

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1951
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND P.O. BOX 34203 SEATTLE, WA 98124
2b	Employer Identification Number (EIN) 52-6057762
2c	Plan Sponsor's telephone number 206-441-7574
2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 916
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) 847 6a(2) 900 6b 70 6c 0 6d 970 6e 6f 970 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 101

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 4F

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IRON WORKERS TRUST FUND LOCAL NO. 5	D Employer Identification Number (EIN) 52-6057762	

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

(a) Name of insurance carrier
DELTA DENTAL OF PENNSYLVANIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1667011	54798	21285	2485	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid 3285	(b) Total amount of fees paid
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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
DELAWARE VALLEY HEALTH CARE COALITI 2980 SOUTHAMPTON RD
PHILADELPHIA, PA 19154

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3285			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. Specify nature of costs ▶	6d	

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☒ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ 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)	41062
(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)	41062
b Benefit charges (1) Claims paid	9b(1)	656992
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))	9b(3)	656992
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IRON WORKERS TRUST FUND LOCAL NO. 5	D Employer Identification Number (EIN) 52-6057762

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10150	1001	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	265773
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IRON WORKERS TRUST FUND LOCAL NO. 5	D Employer Identification Number (EIN) 52-6057762	

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

(a) Name of insurance carrier UNITEDHEALTHCARE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2739571	79413	755371			

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

INSURANCE PROVIDER FAILED TO PROVIDE SCHEDULE A INFORMATION.

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND	B Three-digit plan number (PN) ▶ 501	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IRON WORKERS TRUST FUND LOCAL NO. 5	D Employer Identification Number (EIN) 52-6057762	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
STATE STREET GLOBAL ADVISORS TRUST
81-4017137

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AFL-CIO BUILDING INVESTMENT TRUST
52-6328901

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

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

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

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

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

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

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

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

WPAS, INC.

91-1363171

(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 12 13 14 50	NONE	673435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAREFIRST OF MARYLAND, INC.

52-1385894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 23 49 50	NONE	95557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN HEALTH HOLDING INC

31-1368946

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	73436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BHA CONSULTING LLC

26-1384808

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	47393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'DONOGHUE & O'DONOGHUE LLP

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	31488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	14963	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHANGE HEALTHCARE SOLUTIONS, LLC

20-5731067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	14375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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 31 50 51	NONE	7230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	37100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEISS AND PLANETTIERI

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19665	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALAFFIA TECHNOLOGY SOLUTIONS

85-1020529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	69846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRINT TIME

1105 W 24TH
KANSAS CITY, MO 64108

(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 50	NONE	6334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL FINANCIAL GROUP, INC.

42-1520346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 50	NONE	25250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IRON WORKERS TRUST FUND LOCAL NO. 5	D Employer Identification Number (EIN) 52-6057762	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE US GOV'T/CREDIT BOND			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 90-0337987-281	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6798044	
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST			
b Name of sponsor of entity listed in (a): PNC BANK, N.A.			
c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1143822	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, IRON WORKERS TRUST FUND LOCAL NO. 5	D Employer Identification Number (EIN) 52-6057762

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	11869172	11813099
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1809400	1349500
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	13190426	13431774
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	63270	18179
(2) U.S. Government securities	1c(2)	1261035	1692209
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1294913	1095664
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	7414691	7941866
(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)	21307085	23874128
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	58209992	61216419
Liabilities			
g Benefit claims payable	1g	9371300	13031400
h Operating payables	1h	626541	482318
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9997841	13513718
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	48212151	47702701

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)	12413413	
(B) Participants	2a(1)(B)	684119	
(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)		13097532
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	75269	
(B) U.S. Government securities	2b(1)(B)	53475	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		128744
(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)	650073	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		650073
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1312326	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1319591	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-7265
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	96314	
(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)		545925
(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)		1922330
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16433653

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15246825	
(2) To insurance carriers for the provision of benefits	2e(2)	847273	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16094098
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	549196	
(3) Recordkeeping fees	2i(3)	19665	
(4) IQPA audit fees	2i(4)	37100	
(5) Investment advisory and investment management fees	2i(5)	46855	
(6) Bank or trust company trustee/custodial fees	2i(6)	14963	
(7) Actuarial fees	2i(7)	47393	
(8) Legal fees	2i(8)	31488	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	31359	
(11) Other expenses	2i(11)	70986	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		849005
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16943103

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-509450
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: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.

FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Iron Workers Trust Fund, Local No. 5,
Washington, D.C.
P.O. Box 34203
Seattle, Washington 98124

Members of the Board:

Opinion

We have audited the accompanying financial statements of Iron Workers Trust Fund, Local No. 5, Washington, D.C. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are

Board of Trustees
Iron Workers Trust Fund, Local No. 5,
Washington, D.C.

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 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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Seattle, Washington

April 14, 2026

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>June 30, 2025</u>	<u>June 30, 2024</u>
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Money Market Fund	\$ 18,179	\$ 63,270
Government Debt	1,692,209	1,261,035
Corporate Debt	1,095,664	1,294,913
Mutual Funds	23,874,128	21,307,085
Common/Collective Trusts	<u>7,941,866</u>	<u>7,414,691</u>
TOTAL INVESTMENTS	34,622,046	31,340,994
CASH	<u>11,813,099</u>	<u>11,869,172</u>
TOTAL INVESTMENTS AND CASH	<u>46,435,145</u>	<u>43,210,166</u>
RECEIVABLES AND OTHER ASSETS		
Employer Contributions	1,349,500	1,809,400
Due From Related Trusts	12,762,448	12,762,448
Investment Income	102,516	101,822
Prescription Rebates	557,419	312,446
Prepaid Expenses	4,007	5,293
Other Receivables	<u>5,384</u>	<u>8,417</u>
TOTAL RECEIVABLES AND OTHER ASSETS	<u>14,781,274</u>	<u>14,999,826</u>
TOTAL ASSETS	<u>61,216,419</u>	<u>58,209,992</u>
LIABILITIES		
Accounts Payable	401,426	546,032
Payable for Investments Purchased, Net	<u>80,892</u>	<u>80,509</u>
TOTAL LIABILITIES	<u>482,318</u>	<u>626,541</u>
NET ASSETS AVAILABLE FOR BENEFITS	60,734,101	57,583,451
MEMORANDUM:		
Benefit Obligations Other Than Postretirement		
Benefit Obligations	<u>13,031,400</u>	<u>9,371,300</u>
Excess of Net Assets Available For Benefits		
Over Benefit Obligations Other Than		
Postretirement Benefit Obligations	<u>\$ 47,702,701</u>	<u>\$ 48,212,151</u>

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	July 1, 2024 to June 30, 2025	July 1, 2023 to June 30, 2024
ADDITIONS		
INVESTMENT INCOME		
Dividends and Interest	\$ 820,256	\$ 733,291
Net Appreciation of Investments	2,515,865	2,502,128
Less: Investment Fees	<u>(46,855)</u>	<u>(17,337)</u>
NET INVESTMENT INCOME	<u>3,289,266</u>	<u>3,218,082</u>
CONTRIBUTIONS		
Employer Contributions	12,413,413	12,646,768
Participant Contributions	<u>684,119</u>	<u>668,631</u>
TOTAL CONTRIBUTIONS	<u>13,097,532</u>	<u>13,315,399</u>
TOTAL ADDITIONS	<u>16,386,798</u>	<u>16,533,481</u>
DEDUCTIONS		
BENEFITS PAID		
Claims, Net	12,780,878	10,690,272
Premiums	419,182	397,455
Claims Administration and Case Management Fees	428,091	290,656
Less: Stop Loss Premium Dividend	(19,012)	(7,905)
Stop Loss Reimbursements	-	(72,358)
Prescription Rebates and Reimbursements	<u>(1,175,141)</u>	<u>(1,173,162)</u>
BENEFITS PAID, NET	<u>12,433,998</u>	<u>10,124,958</u>
ADMINISTRATIVE EXPENSES		
Administration	549,196	528,419
Legal Fees	31,488	61,222
Audit Fees	37,100	37,100
Forensic Audit Fees	19,665	17,842
Actuarial and Consulting Fees	47,393	64,653
PCORI Fees	7,995	7,584
Bank Fees	14,963	9,138
Conference and Meeting Expenses	31,359	19,481
Insurance	13,672	14,239
Printing, Postage and Office Expenses	<u>49,319</u>	<u>31,018</u>
TOTAL ADMINISTRATIVE EXPENSES	<u>802,150</u>	<u>790,696</u>
TOTAL DEDUCTIONS	<u>13,236,148</u>	<u>10,915,654</u>
NET INCREASE FOR THE YEAR	3,150,650	5,617,827
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>57,583,451</u>	<u>51,965,624</u>
END OF YEAR	<u><u>\$ 60,734,101</u></u>	<u><u>\$ 57,583,451</u></u>

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
STATEMENTS OF BENEFIT OBLIGATIONS

	<u>June 30, 2025</u>	<u>June 30, 2024</u>
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable	<u>\$ 228,300</u>	<u>\$ 119,200</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS, NET OF AMOUNTS CURRENTLY PAYABLE		
Claims Incurred but Not Reported	1,968,500	2,259,800
Accumulated Eligibility Credits	<u>10,834,600</u>	<u>6,992,300</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>13,031,400</u>	<u>9,371,300</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Retirees and Spouses	9,735,771	9,668,948
Actives Fully Eligible for Benefits	6,656,452	4,288,332
Actives Not Yet Fully Eligible for Benefits	<u>38,877,478</u>	<u>33,347,818</u>
	<u>55,269,701</u>	<u>47,305,098</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 68,301,101</u></u>	<u><u>\$ 56,676,398</u></u>

* The calculation of postretirement benefit obligations is provided solely to comply with accounting principles generally accepted in the United States of America. It does not imply that the Plan has a legal liability to provide postretirement benefits, nor is there any implication the Plan is required to implement a funding policy to satisfy the projected expense.

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	July 1, 2024 to June 30, 2025	July 1, 2023 to June 30, 2024
AMOUNTS CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Claims Payable at Beginning of Year	\$ 119,200	\$ 223,900
Net Change During the Year:		
Benefits Reported and Approved for Payment	12,543,098	10,020,258
Benefits Paid	<u>(12,433,998)</u>	<u>(10,124,958)</u>
Claims Payable at End of Year	<u>228,300</u>	<u>119,200</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at Beginning of Year	9,252,100	8,831,600
Net Change During the Year:		
Claims Incurred but Not Reported	(291,300)	(42,100)
Accumulated Eligibility Credit	<u>3,842,300</u>	<u>462,600</u>
Balance at End of Year	<u>12,803,100</u>	<u>9,252,100</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>13,031,400</u>	<u>9,371,300</u>
POSTRETIREMENT BENEFIT OBLIGATIONS*		
Balance at Beginning of Year	47,305,098	45,882,033
Increase (Decrease) During the Year Attributable to:		
Benefits Accumulated and Actuarial Experience Losses	6,581,406	1,839,923
Benefits Paid	(2,492,910)	(1,832,775)
Interest	2,550,916	2,377,631
Changes in Actuarial Assumptions	200,045	(1,591,441)
Participants Contributions Received	618,188	629,727
Plan Amendments	<u>506,958</u>	<u>-</u>
	<u>55,269,701</u>	<u>47,305,098</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 68,301,101</u></u>	<u><u>\$ 56,676,398</u></u>

* The calculation of postretirement benefit obligations is provided solely to comply with accounting principles generally accepted in the United States of America. It does not imply that the Plan has a legal liability to provide postretirement benefits, nor is there any implication the Plan is required to implement a funding policy to satisfy the projected expense.

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 1 - DESCRIPTION OF THE PLAN

The Iron Workers Trust Fund, Local No. 5, Washington, D.C. (the "Plan") is a multi-employer health and welfare benefit plan providing medical, prescription drug, dental, vision, disability, life insurance, and accidental death and dismemberment benefits to participants and dependents on whose behalf employers contribute to the Plan in accordance with their collective bargaining agreement. Most benefits are paid directly from plan assets. Benefits not paid directly from plan assets are purchased through contracts with an insurance company and various health maintenance organizations. Retirees who elect to maintain medical and prescription coverage under this plan are required to make contributions toward the cost of such coverage. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

THE PLAN DOCUMENTS INCLUDE DETAILED RULES FOR EACH SITUATION. PARTICIPANTS SHOULD REFER TO THE PLAN AGREEMENT AND ANY AMENDMENTS REGARDING SPECIFIC PROVISIONS OF THE PLAN.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

C. Employer Contributions

Contributions as reported are contributions made for hours worked during the year at a fixed rate per hour under terms of the collective bargaining agreements. Employer contributions receivable is estimated based on contributions received subsequent to the end of the year. No allowance is provided for uncollectible accounts.

D. Payroll Compliance Program

Remittance reports were accepted as submitted, without examination or verification of employers' payroll records. The system of internal control provides for examination of employers' records under a separate payroll compliance program.

E. Benefits and Benefit Obligations

Benefits are recorded when paid. The obligations for claims payable and claims incurred but not reported are an estimate of the cost to the Plan for claims incurred under the terms of the Plan at June 30, but paid subsequent to June 30. Accumulated eligibility credits are an estimate of the cost to the Plan for eligibility lag months and benefits accumulated in participants' hour banks at year-end.

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

F. Concentrations of Credit Risk

The Plan places its cash with financial institutions deemed to be credit worthy. Cash balances exceed the federally insured limit of \$250,000 per bank.

G. Tax-Exempt Status

No provision for federal income tax is made. The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9). The Board of Trustees believes the Plan is currently designed and is being operated in compliance with the applicable regulations. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

H. Plan Termination

Upon the termination of the Plan, per the Agreement and Declaration of the Trust, any and all monies remaining in the Plan after payment of all expenses and obligations of the Plan shall be either expended and used for the continuance of purposes of the Plan until such monies have been exhausted, or transferred to another trust or trusts providing similar benefits. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants and as permitted by applicable law.

NOTE 3 - FAIR VALUE MEASUREMENTS

Accounting standards establish a fair value hierarchy that prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market:

Level 1 – Inputs are quoted prices in active markets.

Level 2 – Inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.

Level 3 – Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

The following tables represent the Plan's investments at fair value, based on the inputs used to value them:

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

June 30, 2025				
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 18,179	\$ -	\$ -	\$ 18,179
Government Debt	1,383,515	308,694	-	1,692,209
Corporate Debt	-	1,095,664	-	1,095,664
Mutual Funds	23,874,128	-	-	23,874,128
	<u>\$ 25,275,822</u>	<u>\$ 1,404,358</u>	<u>\$ -</u>	<u>26,680,180</u>
Investments Measured at Net Asset Value ^A				<u>7,941,866</u>
				<u>\$ 34,622,046</u>

June 30, 2024				
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 63,270	\$ -	\$ -	\$ 63,270
Government Debt	907,899	353,136	-	1,261,035
Corporate Debt	-	1,294,913	-	1,294,913
Mutual Funds	21,307,085	-	-	21,307,085
	<u>\$ 22,278,254</u>	<u>\$ 1,648,049</u>	<u>\$ -</u>	<u>23,926,303</u>
Investments Measured at Net Asset Value ^A				<u>7,414,691</u>
				<u>\$ 31,340,994</u>

^A In accordance with ASC 820, investments measured at fair value using the net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy amounts to the amounts presented in the statements of net assets available for benefits.

Level 1 investments include a money market fund, U.S. Treasuries government debt and mutual funds valued based on quoted prices in an active market.

Level 2 investments consist of non-U.S. Treasuries government and corporate debt valued using matrices of trades in similar securities or third-party pricing vendors.

The common/collective trusts are valued at net asset value and are direct filing entities; the unfunded commitments and significant terms of redemption are as follows:

	2025	2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
SSGA Intermediate U.S. Government/ Credit Bond Index NL Fund	\$ 6,798,044	\$ 6,331,780	None	Discretionary	90 days
AFL-CIO Housing Investment Trust	1,143,822	1,082,911	None	Monthly	30 days

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

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 4 - POSTRETIREMENT BENEFITS

Accounting principles generally accepted in the United States of America require that defined benefit health and welfare plans report postretirement benefit obligations for retired participants including beneficiaries and covered dependents, active and terminated participants who are fully eligible to receive postretirement benefits, and active participants not yet fully eligible for postretirement benefits. The Plan has implemented this standard; however, the Board of Trustees hereby reaffirms its position that the Plan does not have an obligation under prevailing law, collective bargaining agreements or its written plan documents to provide postretirement welfare benefits on a lifetime basis or to arrange for the funding of such benefits. To the contrary, the written terms of the Trust's benefit plans have consistently advised participants that benefits under the Retirees Plan are provided only on a month-to-month basis to the extent that funds are currently available and that such benefits are not guaranteed to continue indefinitely. Additionally, the governing Trust Agreement and the written terms of the Trust's benefit plans expressly recognize the Board of Trustees' right to modify retiree benefits or to terminate the retiree benefits at any time.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to June 30. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation was determined by an actuary and is the amount that results from applying actuarial assumptions to historical benefit cost data to estimate future annual incurred benefit 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 significant actuarial assumptions and methods used were as follows for 2025 (2024): (a) Discount Rate: 5.75% (5.50%) compounded annually, (b) Mortality Rates Healthy and Disabled Lives: RP-2014 Blue Collar Mortality Table with fully generational projection using $\frac{1}{2}$ of Scale MP-2016, (c) Medical Trend: 7.00% (6.75%) gradually decreasing by 0.25% to an ultimate rate of 5.00% per year by the 2031-2032 Plan year, (d) Administrative Expenses: assumed to rise at 3.0% per year, (e) Cost Method: Projected Unit Credit Cost Method with benefits accrued ratably from date of original eligibility to full benefit eligibility date, and (f) other assumptions and methods for retirement rates, mix of type of retiree coverage, trend rates and per capita cost assumptions.

The discount rate increased from 5.50% to 5.75% and the trend rate has increased from 6.75% to 7.00%, decreasing over the next eight years to an ultimate rate of 5.00%, increasing the postretirement obligation by approximately \$200,000.

The health care cost trend rate and retiree contribution trend rate have a significant effect on the postretirement benefit obligations. A 1% increase in the health care cost-trend rate would have a \$7,419,300 and \$6,548,800 increase on the postretirement benefit obligation as of June 30, 2025 or 2024, respectively.

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

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 5 - RISKS AND UNCERTAINTIES

Plan investments are exposed to risk factors including interest rate, market fluctuations and credit risks. Due to the risk associated with investments, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Benefit obligations and postretirement benefit obligations are reported based on certain assumptions pertaining to health care inflation rates and participant demographics which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the custodian or an affiliate. Any purchases and sales of these investments are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibitions of party-in-interest transactions under ERISA.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	<u>June 30, 2025</u>	<u>June 30, 2024</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 60,734,101	\$ 57,583,451
Less: Plan's Total Benefit Obligations Other Than Postretirement Benefit Obligations	<u>(13,031,400)</u>	<u>(9,371,300)</u>
Net Assets Per the Form 5500	<u>\$ 47,702,701</u>	<u>\$ 48,212,151</u>

The following is a reconciliation of net benefits paid per the financial statements to the Form 5500:

	<u>July 1, 2024 to June 30, 2025</u>
Total Benefits Per the Financial Statements	\$ 12,433,998
Add: Benefit Obligations at June 30, 2025	13,031,400
Less: Benefit Obligations at June 30, 2024	<u>(9,371,300)</u>
Total Benefits Per the Form 5500	<u>\$ 16,094,098</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are reported on the Form 5500 for benefits that have been earned prior to June 30, but not yet paid as of that date.

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2025 AND 2024

NOTE 8 - SUBSEQUENT EVENTS

As of June 30, 2025, the Plan recorded receivable balances from related trusts to reflect the appropriate allocation of cash ownership. Subsequent to year end, management authorized inter-trust cash transfers to settle the recorded due from balances and align physical cash balances with recorded inter-trust receivables. The authorized transfers had not been completed as of April 14, 2026 and are not expected to affect net assets available for benefits or the Plan's statement of changes in net assets.

Management has evaluated subsequent events through April 14, 2026, the date on which the financial statements were available to be issued. Other than noted above, there were no material subsequent events that required recognition or additional disclosures in these financial statements.

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.

FORM 5500

SCHEDULE H - LINE 4i

E.I.N. 52-6057762; PLAN NO. 501

SUPPLEMENTAL SCHEDULES REQUIRED BY
THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedules Required by the Department of Labor

Board of Trustees
Iron Workers Trust Fund, Local No. 5,
Washington, D.C.
P.O. Box 34203
Seattle, Washington 98124

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of June 30, 2025 and reportable transactions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Seattle, Washington

April 14, 2026

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 52-6057762; PLAN NO. 501
JUNE 30, 2025

<u>No of Units</u>	<u>Description of Investments</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Money Market Fund</u>		
18,179	Allspring Treasury Plus Money Market Fund	\$ 18,179	\$ 18,179
	<u>Government Debt</u>		
	See Attached	\$ 1,692,209	\$ 1,689,843
	<u>Corporate Debt</u>		
	See Attached	\$ 1,095,664	\$ 1,121,711
	<u>Mutual Funds</u>		
	See Attached	\$ 23,874,128	\$ 18,461,296
	<u>Common/Collective Trusts</u>		
476,020	SSGA Intermediate U.S. Government/Credit Bond Index NL Fund	\$ 6,798,044	\$ 6,402,889
1,172	AFL-CIO Housing Investment Trust	1,143,822	1,272,102
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 7,941,866</u>	<u>\$ 7,674,991</u>
	<u>TOTALS - INVESTMENTS</u>	<u>\$ 34,622,046</u>	<u>\$ 28,966,020</u>

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
<u>CASH EQUIVALENTS</u>						
OTHER CASH EQUIVALENTS						
OTHER MONEY MARKET FUNDS						
8,190.680	ALLSPRING TREASURY PLUS MONEY MARKET SERVICE - #454 VP4530003	8,190.68 100.0000	8,190.68 100.0000	6/30/25	0.00	113.96
	TOTAL OTHER MONEY MARKET FUNDS	8,190.68	8,190.68		0.00	113.96
	TOTAL OTHER CASH EQUIVALENTS	8,190.68	8,190.68		0.00	113.96
	TOTAL CASH EQUIVALENTS	8,190.68	8,190.68		0.00	113.96
<u>BONDS & NOTES</u>						
US GOVERNMENT						
US TREASURY NOTES AND BONDS						
75,000.000	UNITED STATES TREASURY NOTES DTD 08/15/2022 2.750% 08/15/2032 91282CFF3	69,015.23 92.0203	69,187.50 92.2500	6/30/25	172.27	774.86
90,000.000	UNITED STATES TREASURY NOTES DTD 06/30/2022 3.250% 06/30/2029 91282CEV9	86,662.12 96.2912	88,354.80 98.1720	6/30/25	1,692.68	7.95
15,000.000	UNITED STATES TREASURY NOTES DTD 03/31/2025 4.125% 03/31/2032 91282CMT5	15,067.97 100.4531	15,133.05 100.8870	6/30/25	65.08	154.69
25,000.000	UNITED STATES TREASURY NOTES DTD 09/30/2022 4.125% 09/30/2027 91282CFM8	25,409.18 101.6367	25,227.50 100.9100	6/30/25	181.68-	259.22

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
15,000.000	UNITED STATES TREASURY NOTES DTD 05/15/2024 4.375% 05/15/2034 91282CKQ3	14,827.54 98.8503	15,233.85 101.5590	6/30/25	406.31	83.81
115,000.000	UNITED STATES TREASURY NOTES DTD 11/15/2023 4.500% 11/15/2033 91282CJJ1	119,432.61 103.8544	118,126.85 102.7190	6/30/25	1,305.76-	660.94
15,246.000	UNITED STATES TREASURY BONDS TREASURY INFLATION INDEX DTD 01/15/2025 2.125% 01/15/2035 91282CML2	15,346.12 100.6567	15,494.66 101.6310	6/30/25	148.54	149.76
65,000.000	US TREASURY NOTE DTD 05/15/20 0.625 05/15/2030 912828ZQ6	55,057.81 84.7043	55,925.35 86.0390	6/30/25	867.54	51.89
70,000.000	US TREASURY NOTE DTD 02/16/21 1.125 02/15/2031 91282CBL4	66,774.01 95.3914	60,566.10 86.5230	6/30/25	6,207.91-	295.86
135,000.000	US TREASURY NOTE DTD 08/31/21 1.125 08/31/2028 91282CCV1	123,608.59 91.5619	124,653.60 92.3360	6/30/25	1,045.01	507.63
150,000.000	US TREASURY NOTE DTD 11/15/21 1.375 11/15/2031 91282CDJ7	130,323.07 86.8820	128,338.50 85.5590	6/30/25	1,984.57-	263.42
125,000.000	US TREASURY NOTE DTD 09/30/19 1.625 09/30/2026 912828YG9	123,625.32 98.9003	121,552.50 97.2420	6/30/25	2,072.82-	510.59
55,000.000	US TREASURY NOTE DTD 05/15/17 2.375 05/15/2027 912828X88	53,028.32 96.4151	53,639.85 97.5270	6/30/25	611.53	166.83
	TOTAL US TREASURY NOTES AND BONDS	898,177.89	891,434.11		6,743.78-	3,887.45
	TIPS					

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 52-6057762; PLAN NO. 501
JUNE 30, 2025

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STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
28,401.500	UNITED STATES TREASURY NOTES TREASURY INFLATION INDEX DTD 04/15/2022 0.125% 04/15/2027 91282CEJ6	25,118.02 88.4391	27,806.77 97.9060	6/30/25	2,688.75	7.36
64,609.800	UNITED STATES TREASURY NOTES TREASURY INFLATION INDEX DTD 01/15/2023 1.125% 01/15/2033 91282CGK1	57,970.05 89.7233	61,737.25 95.5540	6/30/25	3,767.20	335.88
38,277.750	US TREASURY INFLATION INDEX DTD 01/31/08 1.750 01/15/2028 912810PV4	36,182.54 94.5263	38,765.79 101.2750	6/30/25	2,583.25	308.87
	TOTAL TIPS	119,270.61	128,309.81		9,039.20	652.11
	TOTAL US GOVERNMENT	1,017,448.50	1,019,743.92		2,295.42	4,539.56
	FEDERAL AGENCY					
	GOVERNMENT - FACTORED					
29,250.000	FED HOME LN BK DTD 03/23/21 1.000 03/23/2026 3130ALGJ7	29,250.00 100.0000	28,581.64 97.7150	6/30/25	668.36-	77.75
	TOTAL GOVERNMENT - FACTORED	29,250.00	28,581.64		668.36-	77.75
	GOVERNMENT AGENCY					
25,000.000	FED HOME LN BK SER 0000 DTD 10/26/21 1.150 10/26/2026 3130AP5E1	25,000.00 100.0000	24,084.50 96.3380	6/30/25	915.50-	51.91
30,000.000	FED HOME LN BK SER 0001 DTD 11/23/21 1.500 11/23/2026 3130APQ40	30,000.00 100.0000	28,990.80 96.6360	6/30/25	1,009.20-	47.50

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
15,000.000	FED HOME LN BK DTD 02/17/22 1.900 02/17/2027 3130AQPE7	15,000.00 100.0000	14,522.70 96.8180	6/30/25	477.30-	106.08
25,000.000	FEDERAL FARM CREDIT BANK DTD 03/23/2022 3.300% 03/23/2032 CALLABLE 3133ENSP6	25,000.00 100.0000	23,528.75 94.1150	6/30/25	1,471.25-	224.58
15,000.000	FEDERAL FARM CREDIT BANK DTD 05/17/2022 4.300% 05/17/2032 CALLABLE 3133ENWU0	15,000.00 100.0000	14,672.10 97.8140	6/30/25	327.90-	78.83
20,000.000	FEDERAL FARM CREDIT BANK DTD 07/20/2022 4.980% 07/20/2032 CALLABLE 3133ENC24	20,000.00 100.0000	19,849.80 99.2490	6/30/25	150.20-	445.43
40,000.000	FEDERAL FARM CREDIT BANK DTD 03/12/2025 5.100% 09/12/2031 CALLABLE 3133ER6Z9	40,000.00 100.0000	39,993.20 99.9830	6/30/25	6.80-	617.67
30,000.000	FEDERAL HOME LOAN BANK DTD 04/26/2022 3.500% 04/26/2027 CALLABLE 3130ARKZ3	30,000.01 100.0000	29,681.10 98.9370	6/30/25	318.91-	189.58
30,000.000	FEDERAL HOME LOAN BANK DTD 04/17/2025 4.540% 04/17/2030 CALLABLE 3130B5TW8	30,000.00 100.0000	29,988.00 99.9600	6/30/25	12.00-	279.97
45,000.000	FEDERAL HOME LOAN BANK DTD 04/21/2025 5.000% 04/21/2032 CALLABLE 3130B5SD1	45,000.00 100.0000	44,942.85 99.8730	6/30/25	57.15-	437.50

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
20,000.000	FEDERAL HOME LOAN BANK DTD 05/07/2025 5.000% 05/07/2032 CALLABLE 3130B5ZX9	20,000.00 100.0000	19,893.00 99.4650	6/30/25	107.00-	150.00
45,000.000	FEDERAL HOME LOAN BANK DTD 06/17/2025 5.200% 06/17/2032 CALLABLE 3130B6NR3	45,000.00 100.0000	45,042.75 100.0950	6/30/25	42.75	91.00
	TOTAL GOVERNMENT AGENCY	340,000.01	335,189.55		4,810.46-	2,720.05
	TOTAL FEDERAL AGENCY	369,250.01	363,771.19		5,478.82-	2,797.80
	CORPORATE BONDS					
	CORPORATE BONDS					
10,000.000	ACCENTURE CAPITAL INC DTD 10/04/2024 3.900% 10/04/2027 CALLABLE 00440KAA1	9,987.10 99.8710	9,969.40 99.6940	6/30/25	17.70-	94.25
25,000.000	AMGEN INC DTD 03/02/2023 5.250% 03/02/2033 CALLABLE 031162DR8	24,958.37 99.8335	25,600.50 102.4020	6/30/25	642.13	433.85
10,000.000	ANHEUSER-BUSCH INBEV WOR DTD 04/03/20 3.500 06/01/2030 035240AV2	10,367.01 103.6701	9,647.60 96.4760	6/30/25	719.41-	29.17
30,000.000	ARES CAPITAL CORP DTD 01/15/20 3.250 07/15/2025 04010LAY9	30,505.20 101.6840	29,981.70 99.9390	6/30/25	523.50-	449.58
25,000.000	ARES CAPITAL CORP DTD 07/15/20 3.875 01/15/2026 04010LAZ6	25,361.50 101.4460	24,869.75 99.4790	6/30/25	491.75-	446.70

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
20,000.000	BANK OF AMERICA CORP MEDIUM TERM NOTE DTD 11/10/2022 VAR CPN 11/10/2028 CALLABLE 06051GLC1	21,125.40 105.6270	20,813.60 104.0680	6/30/25	311.80-	175.78
25,000.000	BANK OF AMERICA CORP DTD 09/12/06 09/15/2026 59022CAA1	23,473.75 93.8950	24,962.50 99.8500	6/30/25	1,488.75	59.34
5,000.000	BLACKROCK FUNDING INC DTD 07/26/2024 4.600% 07/26/2027 CALLABLE 09290DAH4	4,999.85 99.9970	5,061.05 101.2210	6/30/25	61.20	99.03
20,000.000	BLACKROCK FUNDING INC DTD 03/14/2024 4.700% 03/14/2029 CALLABLE 09290DAA9	19,991.65 99.9582	20,423.20 102.1160	6/30/25	431.55	279.39
25,000.000	BRIXMOR OPERATING PRTSHP LP DTD 03/04/2025 5.200% 04/01/2032 CALLABLE 11120VAN3	24,967.65 99.8706	25,199.00 100.7960	6/30/25	231.35	422.50
45,000.000	COMCAST CORP DTD 10/05/18 4.150 10/15/2028 20030NCT6	45,171.65 100.3814	44,914.95 99.8110	6/30/25	256.70-	394.25
35,000.000	COMCAST CORP DTD 10/05/18 4.250 10/15/2030 20030NCU3	39,950.00 114.1429	34,822.90 99.4940	6/30/25	5,127.10-	314.03
30,000.000	CVS HEALTH CORP DTD 08/15/19 3.250 08/15/2029 126650DG2	30,395.20 101.3173	28,512.90 95.0430	6/30/25	1,882.30-	368.33
7,000.000	CVS HEALTH CORP DTD 03/09/18 4.300 03/25/2028 126650CX6	6,825.78 97.5111	6,971.30 99.5900	6/30/25	145.52	80.27

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
35,000.000	DUKE ENERGY CAROLINAS DTD 01/05/2024 4.850% 01/15/2034 CALLABLE 26442CBM5	34,407.05 98.3059	34,945.05 99.8430	6/30/25	538.00	782.74
10,000.000	ENERGY TRANSFER LP DTD 03/04/2025 5.200% 04/01/2030 CALLABLE 29273VBD1	9,979.60 99.7960	10,223.00 102.2300	6/30/25	243.40	169.00
20,000.000	EXTRA SPACE STORAGE DTD 04/15/2023 2.200% 10/15/2030 CALLABLE 30225VAP2	19,963.00 99.8150	17,690.80 88.4540	6/30/25	2,272.20-	92.89
15,000.000	GENERAL MOTORS FINL CO DTD 01/17/19 5.650 01/17/2029 37045XCS3	15,284.55 101.8970	15,321.15 102.1410	6/30/25	36.60	386.08
20,000.000	GEORGIA POWER CO DTD 02/23/2024 5.004% 02/23/2027 CALLABLE 373334KV2	19,953.40 99.7670	20,282.40 101.4120	6/30/25	329.00	355.84
30,000.000	HA SUSTAINABLE INF CAP DTD 06/24/2025 6.150% 01/15/2031 CALLABLE 40408AAA9	29,964.60 99.8820	30,374.10 101.2470	6/30/25	409.50	35.88
5,000.000	HEALTHPEAK PROPERTIES DTD 06/23/20 2.875 01/15/2031 42250PAB9	5,001.52 100.0304	4,559.45 91.1890	6/30/25	442.07-	66.28
20,000.000	HEWLETT PACKARD ENTERPRISE DTD 09/26/2024 5.000% 10/15/2034 CALLABLE 42824CBV0	19,815.60 99.0780	19,400.40 97.0020	6/30/25	415.20-	211.11
10,000.000	INTERCONTINENTAL EXCHANGE DTD 05/23/2022 4.600% 03/15/2033 CALLABLE 45866FAW4	9,988.40 99.8840	9,954.61 99.5461	6/30/25	33.79-	135.44

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
10,000.000	JEFFERIES FIN GROUP INC DTD 07/21/2023 5.875% 07/21/2028 CALLABLE 47233WBM0	9,947.30 99.4730	10,371.00 103.7100	6/30/25	423.70	261.11
15,000.000	JEFFERIES FIN GROUP INC DTD 04/16/2024 6.200% 04/14/2034 CALLABLE 47233WEJ4	14,978.75 99.8583	15,690.30 104.6020	6/30/25	711.55	198.92
15,000.000	JEFFERIES FIN GROUP INC MEDIUM TERM NOTE DTD 02/10/2025 5.000% 02/10/2026 CALLABLE 47233WHZ5	15,000.00 100.0000	15,001.50 100.0100	6/30/25	1.50	293.75
5,000.000	JPMORGAN CHASE & CO DTD 04/22/2025 VAR CPN 04/22/2031 CALLABLE 46647PEY8	5,000.00 100.0000	5,124.00 102.4800	6/30/25	124.00	48.90
15,000.000	LINCOLN NATIONAL CORP DTD 05/15/20 3.400 01/15/2031 534187BK4	14,981.82 99.8788	13,952.40 93.0160	6/30/25	1,029.42-	235.17
20,000.000	MORGAN STANLEY SR MEDIUM TERM NOTE DTD 04/19/2024 VAR CPN 04/18/2030 CALLABLE 61747YFQ3	20,879.20 104.3960	20,774.20 103.8710	6/30/25	105.00-	229.38
20,000.000	MORGAN STANLEY DTD 04/20/2022 VAR CPN 04/20/2028 CALLABLE 61747YER2	19,573.40 97.8670	19,958.60 99.7930	6/30/25	385.20	166.06
15,000.000	ORACLE CORP DTD 11/09/2022 6.250% 11/09/2032 CALLABLE 68389XCJ2	14,972.80 99.8187	16,232.40 108.2160	6/30/25	1,259.60	135.42

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
30,000.000	OWL ROCK CAPITAL CORP DTD 12/08/20 3.400 07/15/2026 69121KAE4	30,296.40 100.9880	29,517.90 98.3930	6/30/25	778.50-	470.33
20,000.000	PHILIP MORRIS INTL INC DTD 09/07/2023 5.625% 09/07/2033 CALLABLE 718172DE6	19,565.80 97.8290	20,957.00 104.7850	6/30/25	1,391.20	356.25
30,000.000	PHILIP MORRIS INTL INC DTD 02/13/2024 5.250% 02/13/2034 CALLABLE 718172DJ5	29,343.30 97.8110	30,598.20 101.9940	6/30/25	1,254.90	603.75
30,000.000	PNC FINANCIAL SERVICES DTD 01/22/2024 VAR CPN 01/21/2028 NON CALLABLE 693475BV6	30,021.15 100.0705	30,450.90 101.5030	6/30/25	429.75	706.67
25,000.000	ROCKWELL AUTOMATION DTD 03/01/19 3.500 03/01/2029 773903AH2	27,823.00 111.2920	24,377.75 97.5110	6/30/25	3,445.25-	291.67
30,000.000	SAFEHOLD OPERATING PARTN DTD 05/07/21 2.800 06/15/2031 78646UAA7	29,678.90 98.9297	26,838.60 89.4620	6/30/25	2,840.30-	37.33
25,000.000	SAFEHOLD OPERATING PARTN DTD 11/18/21 2.850 01/15/2032 78646UAB5	24,780.75 99.1230	21,769.50 87.0780	6/30/25	3,011.25-	328.54
40,000.000	SIMON PROPERTY GROUP LP DTD 09/13/19 2.450 09/13/2029 828807DF1	38,829.55 97.0739	37,169.20 92.9230	6/30/25	1,660.35-	294.00
10,000.000	SIMON PROPERTY GROUP LP DTD 08/17/15 3.500 09/01/2025 828807CV7	10,771.60 107.7160	9,977.10 99.7710	6/30/25	794.50-	116.67

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
15,000.000	TRACTOR SUPPLY CO DTD 05/05/2023 5.250% 05/15/2033 CALLABLE 892356AB2	14,960.70 99.7380	15,311.70 102.0780	6/30/25	351.00	100.63
50,000.000	TRUIST BANK DTD 03/09/20 2.250 03/11/2030 89788KAA4	47,917.10 95.8342	45,014.00 90.0280	6/30/25	2,903.10-	343.75
25,000.000	VERIZON COMMUNICATIONS DTD 03/22/21 2.550 03/21/2031 92343VGJ7	24,984.65 99.9386	22,422.25 89.6890	6/30/25	2,562.40-	177.08
20,000.000	VIRGINIA ELEC & POWER CO DTD 03/16/17 3.500 03/15/2027 927804FX7	21,016.50 105.0825	19,783.80 98.9190	6/30/25	1,232.70-	206.11
5,000.000	VIRGINIA ELEC & PWR CO DTD 08/12/2024 5.050% 08/15/2034 CALLABLE 927804GR9	4,988.70 99.7740	5,010.60 100.2120	6/30/25	21.90	95.39
45,000.000	GOLDMAN SACHS GROUP INC DTD 06/05/17 06/05/2028 38141GWL4	44,021.32 97.8252	44,360.55 98.5790	6/30/25	339.23	119.96
30,000.000	JPMORGAN CHASE & CO DTD 12/05/18 12/05/2029 46647PAX4	34,059.60 113.5320	30,056.40 100.1880	6/30/25	4,003.20-	96.46
25,000.000	WALT DISNEY COMPANY/THE DTD 11/15/19 3.375 11/15/2026 254687DK9	27,283.00 109.1320	24,772.25 99.0890	6/30/25	2,510.75-	107.81
	TOTAL CORPORATE BONDS	1,058,113.12	1,029,993.41		28,119.71-	11,902.84
	CORPORATE BOND - FACTORED					

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
20,000.000	ANTHEM INC DTD 11/21/17 3.650 12/01/2027 036752AB9	19,214.56 96.0728	19,762.60 98.8130	6/30/25	548.04	60.83
	TOTAL CORPORATE BOND - FACTORED	19,214.56	19,762.60		548.04	60.83
	TOTAL CORPORATE BONDS	1,077,327.68	1,049,756.01		27,571.67-	11,963.67
	FOREIGN BONDS					
	FOREIGN CORPORATE BONDS					
30,000.000	JBS USA LUX SA DTD 08/01/2023 5.125% 02/01/2028 CALLABLE 46590XAZ9	29,441.05 98.1368	30,612.00 102.0400	6/30/25	1,170.95	640.64
15,000.000	NUTRIEN LTD DTD 03/13/2025 5.250% 03/12/2032 CALLABLE 67077MBF4	14,941.95 99.6130	15,296.40 101.9760	6/30/25	354.45	236.25
	TOTAL FOREIGN CORPORATE BONDS	44,383.00	45,908.40		1,525.40	876.89
	TOTAL FOREIGN BONDS	44,383.00	45,908.40		1,525.40	876.89
	MORTGAGE/ASSET-BACKED SECURITIES					
	US GOVERNMENT MORTGAGE POOL					
38,509.570	FED HOME LOAN MTGE CORP POOL #RB5318 20 YR GTD SINGLE FAMILY MORTGAGE DTD 10/01/2024 4.500% 11/01/2044 NON CALLABLE 3133KY4B2	37,095.55 96.3281	37,566.47 97.5510	6/30/25	470.92	144.41

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
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<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
17,361.010	FED HOME LOAN MTGE CORP POOL #SB8229 15 YR GTD SINGLE FAMILY MORTGAGE DTD 04/01/2023 4.500% 05/01/2038 NON CALLABLE 3132D6EA4	17,214.52 99.1562	17,272.82 99.4920	6/30/25	58.30	65.10
15,821.830	FED HOME LOAN MTGE CORP POOL #SB8257 15 YR GTD SINGLE FAMILY MORTGAGE DTD 08/01/2023 5.500% 09/01/2038 NON CALLABLE 3132D6E63	15,735.32 99.4532	16,124.50 101.9130	6/30/25	389.18	72.52
17,483.960	FED HOME LOAN MTGE CORP POOL #SD3857 30 YR GTD SINGLE FAMILY MORTGAGE DTD 09/01/2023 6.000% 09/01/2053 NON CALLABLE 3132E0JA1	17,325.51 99.0937	17,817.03 101.9050	6/30/25	491.52	87.42
24,239.730	FED HOME LOAN MTGE CORP POOL #SD6320 30 YR GTD SINGLE FAMILY MORTGAGE DTD 09/01/2024 5.500% 08/01/2054 NON CALLABLE 3132DUAV9	23,948.13 98.7970	24,298.39 100.2420	6/30/25	350.26	111.10
33,043.020	FED HOME LOAN MTGE CORP POOL #SD7129 30 YR GTD SINGLE FAMILY MORTGAGE DTD 11/01/2024 5.000% 11/01/2054 NON CALLABLE 3132DU4N4	32,072.37 97.0625	32,433.38 98.1550	6/30/25	361.01	137.68
80.690	FED HOME LN MTG CORP POOL #A12259 DTD 08/01/03 5.500 08/01/2033 31296LQL8	5.00 6.1966	82.42 102.1470	6/30/25	77.42	0.47
145.100	FED HOME LN MTG CORP POOL #G04484 DTD 07/01/08 6.000 08/01/2038 3128M6J58	153.69 105.9201	152.30 104.9600	6/30/25	1.39-	1.58
34,176.050	FEDL NATL MTGE ASSN POOL #CB5384 30 YR GTD SINGLE FAMILY MORTGAGE DTD 12/01/2022 4.500% 12/01/2052 NON CALLABLE 3140QQ6W0	32,614.11 95.4297	32,757.40 95.8490	6/30/25	143.29	128.16

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
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22,588.230	FEDL NATL MTGE ASSN POOL #MA5099 15 YR GTD SINGLE FAMILY MORTGAGE DTD 06/01/2023 4.000% 07/01/2038 NON CALLABLE 31418EUZ1	21,617.63 95.7031	22,101.91 97.8470	6/30/25	484.28	75.29
206.660	FED NATL MTG ASSN POOL #AI6578 DTD 07/01/11 4.500 07/01/2041 3138ALJY4	224.36 108.5648	205.43 99.4030	6/30/25	18.93-	1.37
13.770	FED NATL MTG ASSN POOL #323862 DTD 07/01/99 6.500 08/01/2029 31374TWX3	1.31 9.5134	14.22 103.2850	6/30/25	12.91	0.19
	TOTAL US GOVERNMENT MORTGAGE POOL	198,007.50	200,826.27		2,818.77	825.29
	MORTGAGE BACKED OBLIGATION					
13,119.600	FEDERAL HOME LOAN MORTGAGE CORP CMO SER 2024-5388 CL DA DTD 02/01/2024 6.000% 07/25/2048 NON CALLABLE 3137HBX90	13,119.60 100.0000	13,395.64 102.1040	6/30/25	276.04	65.60
25,000.000	FYBR ASSET BCKD SEC SER 2023-1 CL A2 DTD 08/08/2023 6.600% 08/20/2053 CALLABLE 144A PRIVATE PLACEMENT 35910EAA2	24,036.74 96.1470	25,395.00 101.5800	6/30/25	1,358.26	50.42
34,122.080	GOVERNMENT NATIONAL MORTGAGE ASSN CMO SER 2024-151 CL WC DTD 09/01/2024 5.000% 05/20/2052 NON CALLABLE 38384WSZ9	33,556.88 98.3436	34,023.13 99.7100	6/30/25	466.25	142.18
25,728.110	JP MORGAN MORTGAGE TRUST CMO SER 2023-9 CL A4 DTD 10/01/2023 VAR CPN 04/25/2054 CALLABLE 144A PRIVATE PLACEMENT 465988AD5	25,153.40 97.7662	25,991.82 101.0250	6/30/25	838.42	128.64

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

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5,234.550	SMALL BUSINESS ADMINISTRATION SER 2017-20E CL 1 *0 DAY DELAY* DTD 05/17/17 2.880 05/01/2037 83162CYQ0	5,039.47 96.2732	4,899.07 93.5910	6/30/25	140.40-	25.13
4,398.070	SMALL BUSINESS ADMINISTRATION SER 2018-20A CL 1 *0 DAY DELAY* DTD 01/17/18 2.920 01/01/2038 83162CZC0	4,229.89 96.1760	4,162.91 94.6530	6/30/25	66.98-	63.23
TOTAL MORTGAGE BACKED OBLIGATION		105,135.98	107,867.57		2,731.59	475.20
TOTAL MORTGAGE/ASSET-BACKED SECURITIES		303,143.48	308,693.84		5,550.36	1,300.49
TOTAL BONDS & NOTES		2,811,552.67	2,787,873.36		23,679.31-	21,478.41
<u>MUTUAL FUNDS</u>						
CLOSED END FUNDS TAXABLE						
775.000	ISHARES 1-3 YEAR TREASURY BOND 464287457	65,640.53 84.6975	64,216.50 82.8600	6/30/25	1,424.03-	0.00
1,275.000	ISHARES TRUST ISHARES 1-5 YEAR INVESTMENT GRADE CORPORATE BOND ETF 464288646	67,232.33 52.7312	67,269.00 52.7600	6/30/25	36.67	0.00
TOTAL CLOSED END FUNDS TAXABLE		132,872.86	131,485.50		1,387.36-	0.00
TOTAL MUTUAL FUNDS		132,872.86	131,485.50		1,387.36-	0.00
TOTAL ASSETS AND LIABILITIES		2,952,616.21	2,927,549.54		25,066.67-	21,592.37
ACCRUED INCOME		21,592.37	21,592.37			
TOTAL ACCOUNT		2,974,208.58	2,949,141.91		25,066.67-	

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 52-6057762; PLAN NO. 501
JULY 1, 2024 TO JUNE 30, 2025

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
SSGA Intermediate U.S. Government Bond Index	\$ 15,000,000 -	\$ - 15,018,750	\$ 15,000,000 14,275,655	\$ - 743,095

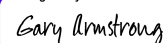
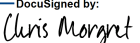
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 01/01/1951
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, IRON WORKERS TRUST FUND LOCAL NO. 5 WASHINGTON, DC, WELFARE FUND P.O. BOX 34203 SEATTLE, WA 98124	2b Employer Identification Number (EIN) 52-6057762 2c Plan Sponsor's telephone number 206-441-7574 2d Business code (see instructions) 238900

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

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

SIGN HERE	Signed by:  50632FF9E36B4F3	4/15/2026	Gary Armstrong
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by:  E8428B8D48C24A4	4/14/2026	Chris Morgret
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
FORM 5500
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
E.I.N. 52-6057762; PLAN NO. 501
JULY 1, 2024 TO JUNE 30, 2025

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Net Gain or (Loss)
SSGA Intermediate U.S. Government Bond Index	\$ 15,000,000 -	\$ - 15,018,750	\$ 15,000,000 14,275,655	\$ - 743,095

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 52-6057762; PLAN NO. 501
JUNE 30, 2025

<u>No of Units</u>	<u>Description of Investments</u>	<u>Fair Value</u>	<u>Cost</u>
	<u>Money Market Fund</u>		
18,179	Allspring Treasury Plus Money Market Fund	\$ 18,179	\$ 18,179
	<u>Government Debt</u>		
	See Attached	\$ 1,692,209	\$ 1,689,843
	<u>Corporate Debt</u>		
	See Attached	\$ 1,095,664	\$ 1,121,711
	<u>Mutual Funds</u>		
	See Attached	\$ 23,874,128	\$ 18,461,296
	<u>Common/Collective Trusts</u>		
476,020	SSGA Intermediate U.S. Government/Credit Bond Index NL Fund	\$ 6,798,044	\$ 6,402,889
1,172	AFL-CIO Housing Investment Trust	1,143,822	1,272,102
	<u>TOTALS - COMMON/COLLECTIVE TRUSTS</u>	<u>\$ 7,941,866</u>	<u>\$ 7,674,991</u>
	<u>TOTALS - INVESTMENTS</u>	<u>\$ 34,622,046</u>	<u>\$ 28,966,020</u>

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
<u>CASH EQUIVALENTS</u>						
OTHER CASH EQUIVALENTS						
OTHER MONEY MARKET FUNDS						
8,190.680	ALLSPRING TREASURY PLUS MONEY MARKET SERVICE - #454 VP4530003	8,190.68 100.0000	8,190.68 100.0000	6/30/25	0.00	113.96
	TOTAL OTHER MONEY MARKET FUNDS	8,190.68	8,190.68		0.00	113.96
	TOTAL OTHER CASH EQUIVALENTS	8,190.68	8,190.68		0.00	113.96
	TOTAL CASH EQUIVALENTS	8,190.68	8,190.68		0.00	113.96
<u>BONDS & NOTES</u>						
US GOVERNMENT						
US TREASURY NOTES AND BONDS						
75,000.000	UNITED STATES TREASURY NOTES DTD 08/15/2022 2.750% 08/15/2032 91282CFF3	69,015.23 92.0203	69,187.50 92.2500	6/30/25	172.27	774.86
90,000.000	UNITED STATES TREASURY NOTES DTD 06/30/2022 3.250% 06/30/2029 91282CEV9	86,662.12 96.2912	88,354.80 98.1720	6/30/25	1,692.68	7.95
15,000.000	UNITED STATES TREASURY NOTES DTD 03/31/2025 4.125% 03/31/2032 91282CMT5	15,067.97 100.4531	15,133.05 100.8870	6/30/25	65.08	154.69
25,000.000	UNITED STATES TREASURY NOTES DTD 09/30/2022 4.125% 09/30/2027 91282CFM8	25,409.18 101.6367	25,227.50 100.9100	6/30/25	181.68-	259.22

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER XXXXXXXXXX

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
15,000.000	UNITED STATES TREASURY NOTES DTD 05/15/2024 4.375% 05/15/2034 91282CKQ3	14,827.54 98.8503	15,233.85 101.5590	6/30/25	406.31	83.81
115,000.000	UNITED STATES TREASURY NOTES DTD 11/15/2023 4.500% 11/15/2033 91282CJJ1	119,432.61 103.8544	118,126.85 102.7190	6/30/25	1,305.76-	660.94
15,246.000	UNITED STATES TREASURY BONDS TREASURY INFLATION INDEX DTD 01/15/2025 2.125% 01/15/2035 91282CML2	15,346.12 100.6567	15,494.66 101.6310	6/30/25	148.54	149.76
65,000.000	US TREASURY NOTE DTD 05/15/20 0.625 05/15/2030 912828ZQ6	55,057.81 84.7043	55,925.35 86.0390	6/30/25	867.54	51.89
70,000.000	US TREASURY NOTE DTD 02/16/21 1.125 02/15/2031 91282CBL4	66,774.01 95.3914	60,566.10 86.5230	6/30/25	6,207.91-	295.86
135,000.000	US TREASURY NOTE DTD 08/31/21 1.125 08/31/2028 91282CCV1	123,608.59 91.5619	124,653.60 92.3360	6/30/25	1,045.01	507.63
150,000.000	US TREASURY NOTE DTD 11/15/21 1.375 11/15/2031 91282CDJ7	130,323.07 86.8820	128,338.50 85.5590	6/30/25	1,984.57-	263.42
125,000.000	US TREASURY NOTE DTD 09/30/19 1.625 09/30/2026 912828YG9	123,625.32 98.9003	121,552.50 97.2420	6/30/25	2,072.82-	510.59
55,000.000	US TREASURY NOTE DTD 05/15/17 2.375 05/15/2027 912828X88	53,028.32 96.4151	53,639.85 97.5270	6/30/25	611.53	166.83
	TOTAL US TREASURY NOTES AND BONDS	898,177.89	891,434.11		6,743.78-	3,887.45
	TIPS					

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 52-6057762; PLAN NO. 501
JUNE 30, 2025

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STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
28,401.500	UNITED STATES TREASURY NOTES TREASURY INFLATION INDEX DTD 04/15/2022 0.125% 04/15/2027 91282CEJ6	25,118.02 88.4391	27,806.77 97.9060	6/30/25	2,688.75	7.36
64,609.800	UNITED STATES TREASURY NOTES TREASURY INFLATION INDEX DTD 01/15/2023 1.125% 01/15/2033 91282CGK1	57,970.05 89.7233	61,737.25 95.5540	6/30/25	3,767.20	335.88
38,277.750	US TREASURY INFLATION INDEX DTD 01/31/08 1.750 01/15/2028 912810PV4	36,182.54 94.5263	38,765.79 101.2750	6/30/25	2,583.25	308.87
	TOTAL TIPS	119,270.61	128,309.81		9,039.20	652.11
	TOTAL US GOVERNMENT	1,017,448.50	1,019,743.92		2,295.42	4,539.56
	FEDERAL AGENCY					
	GOVERNMENT - FACTORED					
29,250.000	FED HOME LN BK DTD 03/23/21 1.000 03/23/2026 3130ALGJ7	29,250.00 100.0000	28,581.64 97.7150	6/30/25	668.36-	77.75
	TOTAL GOVERNMENT - FACTORED	29,250.00	28,581.64		668.36-	77.75
	GOVERNMENT AGENCY					
25,000.000	FED HOME LN BK SER 0000 DTD 10/26/21 1.150 10/26/2026 3130AP5E1	25,000.00 100.0000	24,084.50 96.3380	6/30/25	915.50-	51.91
30,000.000	FED HOME LN BK SER 0001 DTD 11/23/21 1.500 11/23/2026 3130APQ40	30,000.00 100.0000	28,990.80 96.6360	6/30/25	1,009.20-	47.50

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
15,000.000	FED HOME LN BK DTD 02/17/22 1.900 02/17/2027 3130AQPE7	15,000.00 100.0000	14,522.70 96.8180	6/30/25	477.30-	106.08
25,000.000	FEDERAL FARM CREDIT BANK DTD 03/23/2022 3.300% 03/23/2032 CALLABLE 3133ENSP6	25,000.00 100.0000	23,528.75 94.1150	6/30/25	1,471.25-	224.58
15,000.000	FEDERAL FARM CREDIT BANK DTD 05/17/2022 4.300% 05/17/2032 CALLABLE 3133ENWU0	15,000.00 100.0000	14,672.10 97.8140	6/30/25	327.90-	78.83
20,000.000	FEDERAL FARM CREDIT BANK DTD 07/20/2022 4.980% 07/20/2032 CALLABLE 3133ENC24	20,000.00 100.0000	19,849.80 99.2490	6/30/25	150.20-	445.43
40,000.000	FEDERAL FARM CREDIT BANK DTD 03/12/2025 5.100% 09/12/2031 CALLABLE 3133ER6Z9	40,000.00 100.0000	39,993.20 99.9830	6/30/25	6.80-	617.67
30,000.000	FEDERAL HOME LOAN BANK DTD 04/26/2022 3.500% 04/26/2027 CALLABLE 3130ARKZ3	30,000.01 100.0000	29,681.10 98.9370	6/30/25	318.91-	189.58
30,000.000	FEDERAL HOME LOAN BANK DTD 04/17/2025 4.540% 04/17/2030 CALLABLE 3130B5TW8	30,000.00 100.0000	29,988.00 99.9600	6/30/25	12.00-	279.97
45,000.000	FEDERAL HOME LOAN BANK DTD 04/21/2025 5.000% 04/21/2032 CALLABLE 3130B5SD1	45,000.00 100.0000	44,942.85 99.8730	6/30/25	57.15-	437.50

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
20,000.000	FEDERAL HOME LOAN BANK DTD 05/07/2025 5.000% 05/07/2032 CALLABLE 3130B5ZX9	20,000.00 100.0000	19,893.00 99.4650	6/30/25	107.00-	150.00
45,000.000	FEDERAL HOME LOAN BANK DTD 06/17/2025 5.200% 06/17/2032 CALLABLE 3130B6NR3	45,000.00 100.0000	45,042.75 100.0950	6/30/25	42.75	91.00
	TOTAL GOVERNMENT AGENCY	340,000.01	335,189.55		4,810.46-	2,720.05
	TOTAL FEDERAL AGENCY	369,250.01	363,771.19		5,478.82-	2,797.80
	CORPORATE BONDS					
	CORPORATE BONDS					
10,000.000	ACCENTURE CAPITAL INC DTD 10/04/2024 3.900% 10/04/2027 CALLABLE 00440KAA1	9,987.10 99.8710	9,969.40 99.6940	6/30/25	17.70-	94.25
25,000.000	AMGEN INC DTD 03/02/2023 5.250% 03/02/2033 CALLABLE 031162DR8	24,958.37 99.8335	25,600.50 102.4020	6/30/25	642.13	433.85
10,000.000	ANHEUSER-BUSCH INBEV WOR DTD 04/03/20 3.500 06/01/2030 035240AV2	10,367.01 103.6701	9,647.60 96.4760	6/30/25	719.41-	29.17
30,000.000	ARES CAPITAL CORP DTD 01/15/20 3.250 07/15/2025 04010LAY9	30,505.20 101.6840	29,981.70 99.9390	6/30/25	523.50-	449.58
25,000.000	ARES CAPITAL CORP DTD 07/15/20 3.875 01/15/2026 04010LAZ6	25,361.50 101.4460	24,869.75 99.4790	6/30/25	491.75-	446.70

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
20,000.000	BANK OF AMERICA CORP MEDIUM TERM NOTE DTD 11/10/2022 VAR CPN 11/10/2028 CALLABLE 06051GLC1	21,125.40 105.6270	20,813.60 104.0680	6/30/25	311.80-	175.78
25,000.000	BANK OF AMERICA CORP DTD 09/12/06 09/15/2026 59022CAA1	23,473.75 93.8950	24,962.50 99.8500	6/30/25	1,488.75	59.34
5,000.000	BLACKROCK FUNDING INC DTD 07/26/2024 4.600% 07/26/2027 CALLABLE 09290DAH4	4,999.85 99.9970	5,061.05 101.2210	6/30/25	61.20	99.03
20,000.000	BLACKROCK FUNDING INC DTD 03/14/2024 4.700% 03/14/2029 CALLABLE 09290DAA9	19,991.65 99.9582	20,423.20 102.1160	6/30/25	431.55	279.39
25,000.000	BRIXMOR OPERATING PRSHP LP DTD 03/04/2025 5.200% 04/01/2032 CALLABLE 11120VAN3	24,967.65 99.8706	25,199.00 100.7960	6/30/25	231.35	422.50
45,000.000	COMCAST CORP DTD 10/05/18 4.150 10/15/2028 20030NCT6	45,171.65 100.3814	44,914.95 99.8110	6/30/25	256.70-	394.25
35,000.000	COMCAST CORP DTD 10/05/18 4.250 10/15/2030 20030NCU3	39,950.00 114.1429	34,822.90 99.4940	6/30/25	5,127.10-	314.03
30,000.000	CVS HEALTH CORP DTD 08/15/19 3.250 08/15/2029 126650DG2	30,395.20 101.3173	28,512.90 95.0430	6/30/25	1,882.30-	368.33
7,000.000	CVS HEALTH CORP DTD 03/09/18 4.300 03/25/2028 126650CX6	6,825.78 97.5111	6,971.30 99.5900	6/30/25	145.52	80.27

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER XXXXXXXXXX

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
35,000.000	DUKE ENERGY CAROLINAS DTD 01/05/2024 4.850% 01/15/2034 CALLABLE 26442CBM5	34,407.05 98.3059	34,945.05 99.8430	6/30/25	538.00	782.74
10,000.000	ENERGY TRANSFER LP DTD 03/04/2025 5.200% 04/01/2030 CALLABLE 29273VBD1	9,979.60 99.7960	10,223.00 102.2300	6/30/25	243.40	169.00
20,000.000	EXTRA SPACE STORAGE DTD 04/15/2023 2.200% 10/15/2030 CALLABLE 30225VAP2	19,963.00 99.8150	17,690.80 88.4540	6/30/25	2,272.20-	92.89
15,000.000	GENERAL MOTORS FINL CO DTD 01/17/19 5.650 01/17/2029 37045XCS3	15,284.55 101.8970	15,321.15 102.1410	6/30/25	36.60	386.08
20,000.000	GEORGIA POWER CO DTD 02/23/2024 5.004% 02/23/2027 CALLABLE 373334KV2	19,953.40 99.7670	20,282.40 101.4120	6/30/25	329.00	355.84
30,000.000	HA SUSTAINABLE INF CAP DTD 06/24/2025 6.150% 01/15/2031 CALLABLE 40408AAA9	29,964.60 99.8820	30,374.10 101.2470	6/30/25	409.50	35.88
5,000.000	HEALTHPEAK PROPERTIES DTD 06/23/20 2.875 01/15/2031 42250PAB9	5,001.52 100.0304	4,559.45 91.1890	6/30/25	442.07-	66.28
20,000.000	HEWLETT PACKARD ENTERPRISE DTD 09/26/2024 5.000% 10/15/2034 CALLABLE 42824CBV0	19,815.60 99.0780	19,400.40 97.0020	6/30/25	415.20-	211.11
10,000.000	INTERCONTINENTAL EXCHANGE DTD 05/23/2022 4.600% 03/15/2033 CALLABLE 45866FAW4	9,988.40 99.8840	9,954.61 99.5461	6/30/25	33.79-	135.44

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
10,000.000	JEFFERIES FIN GROUP INC DTD 07/21/2023 5.875% 07/21/2028 CALLABLE 47233WBM0	9,947.30 99.4730	10,371.00 103.7100	6/30/25	423.70	261.11
15,000.000	JEFFERIES FIN GROUP INC DTD 04/16/2024 6.200% 04/14/2034 CALLABLE 47233WEJ4	14,978.75 99.8583	15,690.30 104.6020	6/30/25	711.55	198.92
15,000.000	JEFFERIES FIN GROUP INC MEDIUM TERM NOTE DTD 02/10/2025 5.000% 02/10/2026 CALLABLE 47233WHZ5	15,000.00 100.0000	15,001.50 100.0100	6/30/25	1.50	293.75
5,000.000	JPMORGAN CHASE & CO DTD 04/22/2025 VAR CPN 04/22/2031 CALLABLE 46647PEY8	5,000.00 100.0000	5,124.00 102.4800	6/30/25	124.00	48.90
15,000.000	LINCOLN NATIONAL CORP DTD 05/15/20 3.400 01/15/2031 534187BK4	14,981.82 99.8788	13,952.40 93.0160	6/30/25	1,029.42-	235.17
20,000.000	MORGAN STANLEY SR MEDIUM TERM NOTE DTD 04/19/2024 VAR CPN 04/18/2030 CALLABLE 61747YFQ3	20,879.20 104.3960	20,774.20 103.8710	6/30/25	105.00-	229.38
20,000.000	MORGAN STANLEY DTD 04/20/2022 VAR CPN 04/20/2028 CALLABLE 61747YER2	19,573.40 97.8670	19,958.60 99.7930	6/30/25	385.20	166.06
15,000.000	ORACLE CORP DTD 11/09/2022 6.250% 11/09/2032 CALLABLE 68389XCJ2	14,972.80 99.8187	16,232.40 108.2160	6/30/25	1,259.60	135.42

IRON WORKERS TRUST FUND, LOCAL NO. 5, WASHINGTON, D.C.
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 52-6057762; PLAN NO. 501
JUNE 30, 2025

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STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
30,000.000	OWL ROCK CAPITAL CORP DTD 12/08/20 3.400 07/15/2026 69121KAE4	30,296.40 100.9880	29,517.90 98.3930	6/30/25	778.50-	470.33
20,000.000	PHILIP MORRIS INTL INC DTD 09/07/2023 5.625% 09/07/2033 CALLABLE 718172DE6	19,565.80 97.8290	20,957.00 104.7850	6/30/25	1,391.20	356.25
30,000.000	PHILIP MORRIS INTL INC DTD 02/13/2024 5.250% 02/13/2034 CALLABLE 718172DJ5	29,343.30 97.8110	30,598.20 101.9940	6/30/25	1,254.90	603.75
30,000.000	PNC FINANCIAL SERVICES DTD 01/22/2024 VAR CPN 01/21/2028 NON CALLABLE 693475BV6	30,021.15 100.0705	30,450.90 101.5030	6/30/25	429.75	706.67
25,000.000	ROCKWELL AUTOMATION DTD 03/01/19 3.500 03/01/2029 773903AH2	27,823.00 111.2920	24,377.75 97.5110	6/30/25	3,445.25-	291.67
30,000.000	SAFEHOLD OPERATING PARTN DTD 05/07/21 2.800 06/15/2031 78646UAA7	29,678.90 98.9297	26,838.60 89.4620	6/30/25	2,840.30-	37.33
25,000.000	SAFEHOLD OPERATING PARTN DTD 11/18/21 2.850 01/15/2032 78646UAB5	24,780.75 99.1230	21,769.50 87.0780	6/30/25	3,011.25-	328.54
40,000.000	SIMON PROPERTY GROUP LP DTD 09/13/19 2.450 09/13/2029 828807DF1	38,829.55 97.0739	37,169.20 92.9230	6/30/25	1,660.35-	294.00
10,000.000	SIMON PROPERTY GROUP LP DTD 08/17/15 3.500 09/01/2025 828807CV7	10,771.60 107.7160	9,977.10 99.7710	6/30/25	794.50-	116.67

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
15,000.000	TRACTOR SUPPLY CO DTD 05/05/2023 5.250% 05/15/2033 CALLABLE 892356AB2	14,960.70 99.7380	15,311.70 102.0780	6/30/25	351.00	100.63
50,000.000	TRUIST BANK DTD 03/09/20 2.250 03/11/2030 89788KAA4	47,917.10 95.8342	45,014.00 90.0280	6/30/25	2,903.10-	343.75
25,000.000	VERIZON COMMUNICATIONS DTD 03/22/21 2.550 03/21/2031 92343VGJ7	24,984.65 99.9386	22,422.25 89.6890	6/30/25	2,562.40-	177.08
20,000.000	VIRGINIA ELEC & POWER CO DTD 03/16/17 3.500 03/15/2027 927804FX7	21,016.50 105.0825	19,783.80 98.9190	6/30/25	1,232.70-	206.11
5,000.000	VIRGINIA ELEC & PWR CO DTD 08/12/2024 5.050% 08/15/2034 CALLABLE 927804GR9	4,988.70 99.7740	5,010.60 100.2120	6/30/25	21.90	95.39
45,000.000	GOLDMAN SACHS GROUP INC DTD 06/05/17 06/05/2028 38141GWL4	44,021.32 97.8252	44,360.55 98.5790	6/30/25	339.23	119.96
30,000.000	JPMORGAN CHASE & CO DTD 12/05/18 12/05/2029 46647PAX4	34,059.60 113.5320	30,056.40 100.1880	6/30/25	4,003.20-	96.46
25,000.000	WALT DISNEY COMPANY/THE DTD 11/15/19 3.375 11/15/2026 254687DK9	27,283.00 109.1320	24,772.25 99.0890	6/30/25	2,510.75-	107.81
	TOTAL CORPORATE BONDS	1,058,113.12	1,029,993.41		28,119.71-	11,902.84
	CORPORATE BOND - FACTORED					

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
20,000.000	ANTHEM INC DTD 11/21/17 3.650 12/01/2027 036752AB9	19,214.56 96.0728	19,762.60 98.8130	6/30/25	548.04	60.83
	TOTAL CORPORATE BOND - FACTORED	19,214.56	19,762.60		548.04	60.83
	TOTAL CORPORATE BONDS	1,077,327.68	1,049,756.01		27,571.67-	11,963.67
	FOREIGN BONDS					
	FOREIGN CORPORATE BONDS					
30,000.000	JBS USA LUX SA DTD 08/01/2023 5.125% 02/01/2028 CALLABLE 46590XAZ9	29,441.05 98.1368	30,612.00 102.0400	6/30/25	1,170.95	640.64
15,000.000	NUTRIEN LTD DTD 03/13/2025 5.250% 03/12/2032 CALLABLE 67077MBF4	14,941.95 99.6130	15,296.40 101.9760	6/30/25	354.45	236.25
	TOTAL FOREIGN CORPORATE BONDS	44,383.00	45,908.40		1,525.40	876.89
	TOTAL FOREIGN BONDS	44,383.00	45,908.40		1,525.40	876.89
	MORTGAGE/ASSET-BACKED SECURITIES					
	US GOVERNMENT MORTGAGE POOL					
38,509.570	FED HOME LOAN MTGE CORP POOL #RB5318 20 YR GTD SINGLE FAMILY MORTGAGE DTD 10/01/2024 4.500% 11/01/2044 NON CALLABLE 3133KY4B2	37,095.55 96.3281	37,566.47 97.5510	6/30/25	470.92	144.41

STATEMENT OF ASSETS AND LIABILITIES
AS OF JUNE 30, 2025

IRON 5 WELFARE-CHARTWELL
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17,361.010	FED HOME LOAN MTGE CORP POOL #SB8229 15 YR GTD SINGLE FAMILY MORTGAGE DTD 04/01/2023 4.500% 05/01/2038 NON CALLABLE 3132D6EA4	17,214.52 99.1562	17,272.82 99.4920	6/30/25	58.30	65.10
15,821.830	FED HOME LOAN MTGE CORP POOL #SB8257 15 YR GTD SINGLE FAMILY MORTGAGE DTD 08/01/2023 5.500% 09/01/2038 NON CALLABLE 3132D6E63	15,735.32 99.4532	16,124.50 101.9130	6/30/25	389.18	72.52
17,483.960	FED HOME LOAN MTGE CORP POOL #SD3857 30 YR GTD SINGLE FAMILY MORTGAGE DTD 09/01/2023 6.000% 09/01/2053 NON CALLABLE 3132E0JA1	17,325.51 99.0937	17,817.03 101.9050	6/30/25	491.52	87.42
24,239.730	FED HOME LOAN MTGE CORP POOL #SD6320 30 YR GTD SINGLE FAMILY MORTGAGE DTD 09/01/2024 5.500% 08/01/2054 NON CALLABLE 3132DUAV9	23,948.13 98.7970	24,298.39 100.2420	6/30/25	350.26	111.10
33,043.020	FED HOME LOAN MTGE CORP POOL #SD7129 30 YR GTD SINGLE FAMILY MORTGAGE DTD 11/01/2024 5.000% 11/01/2054 NON CALLABLE 3132DU4N4	32,072.37 97.0625	32,433.38 98.1550	6/30/25	361.01	137.68
80.690	FED HOME LN MTG CORP POOL #A12259 DTD 08/01/03 5.500 08/01/2033 31296LQL8	5.00 6.1966	82.42 102.1470	6/30/25	77.42	0.47
145.100	FED HOME LN MTG CORP POOL #G04484 DTD 07/01/08 6.000 08/01/2038 3128M6J58	153.69 105.9201	152.30 104.9600	6/30/25	1.39-	1.58
34,176.050	FEDL NATL MTGE ASSN POOL #CB5384 30 YR GTD SINGLE FAMILY MORTGAGE DTD 12/01/2022 4.500% 12/01/2052 NON CALLABLE 3140QQ6W0	32,614.11 95.4297	32,757.40 95.8490	6/30/25	143.29	128.16

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IRON 5 WELFARE-CHARTWELL
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22,588.230	FEDL NATL MTGE ASSN POOL #MA5099 15 YR GTD SINGLE FAMILY MORTGAGE DTD 06/01/2023 4.000% 07/01/2038 NON CALLABLE 31418EUZ1	21,617.63 95.7031	22,101.91 97.8470	6/30/25	484.28	75.29
206.660	FED NATL MTG ASSN POOL #AI6578 DTD 07/01/11 4.500 07/01/2041 3138ALJY4	224.36 108.5648	205.43 99.4030	6/30/25	18.93-	1.37
13.770	FED NATL MTG ASSN POOL #323862 DTD 07/01/99 6.500 08/01/2029 31374TWX3	1.31 9.5134	14.22 103.2850	6/30/25	12.91	0.19
	TOTAL US GOVERNMENT MORTGAGE POOL	198,007.50	200,826.27		2,818.77	825.29
	MORTGAGE BACKED OBLIGATION					
13,119.600	FEDERAL HOME LOAN MORTGAGE CORP CMO SER 2024-5388 CL DA DTD 02/01/2024 6.000% 07/25/2048 NON CALLABLE 3137HBX90	13,119.60 100.0000	13,395.64 102.1040	6/30/25	276.04	65.60
25,000.000	FYBR ASSET BCKD SEC SER 2023-1 CL A2 DTD 08/08/2023 6.600% 08/20/2053 CALLABLE 144A PRIVATE PLACEMENT 35910EAA2	24,036.74 96.1470	25,395.00 101.5800	6/30/25	1,358.26	50.42
34,122.080	GOVERNMENT NATIONAL MORTGAGE ASSN CMO SER 2024-151 CL WC DTD 09/01/2024 5.000% 05/20/2052 NON CALLABLE 38384WSZ9	33,556.88 98.3436	34,023.13 99.7100	6/30/25	466.25	142.18
25,728.110	JP MORGAN MORTGAGE TRUST CMO SER 2023-9 CL A4 DTD 10/01/2023 VAR CPN 04/25/2054 CALLABLE 144A PRIVATE PLACEMENT 465988AD5	25,153.40 97.7662	25,991.82 101.0250	6/30/25	838.42	128.64

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IRON 5 WELFARE-CHARTWELL
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5,234.550	SMALL BUSINESS ADMINISTRATION SER 2017-20E CL 1 *0 DAY DELAY* DTD 05/17/17 2.880 05/01/2037 83162CYQ0	5,039.47 96.2732	4,899.07 93.5910	6/30/25	140.40-	25.13
4,398.070	SMALL BUSINESS ADMINISTRATION SER 2018-20A CL 1 *0 DAY DELAY* DTD 01/17/18 2.920 01/01/2038 83162CZC0	4,229.89 96.1760	4,162.91 94.6530	6/30/25	66.98-	63.23
TOTAL MORTGAGE BACKED OBLIGATION		105,135.98	107,867.57		2,731.59	475.20
TOTAL MORTGAGE/ASSET-BACKED SECURITIES		303,143.48	308,693.84		5,550.36	1,300.49
TOTAL BONDS & NOTES		2,811,552.67	2,787,873.36		23,679.31-	21,478.41
<u>MUTUAL FUNDS</u>						
CLOSED END FUNDS TAXABLE						
775.000	ISHARES 1-3 YEAR TREASURY BOND 464287457	65,640.53 84.6975	64,216.50 82.8600	6/30/25	1,424.03-	0.00
1,275.000	ISHARES TRUST ISHARES 1-5 YEAR INVESTMENT GRADE CORPORATE BOND ETF 464288646	67,232.33 52.7312	67,269.00 52.7600	6/30/25	36.67	0.00
TOTAL CLOSED END FUNDS TAXABLE		132,872.86	131,485.50		1,387.36-	0.00
TOTAL MUTUAL FUNDS		132,872.86	131,485.50		1,387.36-	0.00
TOTAL ASSETS AND LIABILITIES		2,952,616.21	2,927,549.54		25,066.67-	21,592.37
ACCRUED INCOME		21,592.37	21,592.37			
TOTAL ACCOUNT		2,974,208.58	2,949,141.91		25,066.67-	