Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1950

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN

12 EDISON PLACE
SPRINGFIELD, NJ 07081

2b Employer Identification Number (EIN) 23-1599740

2c Plan Sponsor's telephone number 215-537-0900

2d Business code (see instructions) 238100

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.	07/02/2026	WILLIAM KOLFENBACH
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1985
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1629
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1556
b	Retired or separated participants receiving benefits	**6b**	344
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1900
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	264

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4F 4H

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 4
- **(4)** [X] **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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN

D Employer Identification Number (EIN)
23-1599740

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

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

1 Coverage Information:

(a) Name of insurance carrier
FIDELIO 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
23-2436056	28231	IW0709	1900	10/01/2024	09/30/2025

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
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [X] 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**	1638537
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN

D Employer Identification Number (EIN)
23-1599740

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

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED 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
13-5501223	60216	30HS02	1575	10/01/2024	09/30/2025

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
0	0

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [X] 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	121308
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN

D Employer Identification Number (EIN)
23-1599740

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED 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
13-5501223	60216	26AP15	1618	10/01/2024	09/30/2025

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
0	0

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

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

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

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

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	(c) Amount	(d) Purpose	

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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.	**6d**	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] 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**	209302
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN

D Employer Identification Number (EIN)
23-1599740

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

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

1 Coverage Information:

(a) Name of insurance carrier
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	SL10536	1579	10/01/2024	09/30/2025

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
36797	0

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

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

BOLTON PARTENRS INC
325 SENTRY PARKWAY EAST
BUILDING 5, SUITE 200
BLUE BELLL, PA 19422

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36797			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [X] 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	1079590
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN

D Employer Identification Number (EIN)
23-1599740

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

INVESCO
225 LIBERTY ST FL 141
NEW YORK, NY 10281

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

VANGUARD
455 DEVON PARK DRIVE
WAYNE, PA 19087

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

AFL-CIO HOUSING INVESTMENT TRUST
2401 PENNSYLVANIA AVENUE
SUITE 200
WASHINGTON, DC 20037

(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)

IRON WORKERS LOCAL 11 WELFARE FUND

22-6041517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	614823	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDEPENDENCE BLUE CROSS

23-2184623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	580043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUARDIAN NURSES HEALTHCARE ADVOCATE

1201 BETHLEHEM PIKE
FLOURTOWN, PA 19031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	171667	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)

BOLTON PARTNERS

325 SENTRY PARKWAY EAST
SUITE 100
BLUE BELL, PA 19422

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	147322	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BONNIE LANDSMANN

23-1599740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95871	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLEARY & JOSEM, LLP

23-2657967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	89695	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BENECARD

3131 PRINCETON AVE
LAWRENCEVILLE, NJ 08648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	85529	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

3700 KOPPERS STREET, SUITE 400
BALTIMORE, MD 21227

(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 50	NONE	69873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	69622	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

EXPRESS SCRIPTS

1 EXPRESS WAY
ST. LOUIS, MO 63121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	54601	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEADER DATA PROCESSING

75 KIWANIS BLVD.
WEST HAZLETON, PA 18201

(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 50	NONE	53100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUSANIN WIDMAN & BRENNAN, PC

656 EAST SWEDESFORD ROAD
SUITE 330
WAYNE, PA 19087

(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	48460	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)

FISCHER DORWART, P.C.

23-2247478

(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	42785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST & YOUNG

2005 MARKET ST STE 700
PHILADELPHIA, PA 19103

(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	42650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHLEEN ROWE

23-1599740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35558	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)

ALLIED TRADE

23-2591093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	32241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIEL JORDAN

23-1599740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLMEC SYSTEM LLC

22-3461295

(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 50	NONE	11552	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)

WEAVER BARKSDALE & ASSOCIATES

ONE BURTON HILLS BLVD.
SUITE 100
NASHVILLE, TN 37215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	11222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL VISION ADMINISTRATORS

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	9712	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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
IRON WORKERS DIST. COUNCIL PHILADELPHIA & VICINITY HEALTH BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DIST. COUNCIL PHILA. & VIC. WELFARE PLAN

D Employer Identification Number (EIN)
23-1599740

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	12596560	6508119
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1559986	2257154
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1395595	1240227
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	688341	459528
(2) U.S. Government securities	1c(2)	10598772	11068519
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	17165637	18032076
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3493273	3781484
(5) Partnership/joint venture interests	1c(5)		10376223
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10117585	10619781
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	57615749	64343111
Liabilities			
g Benefit claims payable	1g	2535274	3508404
h Operating payables	1h	75944	53871
i Acquisition indebtedness	1i		
j Other liabilities	1j	540915	255074
k Total liabilities (add all amounts in lines 1g through1j)	1k	3152133	3817349
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	54463616	60525762

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)	34447635	
(B) Participants	2a(1)(B)	302828	
(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)		34750463
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	27142	
(B) U.S. Government securities	2b(1)(B)	439449	
(C) Corporate debt instruments	2b(1)(C)	743529	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	171095	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1381215
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	86023	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	315206	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		401229
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10948622	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11065996	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-117374
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	532062	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		532062

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		187697
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		37135292
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26552711	
(2) To insurance carriers for the provision of benefits	2e(2)	2959094	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		29511805
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)	160138	
(2) Contract administrator fees	2i(2)	585853	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	42785	
(5) Investment advisory and investment management fees	2i(5)	69622	
(6) Bank or trust company trustee/custodial fees	2i(6)	13910	
(7) Actuarial fees	2i(7)	147322	
(8) Legal fees	2i(8)	103379	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	8574	
(11) Other expenses	2i(11)	429758	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1561341
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		31073146
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6062146
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: FISCHER DORWART, P.C. **(2)** EIN: 23-2247478

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN

Financial Statements
Supplemental Schedules
And
Independent Auditor's Report
Years Ended September 30, 2025 and 2024

IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN

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FISCHER DORWART, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
16 W. VASSAR ROAD
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(856) 310-0990
Fax (856) 310-1769
www.fischerdorwart.com

GARY R. FISCHER, CPA
STEPHEN M. DORWART, CPA

Pennsylvania Office
4775 Linglestown Road
Harrisburg, PA 17112

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Iron Workers District Council
Philadelphia and Vicinity
Health Benefits Plan
Philadelphia, Pennsylvania

Opinion

We have audited the accompanying financial statements of Iron Workers District Council, Philadelphia and Vicinity, Health Benefits Plan (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 benefit obligations as of September 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 Iron Workers District Council, Philadelphia and Vicinity, Health Benefits Plan as of September 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, 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.

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of administrative expenses is presented for the purpose of additional analysis and is not a required part of the basic financial statements. The schedules of assets held for investment purposes at end of year and of reportable transactions are presented for the purpose of additional analysis and are not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 audit 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.

Audubon, New Jersey
June 25, 2026

IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2025 AND 2024

	2025	2024
ASSETS		
Investments at fair value:		
U.S. government securities	$ 11,068,519	$ 10,598,772
Corporate bonds	18,032,076	17,165,637
Money market funds	459,528	688,341
Mutual Funds	10,619,781	10,117,585
Common stocks	3,781,484	3,493,273
Limited Partnership	10,376,223	-
Total investments	54,337,611	42,063,608
Receivables:		
Employer contributions	2,257,154	1,559,986
Prescription rebates	185,961	305,480
Stop loss	-	-
Due from other related funds	448,214	513,855
Administrative reimbursement	2,489	2,402
Accrued interest and dividends	304,053	262,134
Total receivables	3,197,871	2,643,857
Cash and equivalents	6,508,119	12,596,560
Deposits	241,609	241,609
Prepaid expenses	34,472	28,867
Property and equipment - net	-	-
Right of use asset - Lease	23,429	41,248
Total assets	64,343,111	57,615,749
LIABILITIES		
Accounts payable and accrued expenses	53,871	75,944
Due to other related funds	101,917	369,075
Estimated litigation settlement	129,728	130,592
Lease liability	23,429	41,248
Total liabilities	308,945	616,859
NET ASSETS AVAILABLE FOR BENEFITS	$ 64,034,166	$ 56,998,890

The Accompanying Notes are an Integral
Part of the Financial Statements

IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
Addition to plan assets:		
Employer contributions	$ 34,447,635	$ 35,879,791
Investment income:		
Interest and dividends	1,782,444	1,485,814
Net change in value of investments	602,385	3,445,260
	2,384,829	4,931,074
Less: Investment fees	83,532	68,562
Net investment income	2,301,297	4,862,512
Total additions	36,748,932	40,742,303
Deductions from plan assets:		
Benefits paid to or for participants:		
Self insured benefits:		
Medical and hospitalization	19,721,153	18,481,432
Prescription (net of rebates)	5,648,312	4,498,158
Long term disability	75,138	81,933
Optical	56,078	52,655
Pensioners life	90,000	98,000
Total self insured benefits	25,590,681	23,212,178
Group disability & AD&D insurance	330,610	365,126
Dental insurance	1,638,537	1,540,567
Stop loss insurance - net	989,947	987,550
	28,549,775	26,105,421
Less: Cobra reimbursements	301,028	299,268
Pensioners co-pay	1,800	30,700
Net benefits paid	28,246,947	25,775,453
Administrative expenses	1,466,709	1,530,952
Total deductions	29,713,656	27,306,405
Net change	7,035,276	13,435,898
Net assets available for benefits, beginning of year	56,998,890	43,562,992
Net assets available for benefits, end of year	$ 64,034,166	$ 56,998,890

The Accompanying Notes are an Integral
Part of the Financial Statements

IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN

STATEMENT OF BENEFIT OBLIGATIONS
SEPTEMBER 30, 2025 AND 2024

	2025	2024
Amounts currently payable to or for participants:		
Health claims payable	$ 886,362	$ 1,304,050
Claims incurred but not reported	2,212,328	805,599
	3,098,690	2,109,649
Postemployment benefit obligations, net of amounts current payable:		
Accumulated eligibility credits	47,969,111	43,265,229
Long-term disability benefits	409,714	425,625
	48,378,825	43,690,854
Postretirement benefit obligations:		
Retired participants	2,994,302	2,794,111
Other participants fully eligible	1,052,889	1,473,174
Participants not yet fully eligible	18,689,475	19,880,817
	22,736,666	24,148,102
TOTAL BENEFIT OBLIGATIONS	$ 74,214,181	$ 69,948,605

The Accompanying Notes are an Integral
Part of the Financial Statements

IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
Amounts currently payable to or for participants:		
Balance at beginning of year	$ 2,109,649	$ 1,800,782
Claims reported and approved for payment	28,132,087	26,658,669
Claims and insurance premiums paid	(28,549,775)	(26,105,421)
Change in claims incurred but not reported	1,406,729	(244,381)
Balance at end of year	3,098,690	2,109,649
Postemployment benefit obligations, net of amounts currently payable:		
Balance at beginning of year	43,690,854	30,408,357
Change in postemployment benefits attributable to:		
Benefits earned net of benefits paid	4,687,971	13,282,497
Balance at end of year	48,378,825	43,690,854
Postretirement benefit obligations:		
Balance at beginning of year	24,148,102	23,210,708
Increase (decrease) postemployment benefits attributable to:		
Benefits earned net of benefits paid	(817,489)	(1,046,161)
Interest	1,125,246	1,278,852
Actuarial (gains) losses	(2,829,839)	(916,341)
Change in actuarial assumptions	1,110,646	1,621,044
Balance at end of year	22,736,666	24,148,102
TOTAL BENEFIT OBLIGATIONS	$ 74,214,181	$ 69,948,605

The Accompanying Notes are an Integral
Part of the Financial Statements

1. DESCRIPTION OF THE PLAN

The following brief description of the Iron Workers District Council Philadelphia and Vicinity Health Benefits Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The Plan operates under multiemployer collective bargaining agreements between various contractor associations and local unions included in the District Council of Philadelphia and Vicinity. The agreements provide, among other things, for employers of Iron Workers to contribute to the Plan for each hour paid to employees.

The purpose of the Plan is to provide, in accordance with the trust, health and death benefits for all eligible members and their dependents (as specified in the Plan) for life insurance, disability, hospital, medical and other similar benefits, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan's Board of Trustees, as sponsor, has the right under the Plan to modify the benefits provided to participants. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, eligibility credits, claims payable and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions

The Plan agreement provides that contractors of Iron Workers make contributions to the Plan at a rate ranging from $12.95 to $15.00 for each hour worked in accordance with their Collective Bargaining Agreement. Under the Plan, no active employee contributions are required.

Pensioners who are covered for health benefits are required to contribute a co-pay of $300 per month. Those pensioners that are not eligible for health benefits may elect to pay for extended COBRA coverage until they are Medicare eligible.

Employer's contributions are based on remittances received during the year plus those received during the normal cut-off period. No provision has been made for delinquent contractor contributions based on the uncertainty of collection.

(Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POL ICIES (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Cash and Equivalents

Cash and equivalents represent operating checking account balances. The Plan maintains cash balances in a financial institution located in the Philadelphia area. Accounts at this institution are insured by the Federal Deposit Insurance Corporation for $250,000. At September 30, 2025, the Plan's uninsured cash balances were approximately $6,250,000.

Depreciation

Equipment is recorded at cost. Depreciation is computed over the assets' estimated useful life using the straight-line method. Maintenance and minor repairs are charged to operations as incurred.

Income Taxes

The IRS has determined and informed the Plan by letter that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

Postretirement Benefit Obligations

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of this Plan to employees' service rendered to the date of the financial statements reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits 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. 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 rendered to the valuation date.

(Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

For measurement purposes, healthcare cost trend rates were as follows:

	September 30, 2025	September 30, 2024
Medical & Prescription	9.00% 2025	7.50% 2024
	8.00% 2026	7.00% 2025-2026
	7.00% 2027	7.00% 2027
	6.00% 2028	7.00% 2028
	5.50% 2029	7.00% 2029
	5.41% 2030-2034	5.29% 2030-2034
	5.41% 2035-2039	4.64% 2035-2039
	4.66% 2040-2044	4.60% 2040-2044
	4.66% 2045-2049	4.57% 2045-2049
	4.58% 2050-2055	4.54% 2050-2055
	4.58% 2055-2059	4.51% 2055-2059
	4.52% 2060-2064	4.48% 2060-2064
	4.52% 2065-2069	4.46% 2065-2069
	4.26% 2070	4.24% 2070
	4.04% Ultimate	4.04% Ultimate

The weighted average health care cost trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage, it would increase the obligation at September 30, 2025 by $2,221,789.

The following were other significant assumptions used in the valuations as of September 30, 2025 and 2024:

		2025	2024
Weighted average discount rate		5.12%	4.74%
Retirement age:	62	65%	65%
	63	45%	45%
	64-66	35%	35%
	67+	100%	100%
Mortality		120% SOA PRI-2012 BC (MP-2021)	120% SOA PRI-2012 BC (MP-2021)

2025 - Actuarial valuation assumptions updated the per capita cost assumption to reflect claims experience for the plan year ending September 30, 2025. The healthcare cost trend assumption was updated based on the 2026 Getzen model. The trend assumption for dental and optical benefits remained 4.5% per annum. The trend assumption for administrative costs remained 3.0% per annum. The single-equivalent discount rate increased from 4.74% to 5.12% based on matching the plan's projected cashflows to the spot rates in the FTSE Pension Discount Curve as of the measurement dates.

(Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

2024 - Actuarial valuation assumptions updated the per capita cost assumption to reflect claims experience for the plan year ending September 30, 2024. The mortality and termination rates were updated to be consistent with those used in the Iron Workers District Council (Philadelphia and Vicinity) Retirement and Pension Plan's Actuarial Valuation as of October 1, 2023. The trend assumption for dental and optical benefits was updated to 4.5% per annum. The trend assumption for administrative costs was updated to 3.0% per annum. The single-equivalent discount rate increased from 5.60% to 4.74% based on matching the plan's projected cashflows to the spot rates in the FTSE Pension Discount Curve as of the measurement dates.

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

The Plan presently provides benefits to members retiring between the ages of 62 and 65 with 25 years of pension credit until their 65th birthday and active members who, in the event employment is terminated, meet the eligibility rules. Subject to the provisions of ERISA, the Trustees have the right to discontinue any future benefits due to economic conditions which may affect the funding status of the Plan.

Other Plan Benefit Obligations

Plan obligations at September 30, 2025 and 2024 for health claims incurred but not reported, accumulated eligibility credit, and for future disability payments at September 30 are estimated by the Plan's actuary in accordance with accepted actuarial principles.

The Plan maintains a Health Reimbursement Account (HRA) account for all eligible participants. The benefit obligation of $47,969,111 is the sum of the account balances as of at September 30, 2025. The monthly deductions from the HRA are assumed to cover the cost of benefits.

Subsequent Events

Management has evaluated events and transactions occurring subsequent to September 30, 2025 for items that should potentially be recognized or disclosed in these financial statements. The evaluation was conducted through the date these financial statements were available for issue.

3. INVESTMENTS

During the years ended September 30, 2025 and 2024, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $602,385 and $3,445,260, respectively.

(Continued)

4. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available. An asset's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The three levels of the fair value hierarchy under ASC 820 are as follows:

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical unrestricted assets.

Level 2: Quoted prices in markets that are not active, or inputs that are observable either directly or indirectly, for substantially the full term of the asset.

Level 3: Prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable (i.e. supported with little or no market activity).

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used during the period.

Common Stocks, Corporate Bonds and U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded. Certain securities are valued based upon yields currently available on comparable securities of issuers with similar credit ratings.

Registered Investment Companies (Mutual Funds): Valued at the net asset value (NAV) of shares held by the Plan at year end.

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

(Continued)

4. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

		Fair Value Measurements at Reporting Date Using:			
	Total Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2025				
U.S. Government Securities	$ 11,068,519	$ 6,374,145	$ 4,694,374	$ -
Corporate Bonds	18,032,076	-	18,032,076	-
Money Market Funds	459,528	459,528	-	-
Registered Investment Co's	10,619,781	10,619,781		
Common Stocks	3,781,484	3,781,484	-	-
Total Fair Value Hierarchy	$ 43,961,388	$ 21,234,938	$ 22,726,450	$ -
Investment at Net Asset Value (a)	10,376,223			
Total	$ 54,337,611			
September 30, 2024				
U.S. Government Securities	$ 10,598,772	$ 5,026,130	$ 5,572,642	$ -
Corporate Bonds	17,165,637	-	17,165,637	-
Money Market Funds	688,341	688,341	-	-
Registered Investment Co's	10,117,585	10,117,585		
Common Stocks	3,493,273	3,493,273	-	-
Total	$ 42,063,608	$ 19,325,329	$ 22,738,279	$ -

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

Following is a summary of the Plan's commitments and investments in certain entities that calculate net asset value, as of June 30, 2025 and 2024.

Investment Type		2025	2024	Commitments	Frequency	Notice Period
Limited Parterships						
Fixed Income	(a)	$ 10,376,223	$ -	$ -	Quarterly	N/A

(a) This class is a limited partnership formed to invest in a diverse portfolio of fixed income securities consisting primarily of U.S. government, corporate and mortgage-backed securities.

(Continued)

5. RELATED PARTY TRANSACTIONS

The Health Benefits Plan along with the Retirement and Pension Plan are jointly administered. Expenses for salaries, payroll taxes, office expenses and other joint expenditures are paid by the Health Benefits Plan and reimbursed by the Pension Plan in accordance with a formula adopted by the Trustees. During the year ended September 30, 2021, Iron Workers Local 11 Benefit Funds assumed the administration of the Plan. Costs for administration were charged based on actual time and expenses. The Plan and the Local 11 Funds have certain common trustees. The fees charged are reflected as administrative reimbursement on the accompanying Schedule of Administrative Expenses.

6. OFFICE EMPLOYEES' ANNUITY FUND

The Board of Trustees of the Iron Workers District Council Health Benefits and Pension Plans sponsor a defined contribution Pension Plan that covers full-time employees of the Health Benefits and Pension Plans. Current contributions to the Plan are based on a contribution rate of $5.00 per hour.

The contribution is paid by both the Health Benefits and Pension Plans in accordance with a formula adopted by the Trustees. The amount of contribution expense paid by the Health Benefits Plan for the years ended September 30, 2025 and 2024 was $18,445 and $19,968, respectively.

7. LITIGATION

The Plan was a defendant in two class action suits (consolidated for trial in the U. S. District Court for the Eastern District of Pennsylvania) filed by retired ironworkers for alleged violations of ERISA and Federal and New Jersey statutes pertaining to age discrimination relating to alleged wrongful termination by the Plan of retired benefits. Under the terms of the settlement, the Trustees of the Plan have agreed to pay Medicare Part B premiums up to $32 per month for the retired plaintiff class members.

The estimated settlement liability at September 30, 2025 and 2024 is $129,728 and $130,592, respectively.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net assets available for benefits per the financial statements	$ 64,034,166	$ 56,998,890
Benefit obligations currently payable	(3,098,690)	(2,109,649)
Long term disability benefits payable	(409,714)	(425,625)
Net assets available for benefits per the Form 5500	$ 60,525,762	$ 54,463,616

(Continued)

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the benefits paid to participants per the financial statements to the Form 5500 for the years ended September 30, 2025 and 2024:

	2025	2024
Benefits paid to or for participants per the financial statements	$ 28,549,775	$ 26,105,421
Benefit obligations currently payable:		
Beginning of the year	(2,109,649)	(1,800,782)
End of the year	3,098,690	2,109,649
Long term disability benefits payable:		
Beginning of the year	(425,625)	(440,235)
End of the year	409,714	425,625
Medical consultants included in professional fees	(11,100)	(18,000)
Benefits paid to or for participants per the Form 5500	$ 29,511,805	$ 26,381,678

9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

(Continued)

10. LEASES

The Plan leases office space jointly with the Iron Workers District Council Pension Plan under an operating lease through December 2026. Lease expense under the lease for the year ended September 30, 2025 and 2024 was $19,310 and $19,310, respectively.

For the year ended September 30, 2025, the organization reported lease liabilities in accordance with ASU Topic 842 – Leases. At September 30, 2025, the operating lease right-of-use assets were $23,429 and the corresponding lease liabilities were $23,429 at a discount rate of 4.50%. The organization elected not to include short-term leases (i.e. leases with initial terms of 12 months or less) on the Statement of Financial Position. Minimum future lease payments under non-cancelable operating leases having remaining terms in excess of one year as of September 30, 2025 for each of the next five years, thereafter and in aggregate are:

Year End September 30	Amount
2026	19,310
2027	4,829
Future Lease Payments	24,139
Less Effects of Discounting	710
Lease Liability Recognized	$ 23,429

11. PLAN AMENDMENTS AND MODIFICATIONS

The Board of Trustees amended the plan increasing retiree contributions from $100/month to $300/month.

(Concluded)

IRON WORKERS DISTRICT COUNCIL
(PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN

ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED SEPTEMBER 30, 2025 AND 2024

	2025	2024
Salaries and wages	$ 160,138	$ 229,583
Administrative reimbursement	585,853	603,831
Payroll taxes	13,495	19,031
ACA Fees	10,147	8,247
Employee benefits	104,013	138,658
Professional services:		
Attorneys	103,379	84,206
Accountant	42,785	39,600
Consultant	147,322	182,596
Payroll audits	42,650	-
Conference and meeting expense	8,574	5,417
Data processing	135,148	138,496
Dues and subscriptions	4,845	4,611
Insurance	30,226	28,946
Occupancy expense	19,310	19,310
Office supplies and expenses	19,564	13,788
Printing	19,757	10,323
Postage	16,451	1,752
Telephone	3,052	2,557
Total	$ 1,466,709	$ 1,530,952

The Accompanying Notes are an Integral
Part of the Financial Statements

IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2025

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Government Securities				
United States Treasury Bond	08/15/24	4.250%	$ 35,950	$ 32,304
United States Treasury Bond	02/15/54	4.250%	18,750	18,456
United States Treasury Bond	05/15/54	4.625%	76,938	73,658
United States Treasury Bond	08/15/55	4.750%	35,056	35,109
United States Treasury Bond	08/15/44	4.125%	82,500	78,877
United States Treasury Bond	02/15/45	4.750%	139,588	135,802
United States Treasury Bond	05/15/43	3.875%	347,386	326,081
United States Treasury Bond	05/15/53	3.625%	297,452	260,096
United States Treasury Bond	11/15/43	4.750%	64,629	60,633
United States Treasury Bond	11/15/42	4.000%	330,000	305,198
United States Treasury Bond	02/15/53	3.625%	239,863	206,621
United States Treasury Bond	08/15/53	4.125%	88,995	90,359
United States Treasury Bond	08/15/43	4.375%	194,045	202,634
United States Treasury Note	05/15/27	4.500%	29,938	30,398
United States Treasury Note	03/31/29	4.125%	74,253	76,172
United States Treasury Note	11/15/34	4.250%	29,331	30,349
United States Treasury Note	11/30/26	4.250%	175,192	176,077
United States Treasury Note	08/15/28	3.625%	130,508	130,041
United States Treasury Note	12/31/29	4.375%	54,802	56,450
United States Treasury Note	12/31/31	4.500%	20,046	20,702
United States Treasury Note	01/31/30	4.250%	114,313	117,498
United States Treasury Note	01/31/27	4.125%	672,363	674,761
United States Treasury Note	02/15/35	4.625%	586,843	587,335
United States Treasury Note	04/30/30	3.875%	274,259	276,858
United States Treasury Note	04/30/32	4.000%	174,077	176,094
United States Treasury Note	05/15/35	4.250%	196,734	201,891
United States Treasury Note	07/31/30	3.875%	285,610	286,837
United States Treasury Note	05/31/32	4.125%	224,288	227,936
United States Treasury Note	08/31/30	3.625%	559,209	557,331
United States Treasury Note	02/29/28	4.000%	50,992	50,457
United States Treasury Note	10/31/28	4.875%	353,568	362,619
United States Treasury Note	01/31/28	3.500%	126,853	129,700
United States Treasury Note	06/30/28	4.000%	373,814	378,810
Federal National MTG ASSN Pool	10/01/52	4.000%	95,522	93,607
Federal National MTG ASSN Pool	06/01/53	4.000%	49,950	50,425
Federal National MTG ASSN Pool	04/01/53	4.000%	846,590	830,411
Federal National MTG ASSN Pool	08/01/53	5.000%	17,282	17,177
Federal National MTG ASSN Pool	08/01/54	5.000%	243,506	246,001
Federal National MTG ASSN Pool	11/01/53	5.500%	663,296	659,162
Federal National MTG ASSN Pool	01/01/53	4.500%	150,823	149,198
Federal National MTG ASSN Pool	02/01/53	5.000%	67,002	68,749
FHLMC 30 YR Gold	07/01/53	4.500%	62,450	61,648
FHLMC 30 YR Gold	06/01/53	5.000%	354,385	351,620
FHLMC 30 YR Gold	11/01/52	4.500%	122,068	121,157
FHLMC 30 YR Gold	12/01/52	4.000%	60,543	59,339
FHLMC 30 YR Gold	07/01/53	4.500%	1,761,913	1,738,073
FHLMC 30 YR Gold	12/01/54	5.000%	249,094	247,808

IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2025

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Corporate Bonds				
Abbvie Inc	11/21/29	3.200%	99,454	106,211
Allegion PLC	10/01/29	3.500%	137,862	149,018
Allegion US Holding Co Inc	10/01/27	3.550%	125,215	134,238
Altria Group Inc	05/06/30	4.800%	126,757	136,347
Altria Group Inc	02/14/29	3.400%	136,212	141,255
Amazon.com Inc	12/05/44	4.950%	30,362	29,656
American Tower Corp	08/15/29	5.450%	137,631	146,235
American Tower Corp	02/15/34	3.800%	128,060	133,068
Amgen Inc	05/01/45	4.400%	25,721	26,030
Aon Corp	09/12/32	5.000%	109,290	113,185
AT&T Inc	02/01/52	3.300%	28,150	26,783
AT&T Inc	03/01/29	4.350%	260,184	273,287
Baltimore Gas & Electric Co	06/01/52	4.550%	49,888	47,672
Bank of America Crop	03/20/51	4.083%	57,802	56,935
Bank of America Crop	09/15/34	5.872%	72,503	80,360
Bat Capital Corp	04/02/30	4.906%	135,811	145,857
Bat Capital Corp	03/25/28	2.259%	124,469	140,459
Bath & Body Works Inc	11/01/35	6.875%	43,995	43,618
Bath & Body Works Inc	06/15/29	7.500%	136,829	140,965
Block Financial LLC	08/15/30	2.500%	139,069	152,260
Block Financial LLC	07/15/28	3.875%	125,933	139,442
Boyd Gaming Corp	12/01/27	4.750%	137,801	145,161
BP Capital Markets America Inc	04/06/30	3.633%	102,455	107,747
BP Capital Markets America Inc	02/13/33	3.875%	87,305	91,081
Broadcom Corp	01/15/27	3.875%	104,829	109,802
Broadcom Inc	10/15/34	4.150%	277,575	288,909
Brown & Brown Inc	06/23/35	3.750%	213,119	215,045
Campbell Soup Co	03/15/28	4.150%	106,037	109,882
Carlisle Cos Inc	12/01/27	3.750%	252,534	267,968
CCO Holdings LLC	05/01/32	4.500%	331,240	331,255
CDW LLC	02/15/29	3.250%	137,055	150,415
CDW LLC	04/01/28	4.250%	124,222	134,244
Citigroup Inc	11/17/33	6.270%	95,575	98,230
CNH Industrial Capital LLC	07/15/26	1.450%	98,092	107,604
Coca Cola Co	01/14/55	5.200%	32,786	34,298
Comcast Corp	04/01/40	3.750%	54,969	54,657
Conagra Brands Inc	11/01/28	4.850%	262,135	270,984
Conoco Phillips Co	01/15/55	5.500%	48,579	48,957
Crown Castle Inc	09/01/34	5.200%	164,967	165,751
Crown Castle Inc	03/01/34	5.800%	122,001	122,157
CSX Corp	11/15/32	4.100%	104,156	108,037
Cummins Inc	02/20/34	5.150%	101,383	103,567
CVS Health Corp	09/15/31	2.125%	87,844	95,422
Deere & Co	04/15/50	3.750%	61,471	55,474
Dell International LLC	02/01/28	5.250%	109,655	112,636
Dick's Sporting Goods Inc	01/15/32	3.150%	263,693	305,138
Duke Energy Carolinas	01/15/33	4.950%	89,889	92,612

IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2025

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Duke Energy Corp	09/15/33	5.750%	92,799	95,643
Eagle Materials Inc	07/01/31	2.500%	267,791	285,102
Eli Lilly & Co	02/27/53	4.875%	45,285	46,644
Encompass Health Corp	02/01/28	4.500%	137,560	150,891
Enterprise Products Operating LLC	01/31/33	5.350%	111,814	115,017
Expedia Group Inc	08/01/27	4.625%	125,211	130,905
Expedia Inc	02/15/28	3.800%	134,785	141,779
Fifth Third Bancorp	10/27/28	6.361%	62,546	62,574
Fiserv Inc	07/01/29	3.500%	63,683	66,139
Fiserv Inc	08/21/33	5.625%	197,607	200,619
Flex LTD	05/12/30	4.875%	260,103	273,713
Fortune Brands Innovations Inc	09/15/29	3.250%	260,221	276,491
Genuine Parts Co	11/01/28	6.500%	256,017	266,393
Gilead Sciences Inc	10/15/33	5.250%	64,895	68,158
Global Payments Inc	05/15/30	2.900%	260,575	278,916
Goldman Sachs Group Inc	04/22/32	2.615%	90,026	99,809
HCA Inc	02/15/26	5.875%	116,367	116,150
HCA Inc	09/01/28	5.625%	122,114	126,890
HP Inc	04/15/29	4.000%	123,710	134,440
HP Inc	04/15/32	4.200%	134,081	145,622
JP Morgan Chase & Co	10/15/40	5.500%	76,892	77,811
Kraft Heinz Foods Co	04/01/30	3.750%	101,992	106,714
Lam Research Corp	06/15/50	2.875%	37,952	36,508
LKQ Corp	06/15/33	6.250%	272,537	277,424
Lowes Cos Inc	04/01/31	2.625%	92,561	100,501
Lowes Cos Inc	07/01/33	5.150%	38,806	40,317
Lowes Cos Inc	04/05/29	3.650%	146,439	150,440
Molson Coors Beverage	07/15/26	3.000%	261,023	276,571
Motorolla Solutions Inc	08/15/32	5.200%	131,067	135,138
Motorolla Solutions Inc	05/23/29	4.600%	128,115	135,530
NetApp Inc	03/17/35	5.700%	282,482	295,933
Northrop Grumman Corp	06/01/34	4.900%	59,148	60,872
Nvidia Corp	04/01/30	2.850%	107,760	114,703
Olin Corp	02/01/30	5.000%	141,999	146,702
Olin Corp	08/01/29	5.625%	139,248	144,430
Omnicon Group Inc	08/01/31	2.600%	91,390	99,284
Oracle Corp	03/25/28	2.300%	124,227	136,830
Oracle Corp	04/01/30	2.950%	137,727	148,078
Packaging Corp of America	12/01/33	5.700%	157,383	159,102
Parker Hannifin Corp	09/15/29	4.500%	106,825	111,529
Paychex Inc	04/15/35	5.600%	284,697	293,272
Pepsico Inc	07/18/52	4.200%	32,070	29,156
Philip Morris International Inc	02/15/33	5.375%	220,040	220,308
PNC Finl Services Group Inc	01/24/34	5.068%	106,851	112,395
Prologis LP	04/15/30	2.250%	93,381	101,412
Qorvo Inc	10/15/29	4.375%	262,701	280,369
Quanta Services Inc	08/09/34	5.250%	231,309	239,889
Quanta Services Inc	10/01/30	2.900%	50,410	53,225
SBA Communications Corp	02/01/29	3.125%	296,036	329,515

IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2025

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Service Corp International	06/01/29	5.125%	321,255	341,483
Service Corp International	10/15/32	5.750%	39,146	39,580
Southwest Airlines	06/15/27	5.125%	109,623	111,343
Steel Dynamics Inc	04/15/30	3.450%	98,628	105,932
Steel Dynamics Inc	12/15/26	5.000%	249,165	251,980
Steel Dynamics Inc	04/15/30	3.450%	17,748	19,260
Target Corp	04/15/29	3.375%	103,160	107,774
Teledyne Technologies Inc	04/01/31	2.750%	258,018	283,881
Tenet Healthcare Corp	10/01/28	6.125%	287,330	297,249
T-Mobile USA Inc	07/15/33	5.050%	107,971	112,340
Transdigm Inc	05/01/29	4.875%	354,445	359,146
Trimble Inc	06/15/28	4.900%	253,147	266,847
Truist Financial Corp	01/26/34	5.122%	106,476	111,797
Union Pacific Corp	02/14/32	2.800%	81,837	91,569
Verizon Communications Inc.	09/21/28	4.329%	138,036	144,031
Verizon Master Trust 2025-7	08/20/31	3.960%	175,966	174,708
Vulcan Materials Co	12/01/34	5.350%	114,188	118,698
Walmart Inc	04/15/33	4.100%	91,553	99,392
Wells Fargo & Co	01/23/35	5.499%	90,045	93,857
Wells Fargo & Co	04/04/51	5.013%	51,568	51,384
Welltower OP LLC	04/15/28	4.250%	66,614	70,409
Westinghouse Air Brake Technologies Corp	09/15/28	4.700%	263,236	272,666
Willis North America Inc	06/15/27	4.650%	124,038	128,999
Willis North America Inc	09/15/28	4.500%	138,677	146,289
World Omni Auto	11/15/30	4.080%	99,992	100,323
Wrkco Inc	06/01/32	4.200%	101,318	106,999
Yum! Brands Inc	04/01/32	5.375%	299,101	305,866
Zimmer Biomet Holdings Inc	01/15/26	3.050%	125,566	132,522
Common Stock				
Abbott Labratories	343	Shares	36,499	45,941
Abbvie Inc	237	Shares	35,565	54,875
Accenture PLC Ireland CL A	39	Shares	11,037	9,683
Air Prod & Chem Inc	254	Shares	71,625	69,271
American Express Co.	198	Shares	35,098	65,768
American Tower Corp	101	Shares	21,569	19,424
Analog Devices	225	Shares	43,937	55,283
Apple Inc.	42	Shares	6,514	10,691
Ares Management Corp	235	Shares	33,378	37,574
Avalonbay Comm Inc	71	Shares	12,836	13,715
Bank of America Corp	2303	Shares	82,794	118,812
Bank of New York Mellon Corp	606	Shares	51,662	66,030
Becton Dickinson & Co	133	Shares	32,067	24,894
Blackrock Inc	26	Shares	18,564	30,148
Blackstone Inc	243	Shares	31,738	41,517
Bristol Myers Squibb Co	1003	Shares	69,459	45,235
Capital One Financial Corp	313	Shares	49,438	66,538
Cencora Inc	86	Shares	13,765	27,021

IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2025

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Charles Schwab New	856	Shares	56,915	81,722
Chevron Corp	482	Shares	76,423	74,850
Chubb Ltd	72	Shares	15,137	20,292
Citigroup Inc New	383	Shares	36,963	38,875
CME Group Inc	93	Shares	19,118	25,120
CMS Energy CP	367	Shares	22,889	26,886
CocaCola Co	563	Shares	33,809	37,338
Comcast Corp	1601	Shares	63,334	50,303
ConocoPhillips	792	Shares	87,215	74,915
Corning Inc	616	Shares	22,068	50,530
CVS Health Corp	759	Shares	52,450	57,221
Deere & Co	139	Shares	54,891	63,559
Digital Realty Trust Inc	113	Shares	18,072	19,535
Dominion Energy	745	Shares	41,175	45,572
Dover Corp	297	Shares	46,125	49,549
Eaton Corp PLC SHS	205	Shares	41,567	76,721
Eil Lilly & Co	31	Shares	12,869	23,477
EOG Resources Inc	460	Shares	57,963	51,575
Fidelity Natl Information SE	492	Shares	36,366	32,442
Gallagher Arthur J & Co	144	Shares	31,877	44,603
Genl Dynamics Corp	210	Shares	49,534	71,610
Goldman Sachs Grp Inc	71	Shares	43,539	56,687
Hewlett Packard Enterprise	1797	Shares	36,816	44,134
Hershey Company	140	Shares	45,345	56,727
Honeywell Intl Inc	58	Shares	11,642	12,163
Intl Business Machines Corp	81	Shares	11,724	22,747
Johnson & Johnson	370	Shares	58,852	68,605
LAM Research Corporation	147	Shares	9,129	19,683
Lowes Companies Inc	267	Shares	60,871	67,100
McDonalds Corp	197	Shares	53,783	59,866
Medtronic PLC SHS	312	Shares	27,778	29,715
Merck & Co Inc New Com	454	Shares	43,733	38,104
Microsoft Corp	150	Shares	41,701	77,693
Mondelez Intl Inc	557	Shares	36,180	34,796
Morgan Stanley	434	Shares	42,157	68,989
Nextera Energy Inc	572	Shares	43,547	43,180
Nike Inc	348	Shares	25,578	24,266
Norfolk Southern Corp	229	Shares	51,491	68,794
NXP Semiconductors	185	Shares	36,029	42,130
Packaging Corp Amer	95	Shares	18,224	20,623
Parker Hannifin Corp	46	Shares	16,554	34,866
PepsiCo Inc NC	184	Shares	31,821	25,841
Phillip Morris Intl Inc	516	Shares	52,574	83,695
PNC Finl SVCS GP	159	Shares	23,150	31,948
Procter & Gamble	315	Shares	44,752	48,400
Progressive Corp Ohio	178	Shares	36,340	43,957
Prologis Inc	245	Shares	30,193	28,057
Public Service Enterprise GP	278	Shares	17,008	23,202
Quest Diagnostics Inc	97	Shares	15,553	18,448

IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN
SEPTEMBER 30, 2025

SCHEDULE H FORM 5500 23-1599740 : PLAN NO. 501

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

Description of Investments	Maturity Date / # of shares	Interest Rate	Historical Cost	Market Value
Republic Services Inc	80	Shares	12,650	18,466
RTX Corporation	386	Shares	39,622	64,589
Seagate Technology Holdings	201	Shares	14,527	47,448
Texas Instruments	268	Shares	46,659	49,240
The Cigna Group	152	Shares	44,164	43,814
TJX Cos Inc New	391	Shares	31,548	56,515
Travelers Companies Inc	79	Shares	14,073	21,932
Union Pacific Corp	280	Shares	67,121	66,184
United Health Group Inc.	133	Shares	65,183	45,925
Ventas Inc	443	Shares	24,676	31,006
Verizon Communications	575	Shares	23,469	25,271
Walmart Inc	495	Shares	24,660	51,015
Wells Fargo & Co	1666	Shares	76,686	139,644
Xcel Energy Inc	455	Shares	30,591	36,696
Yum Brands Inc	174	Shares	23,633	26,449
3M Co	282	Shares	39,878	43,762
Mutual Funds				
Invesco S&P 500 Equal Weight	20,944	Shares	3,180,209	3,973,076
Vanguard Short Term Treasury	57,188	Shares	3,303,780	3,365,514
AFL-CIO Housing Investment Trust	3,319	Shares	3,183,714	3,281,191
Limited Partnership				
NIS Intermediate Fixed Income QP Fund	844	Shares	10,186,938	10,376,223
Cash & Equivalents				
Morgan Stanley Bank N.A.				
Total Assets Held for Investment Purposes			459,528	459,528
			$ 51,806,907	$ 54,337,611

IRON WORKERS DISTRICT COUNCIL (PHILADELPHIA AND VICINITY)
HEALTH BENEFITS PLAN

SCHEDULE H FORM 5500 23-1599740: PLAN NO. 501

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, ITEM 4(j)
SEPTEMBER 30, 2025

(a) Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(e) Lease rental	(f) Expense incurred	(g) Cost of Asset	(h) Current Value	(i) Net Gain (Loss)
	MSBNA Preferred Savings	$ 10,000,000	$ -	$ -	$ -	$ -	$ 10,000,000	$ -
	MSBNA Preferred Savings		10,000,000			10,000,000	10,000,000	-
	NIS Intermediate Fixed Income QP Fund	10,186,938	-	-	-	-	10,186,938	-

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE OF ASSETS HELD

SEE ACCOUNTANT'S OPINION FOR SCHEDULE OF REPORTABLE TRANSACTIONS