/24	16	240
Energy Services LLC	Employer	12/23	01/22/24	03/11/24	49	240
Energy Services LLC	Employer	10/23	11/20/23	01/05/24	46	160
Energy Services LLC	Employer	11/23	12/20/23	01/05/24	16	160
Energy Services LLC	Employer	12/23	01/20/24	03/11/24	51	160
Energy Services LLC	Employer	01/24	02/20/24	03/31/24	40	160
Energy Services LLC	Employer	02/24	03/20/24	05/17/24	58	160
Energy Services LLC	Employer	03/24	04/20/24	05/17/24	27	160
Energy Services LLC	Employer	04/24	05/20/24	07/03/24	44	160
Energy Services LLC	Employer	05/24	06/20/24	08/22/24	63	160
Energy Services LLC	Employer	06/24	07/20/24	08/22/24	33	160
Energy Services LLC	Employer	07/24	08/20/24	10/07/24	48	160
Energy Services LLC	Employer	08/24	09/20/24	10/07/24	17	160
Enerplex Mech Systems Inc	Employer	08/23	09/20/23	09/22/23	2	831
Enerplex Mech Systems Inc	Employer	12/23	01/20/24	01/22/24	2	473
Enerplex Mech Systems Inc	Employer	05/24	06/20/24	06/21/24	1	556
Enerplex Mech Systems Inc	Employer	06/24	07/20/24	07/26/24	6	467

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 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH	DATE	DATE	NUMBER OF	
		MONIES WITHHELD	DUE	MONIES RECEIVED	DAYS LATE	
Enerplex Mech Systems Inc	Employer	09/24	10/20/24	10/22/24	2	464
Enerplex Mech Systems Inc	Employer	12/24	01/20/25	01/21/25	1	454
ES Jingoli Decommissioning, LLC	Employer	02/23	03/20/23	03/22/23	2	60
ES Jingoli Decommissioning, LLC	Employer	12/23	01/22/24	02/07/24	16	320
ES Jingoli Decommissioning, LLC	Employer	12/23	01/20/24	02/07/24	18	213
ES Jingoli Decommissioning, LLC	Employer	05/24	06/20/24	06/21/24	1	170
Falasca Mechanical Inc	Employer	04/24	05/20/24	06/06/24	17	528
Ferreira Construction Company Inc	Employer	09/22	10/20/22	02/09/23	112	129
Ferreira Construction Company Inc	Employer	10/22	11/21/22	02/09/23	81	314
Ferreira Construction Company Inc	Employer	11/22	12/20/22	02/09/23	51	420
Ferreira Construction Company Inc	Employer	12/22	01/20/23	02/09/23	20	341
Five Star Inc	Employer	06/23	07/20/23	07/21/23	1	2,759
Five Star Inc	Employer	07/23	08/21/23	09/05/23	15	2,952
Five Star Inc	Employer	08/23	09/20/23	10/05/23	15	3,651
Five Star Inc	Employer	09/23	10/20/23	11/02/23	13	2,765
Five Star Inc	Employer	11/23	12/20/23	01/04/24	15	1,472
Five Star Inc	Employer	12/23	01/22/24	02/08/24	17	1,607
Five Star Inc	Employer	10/23	11/20/23	02/15/24	87	1,820
Five Star Inc	Employer	10/23	11/20/23	02/15/24	87	1,214
Five Star Inc	Employer	11/23	12/20/23	01/04/24	15	981
Five Star Inc	Employer	12/23	01/20/24	02/08/24	19	1,072
Five Star Inc	Employer	01/24	02/20/24	03/04/24	13	647
Five Star Inc	Employer	02/24	03/20/24	03/28/24	8	1,082
Five Star Inc	Employer	03/24	04/20/24	04/30/24	10	803
Five Star Inc	Employer	04/24	05/20/24	06/03/24	14	859
Five Star Inc	Employer	04/24	05/20/24	07/02/24	43	218
Five Star Inc	Employer	05/24	06/20/24	07/02/24	12	594
Five Star Inc	Employer	06/24	07/20/24	08/05/24	16	944
Five Star Inc	Employer	07/24	08/20/24	08/30/24	10	1,273
Five Star Inc	Employer	08/24	09/20/24	09/30/24	10	986
Five Star Inc	Employer	09/24	10/20/24	10/31/24	11	710
Five Star Inc	Employer	10/24	11/20/24	12/02/24	12	1,405
Five Star Inc	Employer	11/24	12/20/24	01/07/25	18	913
Five Star Inc	Employer	12/24	01/20/25	02/03/25	14	934
Flanagan Mechanical Services LLC	Employer	05/23	06/20/23	10/30/23	132	162
Flanagan Mechanical Services LLC	Employer	06/23	07/20/23	10/30/23	102	434
Flanagan Mechanical Services LLC	Employer	11/23	12/20/23	01/22/24	33	2,233
Flanagan Mechanical Services LLC	Employer	10/24	11/20/24	12/18/24	28	1,503
Flemington Instrument Co Inc	Employer	04/24	05/20/24	06/12/24	23	189
Fluidics Inc	Employer	12/22	01/20/23	01/24/23	4	1,447
Fluidics Inc	Employer	04/23	05/22/23	06/12/23	21	332
Fluidics Inc	Employer	04/24	05/20/24	06/10/24	21	308
Gem Mechanical Svcs Inc	Employer	04/23	05/22/23	06/05/23	14	300
Gem Mechanical Svcs Inc	Employer	04/24	05/20/24	06/03/24	14	856
General & Mechanical Contractors Inc	Employer	02/23	03/20/23	04/30/23	41	120
General Asphalt Paving Co of Phila	Employer	04/23	05/22/23	06/13/23	22	597
General Asphalt Paving Co of Phila	Employer	04/24	05/20/24	06/11/24	22	665
General Asphalt Paving Co of Phila	Employer	12/24	01/20/25	03/20/25	59	3,754
General Refrigeration Co Inc	Employer	01/23	02/21/23	05/31/23	99	221
George S. Hall, Inc.	Employer	05/24	06/20/24	07/15/24	25	3,020
George S. Hall, Inc.	Employer	08/24	09/20/24	10/30/24	40	580
George S. Hall, Inc.	Employer	09/24	10/21/24	11/08/24	18	2,392
Global Spectrum/Citizen Bank Park	Employer	12/22	01/20/23	02/06/23	17	1,202
Global Spectrum/Citizen Bank Park	Employer	01/23	02/21/23	02/28/23	7	1,051

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(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH	DATE	DATE	NUMBER OF	
		MONIES WITHHELD	DUE	RECEIVED	DAYS LATE	
Global Spectrum/Citizen Bank Park	Employer	02/23	03/20/23	03/28/23	8	956
Global Spectrum/Citizen Bank Park	Employer	03/23	04/20/23	04/25/23	5	762
Global Spectrum/Citizen Bank Park	Employer	04/23	05/22/23	06/21/23	30	421
Global Spectrum/Citizen Bank Park	Employer	05/23	06/20/23	06/21/23	1	398
Global Spectrum/Citizen Bank Park	Employer	06/23	07/20/23	08/01/23	12	1,100
Global Spectrum/Citizen Bank Park	Employer	07/23	08/21/23	09/05/23	15	675
Global Spectrum/Citizen Bank Park	Employer	08/23	09/20/23	10/06/23	16	662
Global Spectrum/Citizen Bank Park	Employer	10/23	11/20/23	12/14/23	24	793
Global Spectrum/Citizen Bank Park	Employer	11/23	12/20/23	01/03/24	14	763
Global Spectrum/Citizen Bank Park	Employer	12/23	01/22/24	01/29/24	7	1,032
Global Spectrum/Citizen Bank Park	Employer	11/23	12/20/23	01/03/24	14	509
Global Spectrum/Citizen Bank Park	Employer	12/23	01/20/24	01/29/24	9	688
Global Spectrum/Citizen Bank Park	Employer	04/24	05/20/24	05/22/24	2	796
Global Spectrum/Citizen Bank Park	Employer	04/24	05/20/24	06/19/24	30	80
Global Spectrum/Citizen Bank Park	Employer	06/24	07/20/24	07/29/24	9	541
Global Spectrum/Citizen Bank Park	Employer	08/24	09/20/24	09/25/24	5	473
Global Spectrum/Citizen Bank Park	Employer	09/24	10/20/24	10/25/24	5	554
Global Spectrum/Citizen Bank Park	Employer	12/24	01/20/25	01/28/25	8	472
Goshen Mechanical Inc	Employer	02/23	03/20/23	03/27/23	7	2,017
Goshen Mechanical Inc	Employer	06/23	07/20/23	12/20/23	153	673
Goshen Mechanical Inc	Employer	07/23	08/21/23	12/20/23	121	846
Goshen Mechanical Inc	Employer	08/23	09/20/23	12/20/23	91	958
Graycor Indust Const Inc	Employer	03/23	04/20/23	04/30/23	10	2,739
Graycor Indust Const Inc	Employer	05/23	06/20/23	06/21/23	1	252
Great Western Services Inc	Employer	01/24	02/20/24	02/29/24	9	89
H & H Commercial Services	Employer	06/24	07/20/24	09/30/24	72	146
H & H Commercial Services	Employer	07/24	08/20/24	09/30/24	41	125
H & H Commercial Services	Employer	08/24	09/20/24	09/30/24	10	161
H & W Mechanical Services LLC	Employer	11/22	12/20/22	01/12/23	23	1,476
H & W Mechanical Services LLC	Employer	12/22	01/20/23	03/06/23	45	1,488
H & W Mechanical Services LLC	Employer	12/22	01/20/23	03/06/23	45	1,488
H & W Mechanical Services LLC	Employer	01/23	02/21/23	03/31/23	38	989
H & W Mechanical Services LLC	Employer	02/23	03/20/23	04/14/23	25	1,134
H & W Mechanical Services LLC	Employer	03/23	04/20/23	05/17/23	27	908
H & W Mechanical Services LLC	Employer	04/23	05/22/23	07/06/23	45	752
H & W Mechanical Services LLC	Employer	05/23	06/20/23	07/25/23	35	936
H & W Mechanical Services LLC	Employer	06/23	07/20/23	08/21/23	32	1,134
H & W Mechanical Services LLC	Employer	07/23	08/21/23	09/29/23	39	1,951
H & W Mechanical Services LLC	Employer	08/23	09/20/23	12/12/23	83	3,016
H & W Mechanical Services LLC	Employer	09/23	10/20/23	12/27/23	68	2,800
H & W Mechanical Services LLC	Employer	10/23	11/20/23	01/03/24	44	2,937
H & W Mechanical Services LLC	Employer	11/23	12/20/23	01/18/24	29	2,471
H & W Mechanical Services LLC	Employer	12/23	01/22/24	02/20/24	29	2,123
H & W Mechanical Services LLC	Employer	10/23	11/20/23	01/03/24	44	2,154
H & W Mechanical Services LLC	Employer	11/23	12/20/23	01/18/24	29	1,788
H & W Mechanical Services LLC	Employer	12/23	01/20/24	02/20/24	31	1,518
H & W Mechanical Services LLC	Employer	01/24	02/20/24	03/07/24	16	1,194
H & W Mechanical Services LLC	Employer	02/24	03/20/24	03/31/24	11	1,032
H & W Mechanical Services LLC	Employer	03/24	04/20/24	04/23/24	3	1,376
H & W Mechanical Services LLC	Employer	04/24	05/20/24	06/24/24	35	1,727
H & W Mechanical Services LLC	Employer	05/24	06/20/24	07/17/24	27	1,638
H & W Mechanical Services LLC	Employer	06/24	07/20/24	08/26/24	37	1,851
H & W Mechanical Services LLC	Employer	07/24	08/20/24	09/20/24	31	2,057
H & W Mechanical Services LLC	Employer	08/24	09/20/24	11/12/24	53	2,225

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(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE MONIES RECEIVED	NUMBER OF DAYS LATE	
H & W Mechanical Services LLC	Employer	09/24	10/20/24	11/12/24	23	2,126
H & W Mechanical Services LLC	Employer	10/24	11/20/24	12/09/24	19	1,757
H & W Mechanical Services LLC	Employer	12/24	01/20/25	02/28/25	39	1,396
H T Lyons Inc	Employer	04/23	05/22/23	06/21/23	30	7,602
H T Lyons Inc	Employer	05/23	06/20/23	06/21/23	1	27,842
H T Lyons Inc	Employer	02/24	03/20/24	11/26/24	251	155
H T Lyons Inc	Employer	03/24	04/20/24	11/26/24	220	158
H T Lyons Inc	Employer	04/24	05/20/24	06/13/24	24	4,380
H T Lyons Inc	Employer	04/24	05/20/24	11/26/24	190	160
H T Lyons Inc	Employer	05/24	06/20/24	11/26/24	159	210
H T Lyons Inc	Employer	06/24	07/20/24	11/26/24	129	141
H T Lyons Inc	Employer	07/24	08/20/24	11/26/24	98	176
H T Lyons Inc	Employer	08/24	09/20/24	11/26/24	67	64
H T Lyons Inc	Employer	09/24	10/20/24	11/26/24	37	143
Harris Environmental Systems Inc	Employer	03/23	04/20/23	06/08/23	49	1,356
Harris Environmental Systems Inc	Employer	04/23	05/22/23	06/08/23	17	65
Harris Environmental Systems Inc	Employer	05/23	06/20/23	07/10/23	20	231
Harris Environmental Systems Inc	Employer	08/23	09/20/23	09/25/23	5	120
Harris Environmental Systems Inc	Employer	03/24	04/20/24	05/20/24	30	105
Harris Environmental Systems Inc	Employer	04/24	05/20/24	06/03/24	14	72
Harris Environmental Systems Inc	Employer	05/24	06/20/24	07/03/24	13	201
Harris Environmental Systems Inc	Employer	06/24	07/20/24	07/22/24	2	130
Henkels & Mc Coy Inc	Employer	05/23	06/20/23	06/27/23	7	1,191
Herman Goldner Co Inc	Employer	12/22	01/20/23	01/27/23	7	1,079
Herman Goldner Co Inc	Employer	12/22	01/20/23	01/27/23	7	116,997
Herman Goldner Co Inc	Employer	12/22	01/20/23	01/27/23	7	1,079
Herman Goldner Co Inc	Employer	01/23	02/21/23	02/27/23	6	93,916
Herman Goldner Co Inc	Employer	01/23	02/21/23	02/27/23	6	875
Herman Goldner Co Inc	Employer	02/23	03/20/23	03/29/23	9	100,171
Herman Goldner Co Inc	Employer	02/23	03/20/23	03/29/23	9	880
Herman Goldner Co Inc	Employer	03/23	04/20/23	04/26/23	6	129,750
Herman Goldner Co Inc	Employer	03/23	04/20/23	04/26/23	6	880
Herman Goldner Co Inc	Employer	04/23	05/22/23	05/24/23	2	105,846
Herman Goldner Co Inc	Employer	04/23	05/22/23	05/24/23	2	909
Herman Goldner Co Inc	Employer	04/23	05/22/23	06/27/23	36	21,692
Herman Goldner Co Inc	Employer	05/23	06/20/23	06/27/23	7	90,221
Herman Goldner Co Inc	Employer	05/23	06/20/23	06/27/23	7	949
Herman Goldner Co Inc	Employer	07/23	08/21/23	08/29/23	8	99,611
Herman Goldner Co Inc	Employer	06/23	07/20/23	08/29/23	40	207
Herman Goldner Co Inc	Employer	07/23	08/21/23	08/29/23	8	593
Herman Goldner Co Inc	Employer	08/23	09/20/23	09/26/23	6	136,181
Herman Goldner Co Inc	Employer	08/23	09/20/23	09/26/23	6	1,067
Herman Goldner Co Inc	Employer	09/23	10/20/23	10/30/23	10	109,362
Herman Goldner Co Inc	Employer	09/23	10/20/23	10/30/23	10	919
Herman Goldner Co Inc	Employer	10/23	11/20/23	11/28/23	8	124,264
Herman Goldner Co Inc	Employer	10/23	11/20/23	11/28/23	8	901
Herman Goldner Co Inc	Employer	12/23	01/22/24	01/26/24	4	120,170
Herman Goldner Co Inc	Employer	12/23	01/22/24	01/26/24	4	878
Herman Goldner Co Inc	Employer	12/23	01/20/24	01/26/24	6	96,305
Herman Goldner Co Inc	Employer	01/24	02/20/24	02/23/24	3	87,058
Herman Goldner Co Inc	Employer	02/24	03/20/24	03/25/24	5	128,543
Herman Goldner Co Inc	Employer	03/24	04/20/24	04/30/24	10	103,164
Herman Goldner Co Inc	Employer	04/24	05/20/24	05/31/24	11	99,177
Herman Goldner Co Inc	Employer	04/24	05/20/24	06/20/24	31	20,076

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
Herman Goldner Co Inc	Employer	06/24	07/20/24	07/22/24	2	93,047
Herman Goldner Co Inc	Employer	08/24	09/20/24	09/25/24	5	109,882
Herman Goldner Co Inc	Employer	09/24	10/20/24	10/23/24	3	82,096
Herman Goldner Co Inc	Employer	10/24	11/20/24	11/22/24	2	107,340
Herman Goldner Co Inc	Employer	12/24	01/20/25	01/24/25	4	114,215
Herman Goldner Co Inc	Employer	12/23	01/22/24	01/26/24	4	878
Herman Goldner Co Inc	Employer	01/24	02/20/24	02/23/24	3	937
Herman Goldner Co Inc	Employer	02/24	03/20/24	03/25/24	5	1,156
Herman Goldner Co Inc	Employer	03/24	04/22/24	04/30/24	8	949
Herman Goldner Co Inc	Employer	04/24	05/20/24	05/31/24	11	741
Herman Goldner Co Inc	Employer	06/24	07/22/24	08/20/24	29	237
Herman Goldner Co Inc	Employer	08/24	09/20/24	09/25/24	5	1,038
Herman Goldner Co Inc	Employer	09/24	10/21/24	10/23/24	2	836
Herman Goldner Co Inc	Employer	10/24	11/20/24	11/22/24	2	1,150
Herman Goldner Co Inc	Employer	12/24	01/21/25	01/24/25	3	901
Honeywell Inc	Employer	05/23	06/20/23	08/04/23	45	213
Honeywell Inc	Employer	12/23	01/22/24	01/26/24	4	252
Honeywell Inc	Employer	12/23	01/20/24	01/26/24	6	168
Hurckman Mechanical Industries, Inc	Employer	05/23	06/20/23	06/27/23	7	314
Hurckman Mechanical Industries, Inc	Employer	12/23	01/22/24	02/05/24	14	120
Hurckman Mechanical Industries, Inc	Employer	12/23	01/20/24	01/22/24	2	236
Hurckman Mechanical Industries, Inc	Employer	12/23	01/20/24	02/05/24	16	80
HWE Mechanical, LLC	Employer	10/22	11/21/22	01/31/23	72	2,308
HWE Mechanical, LLC	Employer	11/22	12/20/22	02/14/23	56	2,422
HWE Mechanical, LLC	Employer	12/22	01/20/23	03/27/23	66	3,212
HWE Mechanical, LLC	Employer	01/23	02/21/23	03/27/23	34	2,726
HWE Mechanical, LLC	Employer	02/23	03/20/23	05/17/23	58	1,397
HWE Mechanical, LLC	Employer	03/23	04/20/23	07/05/23	76	1,088
HWE Mechanical, LLC	Employer	04/23	05/22/23	07/05/23	44	2,444
HWE Mechanical, LLC	Employer	05/23	06/20/23	07/25/23	35	2,168
HWE Mechanical, LLC	Employer	06/23	07/20/23	10/17/23	89	2,202
HWE Mechanical, LLC	Employer	07/23	08/21/23	10/17/23	57	1,784
HWE Mechanical, LLC	Employer	06/23	07/20/23	10/30/23	102	273
HWE Mechanical, LLC	Employer	08/23	09/20/23	11/22/23	63	2,412
HWE Mechanical, LLC	Employer	11/22	12/20/22	11/30/23	345	263
HWE Mechanical, LLC	Employer	09/23	10/20/23	01/16/24	88	1,632
HWE Mechanical, LLC	Employer	10/23	11/20/23	01/16/24	57	1,800
HWE Mechanical, LLC	Employer	11/23	12/20/23	02/02/24	44	2,143
HWE Mechanical, LLC	Employer	12/23	01/22/24	02/16/24	25	2,519
HWE Mechanical, LLC	Employer	09/23	10/20/23	01/16/24	88	1,170
HWE Mechanical, LLC	Employer	10/23	11/20/23	01/16/24	57	1,263
HWE Mechanical, LLC	Employer	11/23	12/20/23	02/02/24	44	1,515
HWE Mechanical, LLC	Employer	12/23	01/20/24	02/16/24	27	1,783
HWE Mechanical, LLC	Employer	01/24	02/20/24	03/31/24	40	1,805
HWE Mechanical, LLC	Employer	02/24	03/20/24	03/31/24	11	1,405
HWE Mechanical, LLC	Employer	04/24	05/20/24	08/30/24	102	763
HWE Mechanical, LLC	Employer	05/24	06/20/24	09/30/24	102	786
HWE Mechanical, LLC	Employer	06/24	07/20/24	11/08/24	111	346
HWE Mechanical, LLC	Employer	07/24	08/20/24	12/02/24	104	425
HWE Mechanical, LLC	Employer	08/24	09/20/24	12/18/24	89	433
HWE Mechanical, LLC	Employer	09/24	10/20/24	12/18/24	59	327
HWE Mechanical, LLC	Employer	10/24	11/20/24	12/18/24	28	344
HWE Mechanical, LLC	Employer	11/24	12/20/24	01/23/25	34	419
HWE Mechanical, LLC	Employer	12/24	01/20/25	01/23/25	3	333

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 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
I T C Delaware Valley LLC	Employer	09/23	10/20/23	11/08/23	19	89
I T C Delaware Valley LLC	Employer	04/24	05/20/24	06/10/24	21	169
I T C Delaware Valley LLC	Employer	09/24	10/20/24	10/29/24	9	704
I T C Delaware Valley LLC	Employer	10/24	11/20/24	11/22/24	2	745
I T C Delaware Valley LLC	Employer	11/24	12/20/24	12/24/24	4	654
Industrial Mechanical Contractors Inc	Employer	12/23	01/20/24	01/22/24	2	1,965
Industrial Mechanical Contractors Inc	Employer	05/24	06/20/24	06/21/24	1	1,917
Industrial Mechanical Contractors Inc	Employer	06/24	07/20/24	07/25/24	5	1,943
Industrial Mechanical Contractors Inc	Employer	09/24	10/20/24	10/25/24	5	2,342
Industrial Mechanical Contractors Inc	Employer	10/24	11/20/24	11/25/24	5	1,915
Industrial Mechanical Contractors Inc	Employer	12/24	01/20/25	01/28/25	8	2,335
Infrasource Construction LLC	Employer	11/22	12/20/22	02/01/23	43	1,327
Infrasource Construction LLC	Employer	12/22	01/20/23	03/08/23	47	635
Infrasource Construction LLC	Employer	01/23	02/21/23	03/08/23	15	590
J A Smith Htg & Air Conditioning	Employer	05/23	06/20/23	07/06/23	16	1,923
J A Smith Htg & Air Conditioning	Employer	09/23	10/20/23	12/04/23	45	1,934
J A Smith Htg & Air Conditioning	Employer	09/23	10/20/23	01/17/24	89	237
J A Smith Htg & Air Conditioning	Employer	09/24	10/20/24	10/21/24	1	1,755
J A Smith Htg & Air Conditioning	Employer	12/24	01/20/25	01/21/25	1	1,974
J F Hierholzer Mechanical & Electric	Employer	02/23	03/20/23	03/21/23	1	627
J J White Inc	Employer	09/21	10/20/21	03/30/23	526	120
J J White Inc	Employer	01/22	02/22/22	04/14/23	418	142
J J White Inc	Employer	02/22	03/21/22	04/14/23	390	75
J J White Inc	Employer	04/23	05/22/23	06/15/23	24	9,706
J J White Inc	Employer	05/23	06/20/23	02/13/24	238	108
J J White Inc	Employer	06/23	07/20/23	02/13/24	208	180
J J White Inc	Employer	07/23	08/21/23	02/13/24	176	216
J J White Inc	Employer	05/23	06/20/23	02/13/24	238	72
J J White Inc	Employer	06/23	07/20/23	02/13/24	208	120
J J White Inc	Employer	07/23	08/20/23	02/13/24	177	144
J J White Inc	Employer	12/23	01/20/24	06/14/24	146	560
J J White Inc	Employer	01/24	02/20/24	06/14/24	115	700
J J White Inc	Employer	02/24	03/20/24	06/14/24	86	560
J J White Inc	Employer	03/24	04/20/24	06/14/24	55	560
J J White Inc	Employer	04/24	05/20/24	06/14/24	25	14,161
J J White Inc	Employer	04/24	05/20/24	06/18/24	29	104
J J White Inc	Employer	09/24	10/20/24	11/15/24	26	171
J R Metzger Inc	Employer	11/22	12/20/22	01/05/23	16	669
J R Metzger Inc	Employer	11/22	12/20/22	01/05/23	16	669
J R Metzger Inc	Employer	12/22	01/20/23	01/31/23	11	814
J R Metzger Inc	Employer	12/22	01/20/23	01/31/23	11	814
J R Metzger Inc	Employer	01/23	02/21/23	03/16/23	23	2,421
J R Metzger Inc	Employer	02/23	03/20/23	04/10/23	21	2,366
J R Metzger Inc	Employer	03/23	04/20/23	04/30/23	10	2,902
J R Metzger Inc	Employer	04/23	05/22/23	05/25/23	3	3,746
J R Metzger Inc	Employer	05/23	06/20/23	06/21/23	1	2,738
J R Metzger Inc	Employer	07/23	08/21/23	09/18/23	28	1,106
J R Metzger Inc	Employer	08/23	09/20/23	10/16/23	26	1,574
J R Metzger Inc	Employer	09/23	10/20/23	10/30/23	10	4,020
J R Metzger Inc	Employer	10/23	11/20/23	12/04/23	14	7,134
J R Metzger Inc	Employer	11/23	12/20/23	01/12/24	23	3,050
J R Metzger Inc	Employer	12/23	01/22/24	02/09/24	18	1,207
J R Metzger Inc	Employer	08/23	09/20/23	05/10/24	233	111
J R Metzger Inc	Employer	08/23	09/20/23	05/10/24	233	74

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 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
J R Metzger Inc	Employer	11/23	12/20/23	01/12/24	23	2,299
J R Metzger Inc	Employer	12/23	01/20/24	02/09/24	20	1,002
J R Metzger Inc	Employer	01/24	02/20/24	02/27/24	7	705
J R Metzger Inc	Employer	02/24	03/20/24	03/22/24	2	657
J R Metzger Inc	Employer	03/24	04/20/24	05/10/24	20	742
J R Metzger Inc	Employer	04/24	05/20/24	06/03/24	14	733
J R Metzger Inc	Employer	05/24	06/20/24	07/12/24	22	637
J R Metzger Inc	Employer	06/24	07/20/24	08/16/24	27	915
J R Metzger Inc	Employer	07/24	08/20/24	09/13/24	24	698
J R Metzger Inc	Employer	08/24	09/20/24	10/10/24	20	710
J R Metzger Inc	Employer	09/24	10/20/24	10/31/24	11	972
J R Metzger Inc	Employer	10/24	11/20/24	12/09/24	19	701
J R Metzger Inc	Employer	11/24	12/20/24	01/21/25	32	555
J R Metzger Inc	Employer	12/24	01/20/25	02/07/25	18	757
JLynn LLC	Employer	10/22	11/21/22	02/13/23	84	80
JLynn LLC	Employer	10/22	11/21/22	02/13/23	85	80
JLynn LLC	Employer	05/23	06/20/23	06/21/23	1	19,588
JLynn LLC	Employer	10/24	11/20/24	11/21/24	1	10,180
JLynn LLC	Employer	10/24	11/20/24	01/22/25	63	468
Johnson Controls Inc - Milwaukee	Employer	04/24	05/20/24	06/07/24	18	5,391
Jones Lang LaSalle	Employer	11/22	12/20/22	01/18/23	29	21,330
Jones Lang LaSalle	Employer	11/22	12/20/22	01/18/23	29	21,330
Jones Lang LaSalle	Employer	05/23	06/20/23	06/27/23	7	21,471
Jones Lang LaSalle	Employer	06/23	07/20/23	08/01/23	12	32,347
Jones Lang LaSalle	Employer	11/23	12/20/23	01/25/24	36	978
Jones Lang LaSalle	Employer	11/23	12/20/23	01/25/24	36	978
Keystone Refrigeration Service Inc	Employer	05/24	06/20/24	06/24/24	4	302
Keystone Refrigeration Service Inc	Employer	11/24	12/20/24	01/28/25	39	287
Kisby-Lees Mechanical LLC	Employer	12/22	01/20/23	01/30/23	10	800
Kisby-Lees Mechanical LLC	Employer	02/23	03/20/23	03/23/23	3	800
Kisby-Lees Mechanical LLC	Employer	04/23	05/22/23	06/21/23	30	800
Kisby-Lees Mechanical LLC	Employer	07/23	08/21/23	09/11/23	21	760
Kisby-Lees Mechanical LLC	Employer	05/23	06/20/23	09/12/23	84	1,000
Kisby-Lees Mechanical LLC	Employer	06/23	07/20/23	09/12/23	54	800
Kisby-Lees Mechanical LLC	Employer	08/23	09/20/23	09/26/23	6	1,000
Kisby-Lees Mechanical LLC	Employer	10/23	11/20/23	12/18/23	28	800
Kisby-Lees Mechanical LLC	Employer	12/23	01/22/24	02/12/24	21	800
Kisby-Lees Mechanical LLC	Employer	12/23	01/20/24	02/12/24	23	720
Kisby-Lees Mechanical LLC	Employer	02/24	03/20/24	03/22/24	2	684
Kisby-Lees Mechanical LLC	Employer	05/24	06/20/24	06/24/24	4	900
Kisby-Lees Mechanical LLC	Employer	06/24	07/20/24	08/16/24	27	864
Kisby-Lees Mechanical LLC	Employer	09/24	10/20/24	10/31/24	11	864
Laredo Mechanical LLC	Employer	12/22	01/20/23	02/06/23	17	1,382
Laredo Mechanical LLC	Employer	01/23	02/21/23	03/10/23	17	1,544
Laredo Mechanical LLC	Employer	04/23	05/22/23	06/05/23	14	1,653
Laredo Mechanical LLC	Employer	05/23	06/20/23	07/10/23	20	1,249
Laredo Mechanical LLC	Employer	06/23	07/20/23	08/01/23	12	1,229
Laredo Mechanical LLC	Employer	07/23	08/21/23	09/05/23	15	1,499
Laredo Mechanical LLC	Employer	08/23	09/20/23	10/05/23	15	1,398
Laredo Mechanical LLC	Employer	10/23	11/20/23	12/14/23	24	1,414
Laredo Mechanical LLC	Employer	11/23	12/20/23	01/03/24	14	1,052
Laredo Mechanical LLC	Employer	12/23	01/22/24	02/07/24	16	1,295
Laredo Mechanical LLC	Employer	11/23	12/20/23	01/03/24	14	702
Laredo Mechanical LLC	Employer	12/23	01/20/24	02/07/24	18	863

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SCHEDULE H TO FORM 5500, LINE 4a
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 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
Laredo Mechanical LLC	Employer	01/24	02/20/24	02/23/24	3	675
Laredo Mechanical LLC	Employer	03/24	04/20/24	04/25/24	5	1,167
Laredo Mechanical LLC	Employer	04/24	05/20/24	05/31/24	11	842
Laredo Mechanical LLC	Employer	08/24	09/20/24	09/24/24	4	858
Laredo Mechanical LLC	Employer	09/24	10/20/24	11/05/24	16	1,047
Laredo Mechanical LLC	Employer	10/24	11/20/24	11/25/24	5	1,024
Laredo Mechanical LLC	Employer	12/24	01/20/25	02/03/25	14	1,398
Leibold Inc	Employer	12/22	01/20/23	01/26/23	6	4,391
Leibold Inc	Employer	01/23	02/21/23	03/01/23	8	6,251
Leibold Inc	Employer	02/23	03/20/23	03/27/23	7	4,643
Leibold Inc	Employer	03/23	04/20/23	04/30/23	10	4,763
Leibold Inc	Employer	04/23	05/22/23	05/24/23	2	4,753
Leibold Inc	Employer	05/23	06/20/23	07/17/23	27	8,115
Leibold Inc	Employer	06/23	07/20/23	08/28/23	39	14,166
Leibold Inc	Employer	07/23	08/21/23	09/18/23	28	22,456
Leibold Inc	Employer	08/23	09/20/23	10/06/23	16	17,671
Leibold Inc	Employer	09/23	10/20/23	11/14/23	25	11,441
Leibold Inc	Employer	10/23	11/20/23	12/12/23	22	11,116
Leibold Inc	Employer	11/23	12/20/23	12/27/23	7	5,661
Leibold Inc	Employer	12/23	01/22/24	01/24/24	2	4,647
Leibold Inc	Employer	12/23	01/20/24	01/24/24	4	3,981
Leibold Inc	Employer	01/24	02/20/24	02/22/24	2	3,733
Leibold Inc	Employer	03/24	04/20/24	04/23/24	3	3,725
Leibold Inc	Employer	04/24	05/20/24	05/28/24	8	5,132
Leibold Inc	Employer	05/24	06/20/24	07/02/24	12	6,712
Leibold Inc	Employer	06/24	07/20/24	08/13/24	24	7,346
Leibold Inc	Employer	07/24	08/20/24	09/09/24	20	13,728
Leibold Inc	Employer	10/24	11/20/24	11/25/24	5	3,359
Len Parker Associates Inc	Employer	04/23	05/22/23	06/15/23	24	1,236
Liberty Mechanical Services Inc	Employer	10/22	11/21/22	01/06/23	47	400
Liberty Mechanical Services Inc	Employer	11/22	12/20/22	03/13/23	83	320
Liberty Mechanical Services Inc	Employer	12/22	01/20/23	03/13/23	52	320
Liberty Mechanical Services Inc	Employer	01/23	02/21/23	05/16/23	84	520
Liberty Mechanical Services Inc	Employer	02/23	03/20/23	05/16/23	57	721
Liberty Mechanical Services Inc	Employer	03/23	04/20/23	07/05/23	76	1,419
Liberty Mechanical Services Inc	Employer	04/23	05/22/23	08/01/23	71	1,269
Liberty Mechanical Services Inc	Employer	05/23	06/20/23	09/12/23	84	998
Liberty Mechanical Services Inc	Employer	06/23	07/20/23	10/26/23	98	1,013
Liberty Mechanical Services Inc	Employer	07/23	08/21/23	11/03/23	74	1,224
Liberty Mechanical Services Inc	Employer	08/23	09/20/23	12/06/23	77	1,007
Liberty Mechanical Services Inc	Employer	09/23	10/20/23	01/03/24	75	993
Liberty Mechanical Services Inc	Employer	10/23	11/20/23	02/01/24	73	1,296
Liberty Mechanical Services Inc	Employer	11/23	12/20/23	03/04/24	75	982
Liberty Mechanical Services Inc	Employer	12/23	01/22/24	03/28/24	66	1,270
Liberty Mechanical Services Inc	Employer	09/23	10/20/23	01/03/24	75	689
Liberty Mechanical Services Inc	Employer	10/23	11/20/23	02/01/24	73	897
Liberty Mechanical Services Inc	Employer	11/23	12/20/23	03/04/24	75	682
Liberty Mechanical Services Inc	Employer	12/23	01/20/24	03/28/24	68	880
Liberty Mechanical Services Inc	Employer	01/24	02/20/24	04/25/24	65	643
Liberty Mechanical Services Inc	Employer	02/24	03/20/24	05/23/24	64	811
Liberty Mechanical Services Inc	Employer	03/24	04/20/24	07/03/24	74	1,071
Liberty Mechanical Services Inc	Employer	04/24	05/20/24	08/06/24	78	858
Liberty Mechanical Services Inc	Employer	05/24	06/20/24	09/11/24	83	856
Liberty Mechanical Services Inc	Employer	06/24	07/20/24	10/23/24	95	1,047

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
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SCHEDULE H TO FORM 5500, LINE 4a
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 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH	DATE	DATE	NUMBER OF	
		MONIES WITHHELD	DUE	RECEIVED	DAYS LATE	
Liberty Mechanical Services Inc	Employer	07/24	08/20/24	10/25/24	66	694
Liberty Mechanical Services Inc	Employer	08/24	09/20/24	11/21/24	62	730
Liberty Mechanical Services Inc	Employer	09/24	10/20/24	12/16/24	57	746
Liberty Mechanical Services Inc	Employer	10/24	11/20/24	01/02/25	43	647
Liberty Mechanical Services Inc	Employer	11/24	12/20/24	01/29/25	40	824
Liberty Mechanical Services Inc	Employer	12/24	01/20/25	03/11/25	50	1,136
Lima Company	Employer	12/24	01/20/25	01/21/25	1	750
L-M Service Co Inc	Employer	04/23	05/22/23	05/23/23	1	3,087
L-M Service Co Inc	Employer	07/23	08/21/23	09/06/23	16	2,704
L-M Service Co Inc	Employer	05/24	06/20/24	07/02/24	12	2,158
L-M Service Co Inc	Employer	06/24	07/20/24	08/16/24	27	2,618
L-M Service Co Inc	Employer	07/24	08/20/24	09/13/24	24	3,986
L-M Service Co Inc	Employer	08/24	09/20/24	09/26/24	6	2,419
L-M Service Co Inc	Employer	09/24	10/20/24	10/23/24	3	1,750
L-M Service Co Inc	Employer	11/24	12/20/24	12/23/24	3	2,170
Lor-Mar Mechanical Services Inc	Employer	10/23	11/20/23	12/04/23	14	14,544
Lor-Mar Mechanical Services Inc	Employer	04/24	05/20/24	05/21/24	1	7,749
Lor-Mar Mechanical Services Inc	Employer	05/24	06/20/24	06/24/24	4	8,382
Lor-Mar Mechanical Services Inc	Employer	07/24	08/20/24	08/26/24	6	8,451
Lor-Mar Mechanical Services Inc	Employer	09/24	10/20/24	10/21/24	1	10,575
Lor-Mar Mechanical Services Inc	Employer	11/24	12/20/24	12/27/24	7	10,185
Lor-Mar Mechanical Services Inc	Employer	12/24	01/20/25	01/30/25	10	11,774
Lugaila Mechanical	Employer	02/24	03/20/24	04/23/24	34	236
Lugaila Mechanical	Employer	03/24	04/20/24	04/23/24	3	360
Lugaila Mechanical	Employer	03/24	04/20/24	06/28/24	69	186
Lugaila Mechanical	Employer	05/24	06/20/24	06/28/24	8	80
Mallard Mechanical Inc	Employer	11/22	12/20/22	01/31/23	42	2,621
Mallard Mechanical Inc	Employer	12/22	01/20/23	03/22/23	61	2,676
Mallard Mechanical Inc	Employer	01/23	02/21/23	03/27/23	34	2,700
Mallard Mechanical Inc	Employer	12/22	01/20/23	04/19/23	89	52
Mallard Mechanical Inc	Employer	02/23	03/20/23	04/19/23	30	2,484
Mallard Mechanical Inc	Employer	03/23	04/20/23	06/05/23	46	3,084
Mallard Mechanical Inc	Employer	04/23	05/22/23	06/22/23	31	2,904
Mallard Mechanical Inc	Employer	05/23	06/20/23	07/25/23	35	3,156
Mallard Mechanical Inc	Employer	06/23	07/20/23	08/01/23	12	3,236
Mallard Mechanical Inc	Employer	07/23	08/21/23	09/11/23	21	3,004
Mallard Mechanical Inc	Employer	08/23	09/20/23	11/02/23	43	3,072
Mallard Mechanical Inc	Employer	09/23	10/20/23	11/28/23	39	3,064
Mallard Mechanical Inc	Employer	10/23	11/20/23	12/27/23	37	3,016
Mallard Mechanical Inc	Employer	11/23	12/20/23	02/12/24	54	3,016
Mallard Mechanical Inc	Employer	12/23	01/22/24	02/28/24	37	2,436
Mallard Mechanical Inc	Employer	11/23	12/20/23	02/12/24	54	2,480
Mallard Mechanical Inc	Employer	12/23	01/20/24	02/28/24	39	2,000
Mallard Mechanical Inc	Employer	01/24	02/20/24	03/31/24	40	1,816
Mallard Mechanical Inc	Employer	02/24	03/20/24	05/13/24	54	1,792
Mallard Mechanical Inc	Employer	03/24	04/20/24	06/11/24	52	1,776
Mallard Mechanical Inc	Employer	04/24	05/20/24	06/11/24	22	1,788
Mallard Mechanical Inc	Employer	05/24	06/20/24	09/18/24	90	1,824
Mallard Mechanical Inc	Employer	06/24	07/20/24	09/18/24	60	1,754
Mallard Mechanical Inc	Employer	07/24	08/20/24	09/18/24	29	1,848
Mallard Mechanical Inc	Employer	09/24	10/20/24	10/23/24	3	1,704
Mallard Mechanical Inc	Employer	10/24	11/20/24	01/07/25	48	1,982
Mallard Mechanical Inc	Employer	11/24	12/20/24	02/10/25	52	2,160
Mallard Mechanical Inc	Employer	12/24	01/20/25	04/07/25	77	2,232

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FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
Map Refrigeration Inc	Employer	11/22	12/20/22	02/15/23	57	785
Map Refrigeration Inc	Employer	10/22	11/21/22	03/06/23	106	71
Map Refrigeration Inc	Employer	12/22	01/20/23	03/20/23	59	909
Map Refrigeration Inc	Employer	01/23	02/21/23	03/27/23	34	862
Map Refrigeration Inc	Employer	02/23	03/20/23	04/11/23	22	725
Map Refrigeration Inc	Employer	03/23	04/20/23	06/01/23	42	759
Map Refrigeration Inc	Employer	04/23	05/22/23	06/09/23	18	878
Map Refrigeration Inc	Employer	05/23	06/20/23	07/20/23	30	1,372
Map Refrigeration Inc	Employer	06/23	07/20/23	08/24/23	35	1,545
Map Refrigeration Inc	Employer	07/23	08/21/23	10/23/23	63	1,619
Map Refrigeration Inc	Employer	08/23	09/20/23	11/16/23	57	1,580
Map Refrigeration Inc	Employer	09/23	10/20/23	11/16/23	27	1,302
Map Refrigeration Inc	Employer	11/23	12/20/23	01/16/24	27	1,393
Map Refrigeration Inc	Employer	11/23	12/20/23	01/16/24	27	929
Map Refrigeration Inc	Employer	01/24	02/20/24	03/11/24	20	984
Map Refrigeration Inc	Employer	03/24	04/20/24	05/09/24	19	1,190
Map Refrigeration Inc	Employer	03/24	04/20/24	06/18/24	59	453
Map Refrigeration Inc	Employer	04/24	05/20/24	08/16/24	88	1,890
Map Refrigeration Inc	Employer	05/24	06/20/24	08/06/24	47	1,511
Map Refrigeration Inc	Employer	06/24	07/20/24	09/12/24	54	1,442
Map Refrigeration Inc	Employer	07/24	08/20/24	09/12/24	23	1,819
Map Refrigeration Inc	Employer	08/24	09/20/24	10/07/24	17	1,178
Map Refrigeration Inc	Employer	09/24	10/20/24	11/27/24	38	1,366
Map Refrigeration Inc	Employer	10/24	11/20/24	12/12/24	22	1,303
Map Refrigeration Inc	Employer	11/24	12/20/24	01/03/25	14	943
Map Refrigeration Inc	Employer	12/24	01/20/25	02/07/25	18	1,101
Marx Sheet Metal & Mechanical Inc	Employer	11/22	12/20/22	03/29/23	99	15,448
Marx Sheet Metal & Mechanical Inc	Employer	12/22	01/20/23	03/29/23	68	10,195
Marx Sheet Metal & Mechanical Inc	Employer	01/23	02/21/23	03/29/23	36	7,739
Marx Sheet Metal & Mechanical Inc	Employer	02/23	03/20/23	03/29/23	9	1,960
Marx Sheet Metal & Mechanical Inc	Employer	02/23	03/20/23	05/24/23	65	264
Matrix North American Construction, Inc.	Employer	04/24	05/20/24	06/07/24	18	216
McCloskey Mechanical Contractors Inc	Employer	02/23	03/20/23	03/23/23	3	890
McCloskey Mechanical Contractors Inc	Employer	03/23	04/20/23	04/25/23	5	859
McCloskey Mechanical Contractors Inc	Employer	05/23	06/20/23	06/22/23	2	1,330
McCloskey Mechanical Contractors Inc	Employer	07/23	08/21/23	08/23/23	2	2,253
McCloskey Mechanical Contractors Inc	Employer	08/23	09/20/23	09/25/23	5	2,114
McCloskey Mechanical Contractors Inc	Employer	10/23	11/20/23	11/27/23	7	3,152
McCloskey Mechanical Contractors Inc	Employer	01/24	02/20/24	02/27/24	7	471
McCloskey Mechanical Contractors Inc	Employer	01/24	02/20/24	02/29/24	9	112
McCloskey Mechanical Contractors Inc	Employer	04/24	05/20/24	05/23/24	3	1,477
McCloskey Mechanical Contractors Inc	Employer	06/24	07/20/24	07/30/24	10	2,181
McCloskey Mechanical Contractors Inc	Employer	06/24	07/20/24	08/16/24	27	90
McCloskey Mechanical Contractors Inc	Employer	07/24	08/20/24	08/26/24	6	4,079
McCloskey Mechanical Contractors Inc	Employer	08/24	09/20/24	09/26/24	6	4,417
McCloskey Mechanical Contractors Inc	Employer	09/24	10/20/24	10/28/24	8	4,751
McCloskey Mechanical Contractors Inc	Employer	10/24	11/20/24	11/22/24	2	3,671
McCloskey Mechanical Contractors Inc	Employer	11/24	12/20/24	12/27/24	7	1,812
McCloskey Mechanical Contractors Inc	Employer	12/24	01/20/25	01/29/25	9	1,924
MFK Solutions, LLC	Employer	10/24	11/20/24	11/21/24	1	184
Mid Atlantic Service 360, Inc	Employer	02/24	03/20/24	03/21/24	1	381
Mid Atlantic Service 360, Inc	Employer	03/24	04/20/24	04/23/24	3	487
Mike Loves HVAC	Employer	08/24	09/20/24	10/04/24	14	320
Mike Loves HVAC	Employer	09/24	10/20/24	10/28/24	8	310

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 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE		NUMBER OF DAYS LATE	
			DATE DUE	MONIES RECEIVED		
Mike Loves HVAC	Employer	10/24	11/20/24	11/27/24	7	320
Mike Loves HVAC	Employer	11/24	12/20/24	02/04/25	46	304
Mike Loves HVAC	Employer	12/24	01/20/25	05/09/25	109	288
Miller Pipeline Corporation	Employer	12/22	01/20/23	02/09/23	20	208
Miller Pipeline Corporation	Employer	02/23	03/20/23	03/21/23	1	1,492
Modern Controls Inc	Employer	02/23	03/20/23	03/21/23	1	468
Modern Controls Inc	Employer	12/23	01/20/24	01/22/24	2	317
Modern Controls Inc	Employer	05/24	06/20/24	06/21/24	1	399
Neil S Sullivan Associates LTD	Employer	01/24	02/20/24	02/21/24	1	96
Neil S Sullivan Associates LTD	Employer	07/24	08/20/24	09/13/24	24	56
Nooter Construction Co	Employer	03/23	04/20/23	05/19/23	29	45,775
Nooter Construction Co	Employer	04/23	05/22/23	06/13/23	22	9,123
Nooter Construction Co	Employer	04/24	05/20/24	06/11/24	22	957
Northeast Mechanical Services Inc	Employer	09/24	10/20/24	10/30/24	10	152
Omni Instrumntation Services Inc	Employer	05/23	06/20/23	06/21/23	1	204
Otis Minnesota Services	Employer	04/23	05/22/23	08/04/23	74	279
Otis Minnesota Services	Employer	05/23	06/20/23	08/04/23	45	5,134
Otis Minnesota Services	Employer	06/23	07/20/23	08/04/23	15	3,905
P-111, LLC	Employer	01/23	02/21/23	03/16/23	23	940
P-111, LLC	Employer	02/23	03/20/23	04/30/23	41	2,244
P-111, LLC	Employer	03/23	04/20/23	04/30/23	10	1,564
P-111, LLC	Employer	04/23	05/22/23	06/05/23	14	1,852
P-111, LLC	Employer	05/23	06/20/23	07/25/23	35	2,916
Paradigm Mechanical LLC	Employer	01/23	02/21/23	02/24/23	3	1,110
Paradigm Mechanical LLC	Employer	02/23	03/20/23	03/21/23	1	1,175
Paradigm Mechanical LLC	Employer	03/23	04/20/23	04/24/23	4	1,319
Paradigm Mechanical LLC	Employer	04/23	05/22/23	06/01/23	10	987
Paradigm Mechanical LLC	Employer	04/23	05/22/23	06/27/23	36	54
Paradigm Mechanical LLC	Employer	05/23	06/20/23	06/27/23	7	849
Paradigm Mechanical LLC	Employer	06/23	07/20/23	07/27/23	7	1,105
Paradigm Mechanical LLC	Employer	07/23	08/21/23	08/28/23	7	1,071
Paradigm Mechanical LLC	Employer	09/23	10/20/23	10/23/23	3	1,202
Paradigm Mechanical LLC	Employer	12/23	01/20/24	01/22/24	2	1,188
Paradigm Mechanical LLC	Employer	01/24	02/20/24	02/23/24	3	748
Paradigm Mechanical LLC	Employer	03/24	04/20/24	04/23/24	3	1,599
Paradigm Mechanical LLC	Employer	04/24	05/20/24	05/23/24	3	1,487
Paradigm Mechanical LLC	Employer	04/24	05/20/24	06/24/24	35	551
Paradigm Mechanical LLC	Employer	05/24	06/20/24	06/24/24	4	1,634
Paradigm Mechanical LLC	Employer	06/24	07/20/24	07/29/24	9	1,354
Paradigm Mechanical LLC	Employer	07/24	08/20/24	08/27/24	7	723
Paradigm Mechanical LLC	Employer	08/24	09/20/24	09/30/24	10	997
Paradigm Mechanical LLC	Employer	09/24	10/20/24	10/28/24	8	738
Paradigm Mechanical LLC	Employer	10/24	11/20/24	11/25/24	5	799
Paradigm Mechanical LLC	Employer	12/24	01/20/25	01/21/25	1	838
Pharmaceutical Legacy, LLC	Employer	11/22	12/20/22	02/09/23	51	4,904
Pharmaceutical Legacy, LLC	Employer	12/22	01/20/23	03/13/23	52	6,600
Pharmaceutical Legacy, LLC	Employer	01/23	02/21/23	03/13/23	20	5,332
Pharmaceutical Legacy, LLC	Employer	03/23	04/20/23	04/24/23	4	5,472
Pharmaceutical Legacy, LLC	Employer	05/23	06/20/23	06/21/23	1	4,072
Pharmaceutical Legacy, LLC	Employer	11/23	12/20/23	01/03/24	14	5,900
Pharmaceutical Legacy, LLC	Employer	12/23	01/22/24	01/25/24	3	5,131
Pharmaceutical Legacy, LLC	Employer	11/23	12/20/23	01/03/24	14	4,393
Pharmaceutical Legacy, LLC	Employer	12/23	01/20/24	01/25/24	5	3,904
Pharmaceutical Legacy, LLC	Employer	01/24	02/20/24	03/08/24	17	3,502

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(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH	DATE	DATE	NUMBER OF	
		MONIES WITHHELD	DUE	RECEIVED	DAYS LATE	
Pharmaceutical Legacy, LLC	Employer	02/24	03/20/24	03/31/24	11	3,323
Pharmaceutical Legacy, LLC	Employer	04/24	05/20/24	06/11/24	22	4,062
Pharmaceutical Legacy, LLC	Employer	05/24	06/20/24	07/17/24	27	673
Pharmaceutical Procurement and Logisites	Employer	11/22	12/20/22	02/09/23	51	4,904
Pharmaceutical Procurement and Logisites	Employer	12/22	01/20/23	03/13/23	52	6,600
Philadelphia Eagles Stadium	Employer	01/23	02/21/23	03/30/23	37	1,396
Philadelphia Eagles Stadium	Employer	02/23	03/20/23	03/30/23	10	1,514
Philadelphia Eagles Stadium	Employer	12/22	01/20/23	03/31/23	70	1,745
Philadelphia Eagles Stadium	Employer	03/23	04/20/23	04/30/23	10	1,823
Philadelphia Eagles Stadium	Employer	04/23	05/22/23	05/30/23	8	1,254
Philadelphia Eagles Stadium	Employer	05/23	06/20/23	06/23/23	3	1,488
Philadelphia Eagles Stadium	Employer	12/23	01/20/24	01/22/24	2	1,007
PMC Mechanical Enterprise, LLC	Employer	12/23	01/20/24	01/22/24	2	1,966
PMC Mechanical Enterprise, LLC	Employer	03/24	04/20/24	04/25/24	5	1,546
PMC Mechanical Enterprise, LLC	Employer	04/24	05/20/24	05/21/24	1	320
PMC Mechanical Enterprise, LLC	Employer	04/24	05/20/24	06/12/24	23	112
PMC Mechanical Enterprise, LLC	Employer	06/24	07/20/24	07/26/24	6	488
PMC Mechanical Enterprise, LLC	Employer	07/24	08/20/24	09/03/24	14	464
PMC Mechanical Enterprise, LLC	Employer	08/24	09/20/24	09/30/24	10	335
PMC Mechanical Enterprise, LLC	Employer	11/24	12/20/24	01/02/25	13	152
Postler & Jaeckle Corp (P&J)	Employer	04/23	05/22/23	06/09/23	18	111
Postler & Jaeckle Corp (P&J)	Employer	04/24	05/20/24	06/12/24	23	94
Precision Mechanical Services LLC	Employer	01/23	02/21/23	02/22/23	1	5,629
Precision Mechanical Services LLC	Employer	02/23	03/20/23	03/23/23	3	6,909
Precision Mechanical Services LLC	Employer	05/23	06/20/23	06/22/23	2	8,129
Precision Mechanical Services LLC	Employer	10/23	11/20/23	11/28/23	8	7,712
Precision Mechanical Services LLC	Employer	01/24	02/20/24	03/01/24	10	6,262
Project Control Services Inc	Employer	04/24	05/20/24	06/11/24	22	306
PT Mechanical Group LLC	Employer	11/22	12/20/22	01/31/23	42	8,136
PT Mechanical Group LLC	Employer	10/22	11/21/22	02/08/23	79	70
PT Mechanical Group LLC	Employer	11/22	12/20/22	02/08/23	50	92
PT Mechanical Group LLC	Employer	12/22	01/20/23	04/24/23	94	10,135
PT Mechanical Group LLC	Employer	01/23	02/21/23	04/24/23	62	9,416
PT Mechanical Group LLC	Employer	02/23	03/20/23	04/24/23	35	8,902
PT Mechanical Group LLC	Employer	03/23	04/20/23	04/24/23	4	10,966
PT Mechanical Group LLC	Employer	04/23	05/22/23	07/28/23	67	10,251
PT Mechanical Group LLC	Employer	05/23	06/20/23	08/04/23	45	12,073
PT Mechanical Group LLC	Employer	06/23	07/20/23	09/19/23	61	13,345
PT Mechanical Group LLC	Employer	07/23	08/21/23	10/13/23	53	12,212
PT Mechanical Group LLC	Employer	08/23	09/20/23	10/20/23	30	11,581
PT Mechanical Group LLC	Employer	10/23	11/20/23	01/17/24	58	10,827
PT Mechanical Group LLC	Employer	11/23	12/20/23	02/01/24	43	10,491
PT Mechanical Group LLC	Employer	12/23	01/22/24	02/26/24	35	11,812
PT Mechanical Group LLC	Employer	06/23	07/20/23	03/31/24	255	120
PT Mechanical Group LLC	Employer	07/23	08/21/23	03/31/24	223	240
PT Mechanical Group LLC	Employer	08/23	09/20/23	03/31/24	193	264
PT Mechanical Group LLC	Employer	09/23	10/20/23	03/31/24	163	204
PT Mechanical Group LLC	Employer	10/23	11/20/23	03/31/24	132	228
PT Mechanical Group LLC	Employer	11/23	12/20/23	03/31/24	102	144
PT Mechanical Group LLC	Employer	12/23	01/22/24	03/31/24	69	216
PT Mechanical Group LLC	Employer	06/23	07/20/23	03/31/24	255	120
PT Mechanical Group LLC	Employer	06/23	07/20/23	06/07/24	323	280
PT Mechanical Group LLC	Employer	07/23	08/20/23	03/31/24	224	240
PT Mechanical Group LLC	Employer	07/23	08/20/23	06/07/24	292	308

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 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE DUE</u>	<u>DATE RECEIVED</u>	<u>NUMBER OF DAYS LATE</u>	
PT Mechanical Group LLC	Employer	08/23	09/20/23	03/31/24	193	264
PT Mechanical Group LLC	Employer	08/23	09/20/23	06/07/24	261	644
PT Mechanical Group LLC	Employer	09/23	10/20/23	03/31/24	163	204
PT Mechanical Group LLC	Employer	09/23	10/20/23	06/07/24	231	553
PT Mechanical Group LLC	Employer	10/23	11/20/23	01/17/24	58	8,261
PT Mechanical Group LLC	Employer	10/23	11/20/23	03/31/24	132	228
PT Mechanical Group LLC	Employer	10/23	11/20/23	06/07/24	200	616
PT Mechanical Group LLC	Employer	11/23	12/20/23	02/01/24	43	7,956
PT Mechanical Group LLC	Employer	11/23	12/20/23	03/31/24	102	144
PT Mechanical Group LLC	Employer	11/23	12/20/23	06/07/24	170	560
PT Mechanical Group LLC	Employer	12/23	01/20/24	02/26/24	37	9,130
PT Mechanical Group LLC	Employer	12/23	01/20/24	03/31/24	71	216
PT Mechanical Group LLC	Employer	12/23	01/20/24	06/07/24	139	560
PT Mechanical Group LLC	Employer	01/24	02/20/24	03/31/24	40	11,790
PT Mechanical Group LLC	Employer	01/24	02/20/24	06/07/24	108	616
PT Mechanical Group LLC	Employer	02/24	03/20/24	03/31/24	11	11,077
PT Mechanical Group LLC	Employer	02/24	03/20/24	06/07/24	79	560
PT Mechanical Group LLC	Employer	03/24	04/20/24	06/07/24	48	602
PT Mechanical Group LLC	Employer	04/24	05/20/24	07/16/24	57	12,965
PT Mechanical Group LLC	Employer	05/24	06/20/24	07/16/24	26	11,301
PT Mechanical Group LLC	Employer	06/24	07/20/24	10/24/24	96	83
PT Mechanical Group LLC	Employer	07/24	08/20/24	10/22/24	63	6,405
PT Mechanical Group LLC	Employer	08/24	09/20/24	10/22/24	32	6,119
PT Mechanical Group LLC	Employer	09/24	10/20/24	10/22/24	2	5,014
PT Mechanical Group LLC	Employer	10/24	11/20/24	03/27/25	127	5,440
PT Mechanical Group LLC	Employer	11/24	12/20/24	03/27/25	97	4,596
PT Mechanical Group LLC	Employer	12/24	01/20/25	03/27/25	66	4,171
Quaker Mechanical	Employer	03/24	04/20/24	05/16/24	26	3,468
Quaker Mechanical	Employer	04/24	05/20/24	05/28/24	8	2,512
Quaker Mechanical	Employer	04/24	05/20/24	07/11/24	52	212
Quaker Mechanical	Employer	05/24	06/20/24	06/24/24	4	120
Quaker Mechanical	Employer	05/24	06/20/24	07/11/24	21	1,653
Quaker Mechanical	Employer	06/24	07/20/24	07/25/24	5	2,737
Quaker Mechanical	Employer	07/24	08/20/24	08/26/24	6	2,442
Quaker Mechanical	Employer	08/24	09/20/24	09/30/24	10	1,980
Quaker Mechanical	Employer	09/24	10/20/24	10/21/24	1	2,744
Quaker Mechanical	Employer	10/24	11/20/24	12/19/24	29	2,157
Quaker Mechanical	Employer	11/24	12/20/24	12/27/24	7	2,435
Quaker Mechanical	Employer	12/24	01/20/25	02/20/25	31	2,340
R A M M Inc	Employer	04/23	05/22/23	06/13/23	22	595
Riggs Distler & Company	Employer	04/24	05/20/24	06/06/24	17	584
Riley Electric, Inc.	Employer	11/24	12/20/24	12/27/24	7	160
Riley Electric, Inc.	Employer	12/24	01/20/25	02/11/25	22	164
River Mechanical Inc	Employer	11/22	12/20/22	01/17/23	28	3,522
River Mechanical Inc	Employer	02/23	03/20/23	03/22/23	2	4,239
River Mechanical Inc	Employer	06/23	07/20/23	08/10/23	21	3,500
River Mechanical Inc	Employer	07/23	08/21/23	09/13/23	23	2,337
River Mechanical Inc	Employer	08/23	09/20/23	10/06/23	16	2,428
River Mechanical Inc	Employer	09/23	10/20/23	11/13/23	24	2,316
River Mechanical Inc	Employer	05/18	06/20/18	11/17/23	1,976	107
River Mechanical Inc	Employer	11/18	12/20/18	11/17/23	1,793	368
River Mechanical Inc	Employer	10/23	11/20/23	11/29/23	9	3,088
River Mechanical Inc	Employer	11/23	12/20/23	02/02/24	44	4,249
River Mechanical Inc	Employer	12/23	01/22/24	02/20/24	29	3,651

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE DUE</u>	<u>DATE MONIES RECEIVED</u>	<u>NUMBER OF DAYS LATE</u>	
River Mechanical Inc	Employer	11/23	12/20/23	02/02/24	44	3,163
River Mechanical Inc	Employer	12/23	01/20/24	02/20/24	31	2,697
River Mechanical Inc	Employer	01/24	02/20/24	03/13/24	22	2,923
River Mechanical Inc	Employer	02/24	03/20/24	04/17/24	28	4,151
River Mechanical Inc	Employer	04/24	05/20/24	05/21/24	1	2,691
River Mechanical Inc	Employer	05/24	06/20/24	07/17/24	27	2,922
River Mechanical Inc	Employer	06/24	07/20/24	08/21/24	32	2,088
River Mechanical Inc	Employer	07/24	08/20/24	09/24/24	35	2,301
River Mechanical Inc	Employer	08/24	09/20/24	10/29/24	39	2,135
River Mechanical Inc	Employer	09/24	10/20/24	11/18/24	29	1,440
River Mechanical Inc	Employer	10/24	11/20/24	01/02/25	43	2,414
River Mechanical Inc	Employer	11/24	12/20/24	01/16/25	27	2,435
River Mechanical Inc	Employer	12/24	01/20/25	03/05/25	44	1,980
River Mechanical Services Inc	Employer	07/23	08/21/23	09/05/23	15	2,022
River Mechanical Services Inc	Employer	07/23	08/21/23	09/05/23	15	230
River Mechanical Services Inc	Employer	08/23	09/20/23	09/29/23	9	2,733
River Mechanical Services Inc	Employer	08/23	09/20/23	09/29/23	9	1,182
River Mechanical Services Inc	Employer	09/23	10/20/23	11/15/23	26	1,823
River Mechanical Services Inc	Employer	09/23	10/20/23	11/15/23	26	940
River Mechanical Services Inc	Employer	10/23	11/20/23	12/18/23	28	1,944
River Mechanical Services Inc	Employer	10/23	11/20/23	12/18/23	28	1,110
River Mechanical Services Inc	Employer	12/18	01/22/19	12/29/23	1,802	284
River Mechanical Services Inc	Employer	11/23	12/20/23	01/29/24	40	3,593
River Mechanical Services Inc	Employer	11/23	12/20/23	01/29/24	40	1,791
River Mechanical Services Inc	Employer	12/23	01/22/24	02/20/24	29	2,632
River Mechanical Services Inc	Employer	12/23	01/22/24	02/20/24	29	1,074
River Mechanical Services Inc	Employer	11/23	12/20/23	01/29/24	40	2,579
River Mechanical Services Inc	Employer	12/23	01/20/24	02/20/24	31	1,888
River Mechanical Services Inc	Employer	01/24	02/20/24	02/23/24	3	1,954
River Mechanical Services Inc	Employer	02/24	03/20/24	03/25/24	5	2,173
River Mechanical Services Inc	Employer	03/24	04/20/24	04/30/24	10	2,250
River Mechanical Services Inc	Employer	04/24	05/20/24	05/28/24	8	2,270
River Mechanical Services Inc	Employer	05/24	06/20/24	06/24/24	4	2,371
River Mechanical Services Inc	Employer	06/24	07/20/24	08/20/24	31	2,218
River Mechanical Services Inc	Employer	07/24	08/20/24	10/07/24	48	2,417
River Mechanical Services Inc	Employer	08/24	09/20/24	10/28/24	38	2,199
River Mechanical Services Inc	Employer	09/24	10/20/24	11/20/24	31	2,519
River Mechanical Services Inc	Employer	10/24	11/20/24	12/30/24	40	2,325
River Mechanical Services Inc	Employer	11/24	12/20/24	01/16/25	27	1,488
River Mechanical Services Inc	Employer	12/24	01/20/25	02/06/25	17	1,706
River Mechanical Services Inc	Employer	11/23	12/20/23	01/29/24	40	1,791
River Mechanical Services Inc	Employer	12/23	01/22/24	02/20/24	29	1,074
River Mechanical Services Inc	Employer	01/24	02/20/24	02/23/24	3	1,034
River Mechanical Services Inc	Employer	02/24	03/20/24	03/25/24	5	1,310
River Mechanical Services Inc	Employer	03/24	04/22/24	04/30/24	8	657
River Mechanical Services Inc	Employer	04/24	05/20/24	05/28/24	8	995
River Mechanical Services Inc	Employer	05/24	06/20/24	06/24/24	4	1,139
River Mechanical Services Inc	Employer	06/24	07/22/24	08/20/24	29	1,032
River Mechanical Services Inc	Employer	07/24	08/20/24	10/07/24	48	1,193
River Mechanical Services Inc	Employer	08/24	09/20/24	10/28/24	38	1,205
River Mechanical Services Inc	Employer	09/24	10/21/24	11/20/24	30	1,049
River Mechanical Services Inc	Employer	10/24	11/20/24	12/30/24	40	138
River Mechanical Services Inc	Employer	12/24	01/21/25	02/06/25	16	1,187
Rucci Brothers, LLC	Employer	08/23	09/20/23	09/22/23	2	320

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
Rucci Brothers, LLC	Employer	12/24	01/20/25	01/30/25	10	554
Satellite Heating and Cooling	Employer	09/23	10/20/23	10/23/23	3	504
Satellite Heating and Cooling	Employer	12/23	01/20/24	01/22/24	2	380
Scanlon Assoc Industrial Contractors LLC	Employer	01/23	02/21/23	02/24/23	3	1,332
Scanlon Assoc Industrial Contractors LLC	Employer	12/23	01/22/24	03/27/24	65	1,480
Scanlon Assoc Industrial Contractors LLC	Employer	03/05	04/20/05	12/31/24	7,195	67
Scanlon Assoc Industrial Contractors LLC	Employer	04/05	05/20/05	12/31/24	7,165	95
Scanlon Assoc Industrial Contractors LLC	Employer	12/23	01/20/24	03/27/24	67	987
Scott Mechanical Inc	Employer	04/23	05/22/23	06/09/23	18	346
SDA Mechanical Services Inc	Employer	11/22	12/20/22	01/05/23	16	7,614
SDA Mechanical Services Inc	Employer	11/23	12/20/23	01/04/24	15	6,761
SDA Mechanical Services Inc	Employer	11/23	12/20/23	01/04/24	15	5,266
SDA Mechanical Services Inc	Employer	11/24	12/20/24	01/03/25	14	7,862
Siemens Bldg Technologies/Landis Div	Employer	12/22	01/20/23	01/26/23	6	3,301
Siemens Bldg Technologies/Landis Div	Employer	07/23	08/21/23	08/24/23	3	3,004
Siemens Bldg Technologies/Landis Div	Employer	01/20	02/20/20	09/12/23	1,300	203
Siemens Bldg Technologies/Landis Div	Employer	12/20	01/21/21	09/12/23	964	63
Siemens Bldg Technologies/Landis Div	Employer	04/21	05/20/21	09/12/23	845	247
Siemens Bldg Technologies/Landis Div	Employer	08/21	09/20/21	09/12/23	722	180
Siemens Bldg Technologies/Landis Div	Employer	09/21	10/20/21	09/12/23	692	83
Siemens Bldg Technologies/Landis Div	Employer	10/21	11/22/21	09/12/23	659	60
Siemens Bldg Technologies/Landis Div	Employer	12/21	01/20/22	09/12/23	600	65
Siemens Bldg Technologies/Landis Div	Employer	07/24	08/20/24	08/26/24	6	1,635
Siemens Bldg Technologies/Landis Div	Employer	08/24	09/20/24	09/23/24	3	2,161
South Philly Custom Sheet Metal	Employer	09/23	10/20/23	11/09/23	20	300
South Philly Custom Sheet Metal	Employer	11/23	12/20/23	01/03/24	14	1,154
South Philly Custom Sheet Metal	Employer	11/23	12/20/23	01/03/24	14	769
South Philly Custom Sheet Metal	Employer	03/24	04/20/24	07/11/24	82	248
South Philly Custom Sheet Metal	Employer	04/24	05/20/24	06/28/24	39	280
South Philly Custom Sheet Metal	Employer	05/24	06/20/24	07/16/24	26	96
South Philly Custom Sheet Metal	Employer	12/24	01/20/25	02/07/25	18	136
Southland Industries	Employer	01/23	02/21/23	03/08/23	15	11,029
Southland Industries	Employer	04/23	05/22/23	06/07/23	16	1,535
Southland Industries	Employer	04/24	05/20/24	06/12/24	23	2,275
Southland Industries	Employer	04/24	05/20/24	07/24/24	65	183
Spectrum Arena Inc (Wells Fargo Center)	Employer	01/23	02/21/23	03/13/23	20	903
Spectrum Arena Inc (Wells Fargo Center)	Employer	02/23	03/20/23	03/23/23	3	822
Spectrum Arena Inc (Wells Fargo Center)	Employer	04/23	05/22/23	06/21/23	30	395
Spectrum Arena Inc (Wells Fargo Center)	Employer	05/23	06/20/23	06/21/23	1	395
Spectrum Arena Inc (Wells Fargo Center)	Employer	10/23	11/20/23	11/27/23	7	857
Spectrum Arena Inc (Wells Fargo Center)	Employer	04/24	05/20/24	06/18/24	29	239
Spectrum Arena Inc (Wells Fargo Center)	Employer	07/24	08/20/24	09/13/24	24	688
Spectrum Arena Inc (Wells Fargo Center)	Employer	09/24	10/20/24	11/22/24	33	522
Steamfitters Local 420 Apprentice Office	Employer	12/22	01/20/23	01/31/23	11	1,897
Steamfitters Local 420 Apprentice Office	Employer	01/23	02/21/23	02/28/23	7	1,938
Steamfitters Local 420 Apprentice Office	Employer	02/23	03/20/23	03/31/23	11	1,897
Steamfitters Local 420 Apprentice Office	Employer	03/23	04/20/23	04/30/23	10	2,384
Steamfitters Local 420 Apprentice Office	Employer	04/23	05/22/23	05/26/23	4	1,890
Steamfitters Local 420 Apprentice Office	Employer	04/23	05/22/23	06/30/23	39	473
Steamfitters Local 420 Apprentice Office	Employer	05/23	06/20/23	06/30/23	10	1,920
Steamfitters Local 420 Apprentice Office	Employer	06/23	07/20/23	07/31/23	11	1,905
Steamfitters Local 420 Apprentice Office	Employer	07/23	08/21/23	08/30/23	9	1,890
Steamfitters Local 420 Apprentice Office	Employer	08/23	09/20/23	09/29/23	9	2,783
Steamfitters Local 420 Apprentice Office	Employer	09/23	10/20/23	10/31/23	11	1,935

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
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SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
Steamfitters Local 420 Apprentice Office	Employer	10/23	11/20/23	11/27/23	7	1,897
Steamfitters Local 420 Apprentice Office	Employer	11/23	12/20/23	12/31/23	11	2,429
Steamfitters Local 420 Apprentice Office	Employer	12/23	01/22/24	01/31/24	9	1,942
Steamfitters Local 420 Apprentice Office	Employer	12/23	01/20/24	01/31/24	11	1,870
Steamfitters Local 420 Apprentice Office	Employer	01/24	02/20/24	02/29/24	9	2,275
Steamfitters Local 420 Apprentice Office	Employer	02/24	03/20/24	03/31/24	11	2,000
Steamfitters Local 420 Apprentice Office	Employer	03/24	04/20/24	04/30/24	10	2,060
Steamfitters Local 420 Apprentice Office	Employer	04/24	05/20/24	05/31/24	11	2,285
Steamfitters Local 420 Apprentice Office	Employer	04/24	05/20/24	07/17/24	58	644
Steamfitters Local 420 Apprentice Office	Employer	05/24	06/20/24	07/17/24	27	1,831
Steamfitters Local 420 Apprentice Office	Employer	06/24	07/20/24	07/31/24	11	1,980
Steamfitters Local 420 Apprentice Office	Employer	07/24	08/20/24	08/31/24	11	2,595
Steamfitters Local 420 Apprentice Office	Employer	08/24	09/20/24	09/30/24	10	2,948
Steamfitters Local 420 Apprentice Office	Employer	09/24	10/20/24	10/31/24	11	2,400
Steamfitters Local 420 Apprentice Office	Employer	10/24	11/20/24	11/30/24	10	2,840
Steamfitters Local 420 Apprentice Office	Employer	11/24	12/20/24	12/31/24	11	2,340
Steamfitters Local 420 Apprentice Office	Employer	12/24	01/20/25	01/30/25	10	2,840
Steamfitters LU 420 Benefit Fund Office	Employer	02/23	03/20/23	03/31/23	11	1,490
Steamfitters LU 420 Benefit Fund Office	Employer	05/23	06/20/23	06/30/23	10	1,863
Steamfitters LU 420 Benefit Fund Office	Employer	02/24	03/20/24	03/22/24	2	1,180
Steamfitters LU 420 Benefit Fund Office	Employer	03/24	04/20/24	04/24/24	4	1,475
Steamfitters LU 420 Benefit Fund Office	Employer	06/24	07/20/24	07/26/24	6	1,180
Steamfitters LU 420 Benefit Fund Office	Employer	08/24	09/20/24	09/30/24	10	1,475
Steamfitters LU 420 Benefit Fund Office	Employer	10/24	11/20/24	11/27/24	7	1,475
Steamfitters LU 420 Benefit Fund Office	Employer	11/24	12/20/24	12/31/24	11	1,720
Steamfitters Lu 420 Union Hall	Employer	03/22	04/20/22	05/29/24	770	90
Steamfitters Lu 420 Union Hall	Employer	04/22	05/20/22	05/29/24	740	90
Steamfitters Lu 420 Union Hall	Employer	05/22	06/21/22	05/29/24	708	90
Steamfitters Lu 420 Union Hall	Employer	06/22	07/20/22	05/29/24	679	113
Steamfitters Lu 420 Union Hall	Employer	07/22	08/22/22	05/29/24	646	90
Steamfitters Lu 420 Union Hall	Employer	08/22	09/20/22	05/29/24	617	113
Steamfitters Lu 420 Union Hall	Employer	09/22	10/20/22	05/29/24	587	90
Steamfitters Lu 420 Union Hall	Employer	10/22	11/21/22	05/29/24	555	90
Steamfitters Lu 420 Union Hall	Employer	11/22	12/20/22	05/29/24	526	113
Steamfitters Lu 420 Union Hall	Employer	12/22	01/20/23	05/29/24	495	90
Steamfitters Lu 420 Union Hall	Employer	01/23	02/21/23	05/29/24	463	90
Steamfitters Lu 420 Union Hall	Employer	02/23	03/20/23	05/29/24	436	90
Steamfitters Lu 420 Union Hall	Employer	03/23	04/20/23	05/29/24	405	113
Steamfitters Lu 420 Union Hall	Employer	04/23	05/22/23	05/29/24	373	90
Steamfitters Lu 420 Union Hall	Employer	05/23	06/20/23	05/29/24	344	113
Steamfitters Lu 420 Union Hall	Employer	06/23	07/20/23	05/29/24	314	90
Steamfitters Lu 420 Union Hall	Employer	07/23	08/21/23	05/29/24	282	90
Steamfitters Lu 420 Union Hall	Employer	08/23	09/20/23	05/29/24	252	113
Steamfitters Lu 420 Union Hall	Employer	09/23	10/20/23	05/29/24	222	90
Steamfitters Lu 420 Union Hall	Employer	10/23	11/20/23	05/29/24	191	90
Steamfitters Lu 420 Union Hall	Employer	11/23	12/20/23	05/29/24	161	113
Steamfitters Lu 420 Union Hall	Employer	12/23	01/22/24	05/29/24	128	90
Steamfitters Lu 420 Union Hall	Employer	03/22	04/20/22	05/29/24	770	90
Steamfitters Lu 420 Union Hall	Employer	04/22	05/20/22	05/29/24	740	90
Steamfitters Lu 420 Union Hall	Employer	05/22	06/20/22	05/29/24	709	90
Steamfitters Lu 420 Union Hall	Employer	06/22	07/20/22	05/29/24	679	113
Steamfitters Lu 420 Union Hall	Employer	07/22	08/20/22	05/29/24	648	90
Steamfitters Lu 420 Union Hall	Employer	08/22	09/20/22	05/29/24	617	113
Steamfitters Lu 420 Union Hall	Employer	09/22	10/20/22	05/29/24	587	90

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FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
Steamfitters Lu 420 Union Hall	Employer	10/22	11/20/22	05/29/24	556	90
Steamfitters Lu 420 Union Hall	Employer	11/22	12/20/22	05/29/24	526	113
Steamfitters Lu 420 Union Hall	Employer	12/22	01/20/23	05/29/24	495	90
Steamfitters Lu 420 Union Hall	Employer	01/23	02/20/23	05/29/24	464	90
Steamfitters Lu 420 Union Hall	Employer	02/23	03/20/23	05/29/24	436	90
Steamfitters Lu 420 Union Hall	Employer	03/23	04/20/23	05/29/24	405	113
Steamfitters Lu 420 Union Hall	Employer	03/23	04/20/23	06/11/24	418	563
Steamfitters Lu 420 Union Hall	Employer	04/23	05/20/23	05/29/24	375	90
Steamfitters Lu 420 Union Hall	Employer	04/23	05/20/23	06/11/24	388	450
Steamfitters Lu 420 Union Hall	Employer	05/23	06/20/23	05/29/24	344	113
Steamfitters Lu 420 Union Hall	Employer	05/23	06/20/23	06/11/24	357	563
Steamfitters Lu 420 Union Hall	Employer	06/23	07/20/23	05/29/24	314	90
Steamfitters Lu 420 Union Hall	Employer	06/23	07/20/23	06/11/24	327	450
Steamfitters Lu 420 Union Hall	Employer	07/23	08/20/23	05/29/24	283	90
Steamfitters Lu 420 Union Hall	Employer	07/23	08/20/23	06/11/24	296	450
Steamfitters Lu 420 Union Hall	Employer	08/23	09/20/23	05/29/24	252	113
Steamfitters Lu 420 Union Hall	Employer	08/23	09/20/23	06/11/24	265	563
Steamfitters Lu 420 Union Hall	Employer	09/23	10/20/23	05/29/24	222	90
Steamfitters Lu 420 Union Hall	Employer	09/23	10/20/23	06/11/24	235	450
Steamfitters Lu 420 Union Hall	Employer	10/23	11/20/23	05/29/24	191	90
Steamfitters Lu 420 Union Hall	Employer	10/23	11/20/23	06/11/24	204	450
Steamfitters Lu 420 Union Hall	Employer	11/23	12/20/23	05/29/24	161	113
Steamfitters Lu 420 Union Hall	Employer	11/23	12/20/23	06/11/24	174	563
Steamfitters Lu 420 Union Hall	Employer	12/23	01/20/24	05/29/24	130	90
Steamfitters Lu 420 Union Hall	Employer	12/23	01/20/24	06/11/24	143	450
Steamfitters Lu 420 Union Hall	Employer	01/24	02/20/24	05/29/24	99	113
Steamfitters Lu 420 Union Hall	Employer	01/24	02/20/24	06/11/24	112	563
Steamfitters Lu 420 Union Hall	Employer	02/24	03/20/24	05/29/24	70	90
Steamfitters Lu 420 Union Hall	Employer	02/24	03/20/24	06/11/24	83	450
Steamfitters Lu 420 Union Hall	Employer	03/24	04/20/24	05/29/24	39	90
Steamfitters Lu 420 Union Hall	Employer	03/24	04/20/24	06/11/24	52	450
Steamfitters Lu 420 Union Hall	Employer	04/24	05/20/24	05/29/24	9	90
Steamfitters Lu 420 Union Hall	Employer	04/24	05/20/24	06/11/24	22	450
Steamfitters Lu 420 Union Hall	Employer	04/24	05/20/24	06/12/24	23	2,680
Steamfitters Lu 420 Union Hall	Employer	07/24	08/20/24	08/23/24	3	8,598
Steamfitters LU420 Union Hall - OMR	Employer	12/22	01/20/23	01/27/23	7	1,440
Steamfitters LU420 Union Hall - OMR	Employer	02/23	03/20/23	03/22/23	2	1,440
Steamfitters LU420 Union Hall - OMR	Employer	03/23	04/20/23	04/26/23	6	1,800
Steamfitters LU420 Union Hall - OMR	Employer	05/23	06/20/23	06/21/23	1	1,800
Steamfitters LU420 Union Hall - OMR	Employer	09/23	10/20/23	10/31/23	11	1,440
Steamfitters LU420 Union Hall - OMR	Employer	10/23	11/20/23	11/29/23	9	1,440
Steamfitters LU420 Union Hall - OMR	Employer	04/24	05/20/24	05/29/24	9	1,440
Steamfitters LU420 Union Hall - OMR	Employer	05/24	06/20/24	07/26/24	36	1,800
Steamfitters LU420 Union Hall - OMR	Employer	06/24	07/20/24	07/26/24	6	1,440
Steamfitters LU420 Union Hall - OMR	Employer	08/24	09/20/24	09/24/24	4	1,440
Steamfitters LU420 Union Hall - OMR	Employer	09/24	10/20/24	11/08/24	19	1,440
Steamfitters LU420 Union Hall - OMR	Employer	11/24	12/20/24	12/31/24	11	1,440
Stevens Heating & Air Conditioning	Employer	11/22	12/20/22	01/05/23	16	992
Stevens Heating & Air Conditioning	Employer	12/22	01/20/23	02/15/23	26	1,108
Stevens Heating & Air Conditioning	Employer	01/23	02/21/23	03/27/23	34	933
Stevens Heating & Air Conditioning	Employer	02/23	03/20/23	04/27/23	38	846
Stevens Heating & Air Conditioning	Employer	03/23	04/20/23	06/16/23	57	949
Stevens Heating & Air Conditioning	Employer	04/23	05/22/23	06/16/23	25	810
Stevens Heating & Air Conditioning	Employer	06/23	07/20/23	08/22/23	33	767

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
Stevens Heating & Air Conditioning	Employer	07/23	08/21/23	08/22/23	1	634
Stevens Heating & Air Conditioning	Employer	08/23	09/20/23	11/13/23	54	656
Stevens Heating & Air Conditioning	Employer	09/23	10/20/23	11/13/23	24	903
Stevens Heating & Air Conditioning	Employer	11/23	12/20/23	01/30/24	41	610
Stevens Heating & Air Conditioning	Employer	12/23	01/22/24	02/29/24	38	694
Stevens Heating & Air Conditioning	Employer	11/23	12/20/23	01/30/24	41	610
Stevens Heating & Air Conditioning	Employer	12/23	01/20/24	02/29/24	40	694
Stevens Heating & Air Conditioning	Employer	01/24	02/20/24	03/14/24	23	472
Stevens Heating & Air Conditioning	Employer	02/24	03/20/24	05/14/24	55	636
Stevens Heating & Air Conditioning	Employer	03/24	04/20/24	05/14/24	24	665
Stevens Heating & Air Conditioning	Employer	04/24	05/20/24	08/19/24	91	748
Stevens Heating & Air Conditioning	Employer	05/24	06/20/24	09/27/24	99	598
Sulpizio Inc	Employer	05/23	06/20/23	06/27/23	7	2,373
Sulpizio Inc	Employer	06/23	07/20/23	08/07/23	18	1,979
Sulpizio Inc	Employer	11/23	12/20/23	01/12/24	23	2,066
Sulpizio Inc	Employer	12/23	01/22/24	02/12/24	21	2,199
Sulpizio Inc	Employer	11/23	12/20/23	01/12/24	23	1,507
Sulpizio Inc	Employer	12/23	01/20/24	02/12/24	23	1,601
Sulpizio Inc	Employer	01/24	02/20/24	03/04/24	13	1,499
Sulpizio Inc	Employer	02/24	03/20/24	03/31/24	11	1,388
Sulpizio Inc	Employer	03/24	04/20/24	04/23/24	3	1,488
Sulpizio Inc	Employer	04/24	05/20/24	05/30/24	10	1,561
Sulpizio Inc	Employer	05/24	06/20/24	07/02/24	12	1,488
Sulpizio Inc	Employer	12/24	01/20/25	01/28/25	8	1,272
Summit Refrigeration Group, LLC	Employer	07/23	08/21/23	08/23/23	2	180
Surety Mech Services Inc	Employer	02/23	03/20/23	03/31/23	11	968
Surety Mech Services Inc	Employer	08/23	09/20/23	09/27/23	7	1,443
Surety Mech Services Inc	Employer	09/23	10/20/23	11/13/23	24	1,116
Surety Mech Services Inc	Employer	11/23	12/20/23	01/25/24	36	1,368
Surety Mech Services Inc	Employer	11/23	12/20/23	01/25/24	36	912
Surety Mech Services Inc	Employer	01/24	02/20/24	02/29/24	9	880
Surety Mech Services Inc	Employer	02/24	03/20/24	03/28/24	8	913
Surety Mech Services Inc	Employer	04/24	05/20/24	05/23/24	3	1,236
Surety Mech Services Inc	Employer	07/24	08/20/24	08/26/24	6	1,056
Surety Mech Services Inc	Employer	08/24	09/20/24	10/09/24	19	820
Surety Mech Services Inc	Employer	09/24	10/20/24	10/31/24	11	904
Surety Mech Services Inc	Employer	10/24	11/20/24	12/02/24	12	1,167
T C S Heating & Air Conditioning	Employer	11/22	12/20/22	01/30/23	41	1,763
T C S Heating & Air Conditioning	Employer	12/22	01/20/23	02/16/23	27	2,034
T C S Heating & Air Conditioning	Employer	01/23	02/21/23	03/13/23	20	1,695
T C S Heating & Air Conditioning	Employer	08/23	09/20/23	09/27/23	7	2,067
T C S Heating & Air Conditioning	Employer	12/23	01/22/24	02/01/24	10	1,703
T C S Heating & Air Conditioning	Employer	12/23	01/20/24	02/01/24	12	1,623
T C S Heating & Air Conditioning	Employer	02/24	03/20/24	03/22/24	2	1,636
T C S Heating & Air Conditioning	Employer	05/24	06/20/24	07/02/24	12	1,582
T C S Heating & Air Conditioning	Employer	06/24	07/20/24	07/29/24	9	1,157
T C S Heating & Air Conditioning	Employer	07/24	08/20/24	08/26/24	6	1,207
T C S Heating & Air Conditioning	Employer	09/24	10/20/24	11/12/24	23	1,372
T C S Heating & Air Conditioning	Employer	10/24	11/20/24	12/17/24	27	1,743
T C S Heating & Air Conditioning	Employer	11/24	12/20/24	01/14/25	25	1,371
T C S Heating & Air Conditioning	Employer	12/24	01/20/25	02/06/25	17	1,425
The Warko Group	Employer	02/23	03/20/23	03/21/23	1	6,194
The Warko Group	Employer	05/23	06/20/23	06/21/23	1	6,484
The Warko Group	Employer	06/23	07/20/23	07/27/23	7	6,898

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
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SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE</u>		<u>NUMBER OF DAYS LATE</u>	
			<u>DATE DUE</u>	<u>MONIES RECEIVED</u>		
The Warko Group	Employer	08/23	09/20/23	09/22/23	2	17,212
The Warko Group	Employer	03/24	04/20/24	04/23/24	3	3,443
The Warko Group	Employer	07/24	08/20/24	08/21/24	1	6,798
TLC Mechanical, LLC	Employer	11/22	12/20/22	01/13/23	24	154
TLC Mechanical, LLC	Employer	02/23	03/20/23	04/30/23	41	154
TLC Mechanical, LLC	Employer	03/23	04/20/23	04/30/23	10	154
TLC Mechanical, LLC	Employer	05/23	06/20/23	06/21/23	1	192
TLC Mechanical, LLC	Employer	05/24	06/20/24	07/10/24	20	96
TLC Mechanical, LLC	Employer	09/24	10/20/24	10/31/24	11	231
TLC Mechanical, LLC	Employer	10/24	11/20/24	11/22/24	2	288
TLC Mechanical, LLC	Employer	11/24	12/20/24	01/02/25	13	231
TLC Mechanical, LLC	Employer	12/24	01/20/25	01/23/25	3	385
Tracey Mechanical Inc	Employer	12/22	01/20/23	01/31/23	11	35,088
Tracey Mechanical Inc	Employer	01/23	02/21/23	02/28/23	7	25,064
Tracey Mechanical Inc	Employer	02/23	03/20/23	03/31/23	11	28,578
Tracey Mechanical Inc	Employer	03/23	04/20/23	04/30/23	10	41,575
Tracey Mechanical Inc	Employer	04/23	05/22/23	06/09/23	18	27,404
Tracey Mechanical Inc	Employer	04/23	05/22/23	07/12/23	51	5,707
Tracey Mechanical Inc	Employer	05/23	06/20/23	07/12/23	22	17,840
Tracey Mechanical Inc	Employer	06/23	07/20/23	08/16/23	27	29,528
Tracey Mechanical Inc	Employer	07/23	08/21/23	09/11/23	21	22,888
Tracey Mechanical Inc	Employer	08/23	09/20/23	10/11/23	21	28,135
Tracey Mechanical Inc	Employer	09/23	10/20/23	11/14/23	25	19,078
Tracey Mechanical Inc	Employer	10/23	11/20/23	12/06/23	16	22,495
Tracey Mechanical Inc	Employer	11/23	12/20/23	01/10/24	21	28,762
Tracey Mechanical Inc	Employer	12/23	01/22/24	02/13/24	22	26,240
Tracey Mechanical Inc	Employer	11/23	12/20/23	01/10/24	21	22,896
Tracey Mechanical Inc	Employer	12/23	01/20/24	02/13/24	24	20,923
Tracey Mechanical Inc	Employer	01/24	02/20/24	03/13/24	22	18,886
Tracey Mechanical Inc	Employer	02/24	03/20/24	03/31/24	11	24,401
Tracey Mechanical Inc	Employer	04/24	05/20/24	06/20/24	31	17,166
Tracey Mechanical Inc	Employer	04/24	05/20/24	07/11/24	52	4,582
Tracey Mechanical Inc	Employer	05/24	06/20/24	07/11/24	21	12,251
Tracey Mechanical Inc	Employer	06/24	07/20/24	08/06/24	17	10,675
Tracey Mechanical Inc	Employer	07/24	08/20/24	09/13/24	24	9,655
Tracey Mechanical Inc	Employer	08/24	09/20/24	10/15/24	25	15,332
Tracey Mechanical Inc	Employer	08/24	09/20/24	10/30/24	40	739
Tracey Mechanical Inc	Employer	09/24	10/20/24	12/19/24	60	12,114
Tracey Mechanical Inc	Employer	10/24	11/20/24	01/03/25	44	15,425
Tracey Mechanical Inc	Employer	11/24	12/20/24	02/04/25	46	11,221
Tracey Mechanical Inc	Employer	12/24	01/20/25	02/27/25	38	10,319
Trane Company	Employer	08/23	09/20/23	10/09/23	19	216
Trane Company	Employer	02/24	03/20/24	06/24/24	96	144
Trane Company	Employer	03/24	04/20/24	06/24/24	65	145
Trane Company	Employer	04/24	05/20/24	05/31/24	11	299
Trane Company	Employer	04/24	05/20/24	06/24/24	35	136
Tristate HVAC Equipment LLP	Employer	04/23	05/22/23	06/13/23	22	6,962
Tristate HVAC Equipment LLP	Employer	09/23	10/20/23	11/30/23	41	280
Tristate HVAC Equipment LLP	Employer	12/23	01/22/24	05/10/24	109	216
Tristate HVAC Equipment LLP	Employer	12/23	01/20/24	05/10/24	111	216
Tristate HVAC Equipment LLP	Employer	01/24	02/20/24	05/10/24	80	112
Tristate HVAC Equipment LLP	Employer	02/24	03/20/24	05/10/24	51	160
Tristate HVAC Equipment LLP	Employer	03/24	04/20/24	05/10/24	20	242
Tristate HVAC Equipment LLP	Employer	04/24	05/20/24	07/24/24	65	1,626

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
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SCHEDULE H TO FORM 5500, LINE 4a
 SCHEDULE OF NON-EXEMPT TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
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Tristate HVAC Equipment LLP	Employer	05/24	06/20/24	07/24/24	34	11,302
Tristate HVAC Equipment LLP	Employer	06/24	07/20/24	07/24/24	4	11,268
Truskey Inc	Employer	04/23	05/22/23	05/23/23	1	3,993
Truskey Inc	Employer	08/23	09/20/23	09/22/23	2	5,112
Truskey Inc	Employer	12/23	01/20/24	01/22/24	2	3,563
Trust Mechanical, LLC	Employer	10/22	11/21/22	01/17/23	58	128
Trust Mechanical, LLC	Employer	11/22	12/20/22	01/18/23	29	176
Trust Mechanical, LLC	Employer	12/22	01/20/23	03/01/23	40	176
Trust Mechanical, LLC	Employer	01/23	02/21/23	04/10/23	48	152
Trust Mechanical, LLC	Employer	02/23	03/20/23	04/10/23	21	160
Trust Mechanical, LLC	Employer	03/23	04/20/23	06/01/23	42	170
Trust Mechanical, LLC	Employer	04/23	05/22/23	07/05/23	44	160
Trust Mechanical, LLC	Employer	05/23	06/20/23	07/31/23	41	184
Trust Mechanical, LLC	Employer	06/23	07/20/23	07/31/23	11	136
Trust Mechanical, LLC	Employer	07/23	08/21/23	10/02/23	42	168
Trust Mechanical, LLC	Employer	08/23	09/20/23	11/10/23	51	184
Trust Mechanical, LLC	Employer	09/23	10/20/23	11/17/23	28	168
Trust Mechanical, LLC	Employer	10/23	11/20/23	01/26/24	67	176
Trust Mechanical, LLC	Employer	11/23	12/20/23	01/26/24	37	160
Trust Mechanical, LLC	Employer	12/23	01/22/24	03/08/24	46	160
Trust Mechanical, LLC	Employer	10/23	11/20/23	01/26/24	67	176
Trust Mechanical, LLC	Employer	11/23	12/20/23	01/26/24	37	160
Trust Mechanical, LLC	Employer	12/23	01/20/24	03/08/24	48	160
Trust Mechanical, LLC	Employer	01/24	02/20/24	03/08/24	17	176
Trust Mechanical, LLC	Employer	02/24	03/20/24	05/01/24	42	168
Trust Mechanical, LLC	Employer	03/24	04/20/24	06/13/24	54	168
Trust Mechanical, LLC	Employer	04/24	05/20/24	06/13/24	24	136
Trust Mechanical, LLC	Employer	05/24	06/20/24	10/21/24	123	360
Trust Mechanical, LLC	Employer	06/24	07/20/24	10/22/24	94	326
Trust Mechanical, LLC	Employer	07/24	08/20/24	01/16/25	149	335
Trust Mechanical, LLC	Employer	08/24	09/20/24	01/16/25	118	400
Trust Mechanical, LLC	Employer	09/24	10/20/24	03/17/25	148	282
Trust Mechanical, LLC	Employer	10/24	11/20/24	03/17/25	117	370
Trust Mechanical, LLC	Employer	11/24	12/20/24	03/17/25	87	320
Trust Mechanical, LLC	Employer	12/24	01/20/25	03/17/25	56	318
U S Facilities	Employer	09/23	10/20/23	10/23/23	3	29,523
U S Facilities	Employer	10/23	11/20/23	12/14/23	24	23,658
U S Facilities	Employer	02/24	03/20/24	03/31/24	11	23,120
U S Facilities	Employer	03/24	04/22/24	04/23/24	1	29,328
U S Facilities	Employer	04/24	05/20/24	05/22/24	2	23,419
U S Facilities	Employer	05/24	06/20/24	06/24/24	4	29,377
U S Facilities	Employer	06/24	07/22/24	07/29/24	7	24,440
U S Facilities	Employer	08/24	09/20/24	09/30/24	10	30,199
U S Facilities	Employer	09/24	10/21/24	10/28/24	7	23,902
U S Facilities	Employer	10/24	11/20/24	12/13/24	23	24,440
U S Facilities	Employer	11/24	12/20/24	12/27/24	7	30,306
U S Facilities	Employer	12/24	01/21/25	02/03/25	13	24,440
U S Piping Inc	Employer	11/22	12/20/22	02/13/23	55	15,909
U S Piping Inc	Employer	12/22	01/20/23	03/01/23	40	14,115
U S Piping Inc	Employer	01/23	02/21/23	03/22/23	29	14,653
U S Piping Inc	Employer	02/23	03/20/23	04/24/23	35	15,197
U S Piping Inc	Employer	03/23	04/20/23	05/24/23	34	19,925
U S Piping Inc	Employer	04/23	05/22/23	06/16/23	25	16,787
U S Piping Inc	Employer	05/23	06/20/23	07/25/23	35	14,342

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST	(c) DESCRIPTION OF TRANSACTION				(d) AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)
		MONTH IN WHICH MONIES WITHHELD	DATE DUE	DATE RECEIVED	NUMBER OF DAYS LATE	
U S Piping Inc	Employer	06/23	07/20/23	08/24/23	35	13,845
U S Piping Inc	Employer	07/23	08/21/23	09/27/23	37	12,081
U S Piping Inc	Employer	08/23	09/20/23	10/26/23	36	20,479
U S Piping Inc	Employer	09/23	10/20/23	11/28/23	39	14,874
U S Piping Inc	Employer	10/23	11/20/23	12/27/23	37	19,203
U S Piping Inc	Employer	11/23	12/20/23	01/26/24	37	18,220
U S Piping Inc	Employer	12/23	01/22/24	02/14/24	23	17,044
U S Piping Inc	Employer	01/17	02/20/17	10/04/24	2,783	64
U S Piping Inc	Employer	02/17	03/20/17	10/04/24	2,755	184
U S Piping Inc	Employer	11/23	12/20/23	01/26/24	37	14,791
U S Piping Inc	Employer	12/23	01/20/24	02/14/24	25	13,931
U S Piping Inc	Employer	01/24	02/20/24	03/08/24	17	14,808
U S Piping Inc	Employer	02/24	03/20/24	03/31/24	11	11,802
U S Piping Inc	Employer	09/24	10/20/24	11/15/24	26	11,035
U S Piping Inc	Employer	10/24	11/20/24	12/13/24	23	16,478
U S Piping Inc	Employer	11/24	12/20/24	01/10/25	21	13,904
Utility Line Services Inc	Employer	03/23	04/20/23	07/17/23	88	402
Utility Line Services Inc	Employer	04/23	05/22/23	07/17/23	56	334
Utility Line Services Inc	Employer	08/23	09/20/23	09/29/23	9	8,293
Utility Line Services Inc	Employer	08/23	09/20/23	12/12/23	83	183
Utility Line Services Inc	Employer	12/23	01/20/24	01/22/24	2	3,430
Utility Line Services Inc	Employer	05/24	06/20/24	07/11/24	21	5,555
V&G Climate Services, Inc	Employer	05/23	06/20/23	07/10/23	20	429
V&G Climate Services, Inc	Employer	07/23	08/21/23	09/25/23	35	297
V&G Climate Services, Inc	Employer	08/23	09/20/23	09/25/23	5	328
V&G Climate Services, Inc	Employer	09/23	10/20/23	11/08/23	19	311
V&G Climate Services, Inc	Employer	04/24	05/20/24	05/28/24	8	367
Valiant Energy Services	Employer	02/23	03/20/23	03/21/23	1	255
Valiant Energy Services	Employer	03/23	04/20/23	04/24/23	4	240
Valiant Energy Services	Employer	05/23	06/20/23	06/27/23	7	302
Valiant Energy Services	Employer	12/23	01/20/24	01/22/24	2	144
Valiant Energy Services	Employer	03/24	04/20/24	04/23/24	3	160
Weathervane Service Inc	Employer	09/24	10/20/24	11/07/24	18	1,186
West Chester Mech Contractors Inc	Employer	11/22	12/20/22	01/06/23	17	10,783
West Chester Mech Contractors Inc	Employer	12/22	01/20/23	01/30/23	10	13,356
West Chester Mech Contractors Inc	Employer	03/22	04/20/22	02/13/23	299	130
West Chester Mech Contractors Inc	Employer	04/22	05/20/22	02/13/23	269	109
West Chester Mech Contractors Inc	Employer	05/22	06/20/22	02/13/23	238	141
West Chester Mech Contractors Inc	Employer	01/23	02/21/23	03/03/23	10	10,437
West Chester Mech Contractors Inc	Employer	03/23	04/20/23	04/27/23	7	13,949
West Chester Mech Contractors Inc	Employer	04/23	05/22/23	05/25/23	3	14,256
West Chester Mech Contractors Inc	Employer	04/23	05/22/23	06/22/23	31	1,723
West Chester Mech Contractors Inc	Employer	05/23	06/20/23	06/22/23	2	11,217
West Chester Mech Contractors Inc	Employer	07/23	08/21/23	08/28/23	7	14,706
West Chester Mech Contractors Inc	Employer	08/23	09/20/23	09/29/23	9	18,566
West Chester Mech Contractors Inc	Employer	09/23	10/20/23	11/02/23	13	12,973
West Chester Mech Contractors Inc	Employer	10/23	11/20/23	11/30/23	10	13,723
West Chester Mech Contractors Inc	Employer	11/23	12/20/23	01/05/24	16	16,076
West Chester Mech Contractors Inc	Employer	11/23	12/20/23	01/05/24	16	12,183
West Chester Mech Contractors Inc	Employer	01/24	02/20/24	02/22/24	2	9,190
West Chester Mech Contractors Inc	Employer	01/24	02/20/24	03/21/24	30	584
West Chester Mech Contractors Inc	Employer	02/24	03/20/24	03/21/24	1	12,816
West Chester Mech Contractors Inc	Employer	04/24	05/20/24	06/21/24	32	1,832
West Chester Mech Contractors Inc	Employer	05/24	06/20/24	06/21/24	1	9,550

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, LINE 4a
SCHEDULE OF NON-EXEMPT TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

(a) <u>IDENTITY OF PARTY INVOLVED</u>	(b) <u>RELATIONSHIP TO PLAN, EMPLOYER OR PARTY- IN INTEREST</u>	(c) <u>DESCRIPTION OF TRANSACTION</u>				(d) <u>AMOUNT ON SCHEDULE H FORM 5500 LINE 4(a)</u>
		<u>MONTH IN WHICH MONIES WITHHELD</u>	<u>DATE DUE</u>	<u>DATE MONIES RECEIVED</u>	<u>NUMBER OF DAYS LATE</u>	
Westinghouse Electric	Employer	09/23	10/20/23	03/20/24	152	458
Westinghouse Electric	Employer	09/23	10/20/23	05/14/24	207	72
Westinghouse Electric	Employer	09/23	10/20/23	03/20/24	152	305
Westinghouse Electric	Employer	09/24	10/20/24	11/04/24	15	116
Wheeling Mechanical Inc	Employer	12/23	01/20/24	01/22/24	2	836
Wheeling Mechanical Inc	Employer	01/24	02/20/24	02/21/24	1	1,210
Wheeling Mechanical Inc	Employer	04/24	05/20/24	06/18/24	29	400
Wheeling Mechanical Inc	Employer	12/24	01/20/25	01/21/25	1	1,071
Williard Limbach	Employer	05/23	06/20/23	06/21/23	1	10,738
Williard Limbach	Employer	04/24	05/20/24	07/18/24	59	9,364
Williard Limbach	Employer	05/24	06/20/24	06/27/24	7	8,003
Williard Limbach	Employer	06/24	07/20/24	07/23/24	3	10,239
Zaragoza Building and Construction, LLC	Employer	08/23	09/20/23	11/30/23	71	1,446
Zaragoza Building and Construction, LLC	Employer	08/23	09/20/23	12/04/23	75	192
						<u>\$ 7,480,624</u>

STEAMFITTERS LOCAL UNION NO. 420 WELFARE PLAN
EIN 23-2715454, PLAN NO. 501
SCHEDULE H TO FORM 5500, 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

	<u>TOTAL THAT CONSTITUTES NONEXEMPT PROHIBITED</u>			
<u>PARTICIPANT CONTRIBUTIONS TRANSFERRED LATE TO THE PLAN</u>	<u>CONTRIBUTIONS NOT CORRECTED</u>	<u>CONTRIBUTIONS CORRECTED OUTSIDE OF VFCP</u>	<u>CONTRIBUTIONS PENDING CORRECTION IN VFCP</u>	<u>TOTAL FULLY CORRECTED UNDER VFCP AND PTE 2002-51</u>
<u>CHECK HERE IF LATE PARTICIPANT LOAN REPAYMENTS ARE INCLUDED:</u>	\$ 7,480,624	\$ 7,480,624	\$ -	\$ -
	\$ 7,480,624	\$ 7,480,624	\$ -	\$ -