

Form 5500	Annual Return/Report of Employee Benefit Plan <p>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).</p> <p style="text-align: center;">► Complete all entries in accordance with the instructions to the Form 5500.</p>	<small>OMB Nos. 1210-0110 1210-0089</small> 2023 <small>This Form is Open to Public Inspection</small>
Department of the Treasury Internal Revenue Service		
Department of Labor Employee Benefits Security Administration		
Pension Benefit Guaranty Corporation		

Part I Annual Report Identification Information		
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ► <input checked="" type="checkbox"/> D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ► <input type="checkbox"/>		

Part II Basic Plan Information —enter all requested information	
1a Name of plan STEELWORKERS HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ► 501 1c Effective date of plan 09/15/1944
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) STEELWORKERS HEALTH AND WELFARE FUND 60 BOULEVARD OF THE ALLIES 5TH FL PITTSBURGH, PA 15222	2b Employer Identification Number (EIN) 23-1317409 2c Plan Sponsor's telephone number 412-562-2296 2d Business code (see instructions) 331110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	DIANE PICKLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	DAVID MCCALL
	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

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

Form 5500 (2023)

v. 230728

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor CENTRAL DATA SERVICE INC ADMINISTRA 60 BOULEVARD OF THE ALLIES 5TH FL PITTSBURGH, PA 15222		3b Administrator's EIN 25-1352803
		3c Administrator's telephone number 412-201-2242
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 56879
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) 48737
a(2) Total number of active participants at the end of the plan year		6a(2) 50358
b Retired or separated participants receiving benefits		6b 9433
c Other retired or separated participants entitled to future benefits		6c
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 59791
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).....		7 381
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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>10</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

AMERICAN UNITED 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
35-0145825	60895	G 00619129	14682	01/01/2023	12/31/2023

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

88542 **53125**

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

GALLAGER BENEFIT SVSC INC
444 LIBERTY AVE
PITTSBURGH, PA 15222

(b) Amount of sales and base commissions paid	Fees and other commissions paid			(e) Organization code
	(c) Amount	(d) Purpose		
88542	53125	OTHER		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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input checked="" type="checkbox"/> Life insurance |
| e <input checked="" type="checkbox"/> Temporary disability (accident and sickness) | f <input checked="" type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ► AD&D | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	1770844
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

ANTHEM BLUE CROSS LIFE AND HEALTH 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
95-4331852	62825	G0360	18247	01/01/2023	12/31/2023

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 **0** **(b)** Total amount of fees paid **0**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ►		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
Specify nature of costs ►		
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ► EAP | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	396758
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

1 Coverage Information:

(a) Name of insurance carrier

METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0TO-ALL SUBS	30132	09/01/2023	12/31/2023

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

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

0 **0**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ►		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
Specify nature of costs ►		
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input checked="" type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	500251
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

HM 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
06-1041332	93440	USW-ALL SUBS	64115	01/01/2023	08/31/2023

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 **51908** **(b)** Total amount of fees paid **0**

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

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

GALLAGHER BENEFIT SERVICES

(b) Amount of sales and base commissions paid	Fees and other commissions paid			(e) Organization code
	(c) Amount	(d) Purpose		
51908				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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
►		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
►		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input checked="" type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	1038115
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

1 Coverage Information:

(a) Name of insurance carrier

DELTA DENTAL OF PENNSYLVANIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1667011	54798	04751	244	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information		
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ►		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
Specify nature of costs ►		
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
►		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
►		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input checked="" type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	76756
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

HIGHMARK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	031500	138880	01/01/2023	12/31/2023

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 **35864**

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

MERCER HEALTH & BENEFITS LLC

**333 S SEVENTH STREET #1400
MINNEAPOLIS, MN 55402**

(b) Amount of sales and base commissions paid	Fees and other commissions paid			(e) Organization code
	(c) Amount	(d) Purpose		
	34158	ADMINISTRATIVE FEES		3

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

GALLAGHER BENEFIT SERVICES INC

**3600 AMERICAN BLVD W #500
BLOOMINGTON, MN 55431**

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

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

FOREMSKY, MARC EDWARD

501 MILBETH DRIVE
PITTSBURGH, PA 15228

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

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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
►		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year		
(2) Administration charge made by carrier		
(3) Transferred to separate account.....		
(4) Other (specify below)		
►		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III**Welfare Benefit Contract Information**

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

8 Benefit and contract type (check all applicable boxes)

- | | | | |
|---|---|---|--|
| a <input checked="" type="checkbox"/> Health (other than dental or vision) | b <input checked="" type="checkbox"/> Dental | c <input checked="" type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input checked="" type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input checked="" type="checkbox"/> HMO contract | k <input checked="" type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	475545963
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

KAISER FOUNDATION HEALTH PLAN INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	100957	845	01/01/2023	12/31/2023

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
73353	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

GALLAGHER BENEFIT SERVICES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid			(e) Organization code
	(c) Amount	(d) Purpose		
73353				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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input checked="" type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	5421707
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	102215	42	01/01/2023	12/31/2023

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
6881	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

GALLAGHER BENEFIT SERVICES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid			(e) Organization code
	(c) Amount	(d) Purpose		
6881				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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input checked="" type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	424197
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	606069	17	01/01/2023	12/31/2023

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 **1396** **(b)** Total amount of fees paid **0**

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

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

GALLAGHER BENEFIT SERVICES, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid			(e) Organization code
	(c) Amount	(d) Purpose		
1396				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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input checked="" type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges.....	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)		9e
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier.....	10a	107660
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409

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

UNITED CONCORDIA LIFE & HEALTH 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
23-1661402	62294	000002234	34323	01/01/2023	12/31/2023

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

188229 **277496**

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

GALLAGHER BENEFIT SERVICES
444 LIBERTY AVE STE 805
PITTSBURGH, PA 15222

(b) Amount of sales and base commissions paid	Fees and other commissions paid			(e) Organization code
	(c) Amount	(d) Purpose		
188229	277496	BONUSES		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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►		
b Balance at the end of the previous year.....	7b	
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 <input type="checkbox"/> Health (other than dental or vision) | b <input checked="" type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ► | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	10528153
(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)	10528153
b Benefit charges (1) Claims paid.....	9b(1)	7471769
(2) Increase (decrease) in claim reserves	9b(2)	360624
(3) Incurred claims (add (1) and (2)).....	9b(3)	7832393
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	465725
(B) Administrative service or other fees	9c(1)(B)	1287426
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	210563
(F) Charges for risks or other contingencies.....	9c(1)(F)	837328
(G) Other retention charges.....	9c(1)(G)	-105282
(H) Total retention	9c(1)(H)	2695760
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	626591
(3) Other reserves.....	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2) .)	9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV**Provision of Information**

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

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

SCHEDULE C (Form 5500)	Service Provider Information	
	OMB No. 1210-0110	
	2023	
	This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 STEELWORKERS HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 23-1317409	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

(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

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)

ANTHEM BLUE CROSS

95-4331852

(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 15 49 62	NONE	7595391	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HIGHMARK

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	5723228	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENTRAL DATA SERVICES, INC.

25-1352803

(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	1623328	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UNITED CONCORDIA COMPANIES, INC.

25-1687586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	469834	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIANE PICKLE

23-1317409

(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	152560	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARGARET BIBB

23-1317409

(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	80086	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MORIAH JAMROM

23-1317409

(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	80086	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONSOLIDATED GRAPHICS COMMUNICATION

1901 MAYVIEW RD
BRIDGEVILLE, PA 15017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 50	NONE	69484	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(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 70	NONE	67500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DAVIS VISION

11-3051991

(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	64437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN PC

22-2027092

(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	58968	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RICHMOND CAPITAL MANAGEMENT

54-1288566

(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 50	NONE	48637	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INNOVEST PORTFOLIO SOLUTIONS

84-1612955

(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 27 50 51	NONE	47083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BREDHOFF & KAISER

52-0969534

(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	33251	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNE MCFARLAND

23-1317409

(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	32638	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AMERISERV TRUST & FINANCIAL SERVICE

25-1689052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	25568	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DOCUSIGN

91-2183967

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	12718	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(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.

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

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan

STEELWORKERS HEALTH AND WELFARE FUND

B Three-digit
plan number (PN)

► **501**

C Plan sponsor's name as shown on line 2a of Form 5500
STEELWORKERS HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-1317409

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5248388
(2) U.S. Government securities	1c(2)	6003707
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	7033216
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(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)	46436702
(14) Value of funds held in insurance company general account (unallocated contracts)		54045069
(15) Other.....	1c(14)	
	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	64722013
Liabilities		
g Benefit claims payable	1g	19727425
h Operating payables	1h	
i Acquisition indebtedness	1i	
j Other liabilities	1j	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19727425
Net Assets		
l Net assets (subtract line 1k from line 1f)	1l	44994588
		86692367

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.

	(a) Amount	(b) Total
a Contributions:		
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	879266862
(B) Participants	2a(1)(B)	2617921
(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)	881884783
b Earnings on investments:		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	120032
(B) U.S. Government securities	2b(1)(B)	206669
(C) Corporate debt instruments	2b(1)(C)	329269
(D) Loans (other than to participants)	2b(1)(D)	
(E) Participant loans	2b(1)(E)	
(F) Other	2b(1)(F)	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	655970
(2) Dividends: (A) Preferred stock	2b(2)(A)	
(B) Common stock	2b(2)(B)	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1400780
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	1400780
(3) Rents	2b(3)	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8128874
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8311471
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-182597
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
(B) Other	2b(5)(B)	504628
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	504628

	(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)	6681392
c Other income	2c	182244
d Total income. Add all income amounts in column (b) and enter total	2d	891127200

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits.....	2e(2)	833262305
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	833262305
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)	462853
(2) Contract administrator fees.....	2i(2)	14941947
(3) Recordkeeping fees.....	2i(3)	
(4) IQPA audit fees.....	2i(4)	58968
(5) Investment advisory and investment management fees	2i(5)	47083
(6) Bank or trust company trustee/custodial fees	2i(6)	74205
(7) Actuarial fees	2i(7)	67500
(8) Legal fees	2i(8)	33251
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	481309
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	16167116
j Total expenses. Add all expense amounts in column (b) and enter total	2j	849429421

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	41697779
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WITHUMSMITH & BROWN , PC**

(2) EIN: **22-2027092**

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:

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

	Yes	No	Amount
4a		<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>	
4d		<input checked="" type="checkbox"/>	
4e	<input checked="" type="checkbox"/>		1000000
4f		<input checked="" type="checkbox"/>	
4g		<input checked="" type="checkbox"/>	
4h		<input checked="" type="checkbox"/>	
4i	<input checked="" type="checkbox"/>		
4j	<input checked="" type="checkbox"/>		
4k		<input checked="" type="checkbox"/>	
4l		<input checked="" type="checkbox"/>	
4m			
4n			

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 _____.

STEELWORKERS HEALTH AND WELFARE FUND
Financial Statements - Modified Cash Basis
December 31, 2023 and 2022
With Independent Auditor's Report

Steelworkers Health and Welfare Fund**Table of Contents****December 31, 2023 and 2022**

Independent Auditor's Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits - Modified Cash Basis	4
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis	5
Notes to Financial Statements - Modified Cash Basis	6-11
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis	12-18
Schedule H, Line 4j - Schedule of Reportable Transactions - Modified Cash Basis	19

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Steelworkers Health and Welfare Fund:

Opinion

We have audited the financial statements of the Steelworkers Health and Welfare Fund, 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 - modified cash basis as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits - modified cash basis of the Steelworkers Health and Welfare Fund as of December 31, 2023 and 2022, and the changes in its net assets available for benefits - modified cash basis for the years then ended in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplementary Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis as of December 31, 2023, and Schedule H, Line 4j - Schedule of Reportable Transactions - Modified Cash Basis for the year ended December 31, 2023, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the 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.



October 11, 2024

Steelworkers Health and Welfare Fund
Statements of Net Assets Available for Benefits - Modified Cash Basis
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments - at fair value	\$ 69,063,564	\$ 60,188,549
Cash	<u>36,739,803</u>	<u>4,533,464</u>
Total assets	105,803,367	64,722,013
Liabilities		
Total liabilities	-	-
Net assets available for benefits	<u>\$ 105,803,367</u>	<u>\$ 64,722,013</u>

The Notes to Financial Statements are an integral part of these statements.

Steelworkers Health and Welfare Fund
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis
Years Ended December 31, 2023 and 2022

	2023	2022
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 7,003,423	\$ (11,288,711)
Interest and dividends	<u>2,056,750</u>	<u>1,339,769</u>
	9,060,173	(9,948,942)
Investment expenses	<u>(121,288)</u>	<u>(139,573)</u>
Net investment income (loss)	<u>8,938,885</u>	<u>(10,088,515)</u>
Contributions		
Employers'	879,266,862	816,650,578
Participants'	<u>2,617,921</u>	<u>4,143,378</u>
Total contributions	<u>881,884,783</u>	<u>820,793,956</u>
Other income	<u>182,244</u>	<u>135,527</u>
Total additions	<u>891,005,912</u>	<u>810,840,968</u>
Deductions		
Benefits paid	847,197,349	817,408,092
Administrative expenses	<u>2,727,209</u>	<u>2,526,348</u>
Total deductions	<u>849,924,558</u>	<u>819,934,440</u>
Change in net assets available for benefits	41,081,354	(9,093,472)
Net assets available for benefits		
Beginning of year	<u>64,722,013</u>	<u>73,815,485</u>
End of year	<u>\$ 105,803,367</u>	<u>\$ 64,722,013</u>

The Notes to Financial Statements are an integral part of these statements.

Steelworkers Health and Welfare Fund
Notes to Financial Statements - Modified Cash Basis
December 31, 2023 and 2022

1. DESCRIPTION OF THE PLAN

The following description of the Steelworkers Health and Welfare Fund (the “Plan”) provides limited information. Participants should refer to the Summary Plan Description for a more complete description of the Plan’s provisions.

General

The UIU Health and Welfare Fund was established by the Upholsterers’ International Union of North America at its Quadrennial Convention on April 25, 1944. On November 8, 1993, the name was changed to Steelworkers Health and Welfare Fund. The Plan is a multiemployer plan providing benefits to members and retirees of the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, commonly known as the United Steelworkers (USW), non-members and those outside the bargaining unit who are or were employees of contributing employers under contract or affiliated with the USW. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The administration of the Plan is the responsibility of the Board of Trustees, appointed by the Executive Board of the USW. The Board is comprised of USW International Union representatives and local union officials. As the Plan was established prior to 1946, the Plan is exempt from Taft Hartley Act’s requirement of joint administration with employee and employer trustees because of a grandfather clause in the Act that allows the Plan to operate with only employee representatives serving as Trustees. The Plan’s trustee is AmeriServ, Trust & Financial Services.

Benefits

The Plan provides medical, prescription drug, dental, vision death benefits and accidental death and dismemberment benefits and short term disability benefits to participants and their eligible dependents. Health and prescription drug benefits are provided through both self insured and insured arrangements. All other benefits are provided through insurance contracts. For self-insured benefits, the Plan acts as a pass through, in which each employer that chooses self-insured benefits is responsible for the full amount of claims incurred by their participants. Retirees of certain employers receive benefits through insurance contracts. These retirees receive benefits only to the extent that monthly premiums are remitted. The Plan has no obligation to provide for retiree benefits beyond the which contributions are made.

Beginning in 2006, the Medicare Modernization Act (the “Act”) allows eligible plans to receive a tax-free federal subsidy for retiree medical prescription drug benefits that are considered actuarially equivalent to Medicare Part D benefits. The subsidy is equal to 28% of drug costs between \$250 and \$5,000 for each of the plan’s eligible participants. The \$250 and \$5,000 amounts are indexed in 2007 and subsequent years based upon cost increases of the Medicare prescription drug program. The Act also made changes to Medicare reimbursement for Medicare Advantage (“MA”) plans to allow coordinate benefits with Part D.

Funding

The Plan’s primary sources of income are earnings from investments and payments made by contributing employers in accordance with collective bargaining agreements or participation agreements. These agreements provide that the employers contribute to the Plan at a fixed rate on behalf of each covered employee. For employers choosing the self-insured benefits, contributions to the Plan are inclusive of the costs of all benefits paid for their participants and all related administrative costs.

Participants and dependents covered by the Plan who lose coverage are entitled to continue coverage for Plan benefits under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”) for varying periods up to thirty-six months. The Plan does not subsidize such COBRA payments.

Steelworkers Health and Welfare Fund
Notes to Financial Statements - Modified Cash Basis
December 31, 2023 and 2022

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared using the modified cash basis of accounting, a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Consequently, revenue and the related assets are recognized when received rather than when earned, other than investments which are stated at fair value, with unrealized gains (losses) recorded as revenue, and expenses are recognized when paid rather than when the obligation is incurred.

Use of Estimates

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and the disclosure of contingencies, at the date of the financial statements and changes therein during the reporting period. Actual results could differ from those estimates.

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. The Trustees determine the Plan's valuation policies utilizing information provided by its investment adviser and custodian. See Note 4 for a discussion of fair value measurements.

Purchases and sales are recorded when cash is paid or received. Interest and dividend income are recorded when received. Investment income includes the gains and losses (realized and unrealized) on investments bought, sold and held during the year. All other income from investments is recognized when received.

Payment of Benefits

Benefits paid includes premiums paid for insured benefits and payments made to third-party claims processors for self-insured benefits. The third-party claims processor bills the Plan weekly for actual claims paid for participants of contributing employers. Contributing employers remit payment to the Plan electronically the same day the Plan is billed, and payment is made to the third-party claims processor as soon as received. Benefits expense is recognized when premiums are paid or payments are made to the third-party claims processor.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2023, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 11, 2024, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. PLAN'S BENEFIT OBLIGATIONS

Claims incurred but not yet reported are estimated by Plan management based on claims data. These amounts are paid by the Plan only if claims are submitted and approved for payment. Claims payable represents claims paid by the third party claims processor but not yet reimbursed by the Plan as of year-end.

Steelworkers Health and Welfare Fund
Notes to Financial Statements - Modified Cash Basis
December 31, 2023 and 2022

At December 31, 2023 and 2022, the Plans benefit obligation is as follows:

	<u>2023</u>	<u>2022</u>
Claims payable and claims incurred but not reported	<u>\$ 19,111,000</u>	<u>\$ 19,727,000</u>

Changes in benefit obligations for the years ended December 31, 2023 and 2022, are as follows:

	<u>2023</u>	<u>2022</u>
Claims payable and claims incurred but not reported at beginning of year	\$ 19,727,000	\$ 19,756,000
Net change in claims payable and claims incurred but not reported	(616,000)	(29,000)
Claims payable and claims incurred but not reported at end of year	<u>\$ 19,111,000</u>	<u>\$ 19,727,000</u>

The Plan does not provide benefits for retirees, other than certain retirees receiving insured benefits. Any retiree receiving benefits will only be eligible to the extent that contributions are received for their premium payments. The Plan has no obligation to provide for retiree benefits beyond the last day of the month in which premium contributions were remitted.

4. FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 - Inputs to the valuation methodology are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

A financial instrument'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodology used at December 31, 2023 and 2022.

Steelworkers Health and Welfare Fund
Notes to Financial Statements - Modified Cash Basis
December 31, 2023 and 2022

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. For the years ended December 31, 2023 and 2022, there were no transfers into or out of Level 3.

Investments are presented at fair value, determined as follows:

- Cash equivalents are valued at cost plus accrued interest, which approximates fair value.
- U.S. government securities are valued using quoted market prices or, if unavailable, quoted prices of like assets, corroborated market data, indices and/or yield curves.
- Corporate debt is valued by pricing services based on yields currently available on comparable issues with similar credit ratings and broker quotes from dealers who are market makers in these investments.
- Mutual funds are valued at quoted market prices.

As of December 31, 2023, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2023			Total Fair Value
	Level 1	Level 2	Level 3	
Cash equivalents	\$ 594,705	\$ -	\$ -	\$ 594,705
U.S. government securities	1,545,552	5,252,122	-	6,797,674
Corporate debt	-	7,626,116	-	7,626,116
Mutual funds	54,045,069	-	-	54,045,069
Total investments at fair value	<u>\$ 56,185,326</u>	<u>\$ 12,878,238</u>	<u>\$ -</u>	<u>\$ 69,063,564</u>

	2022			Total Fair Value
	Level 1	Level 2	Level 3	
Cash equivalents	\$ 714,924	\$ -	\$ -	\$ 714,924
U.S. government securities	1,701,397	4,302,310	-	6,003,707
Corporate debt	-	7,033,216	-	7,033,216
Mutual funds	46,436,702	-	-	46,436,702
Total investments at fair value	<u>\$ 48,853,023</u>	<u>\$ 11,335,526</u>	<u>\$ -</u>	<u>\$ 60,188,549</u>

5. LEASES

The Plan leases its offices from the United Steelworkers Building Fund under an agreement that extend through October 31, 2027. The Plan is responsible for its pro-rata share of increases in taxes and operating expenses over the base year. For the years ended December 31, 2023 and 2022, total rent expense paid by the Plan \$67,206 and \$73,316, respectively.

Steelworkers Health and Welfare Fund
Notes to Financial Statements - Modified Cash Basis
December 31, 2023 and 2022

As of December 31, 2023, the minimum annual rental commitments (exclusive of escalation clauses for real estate taxes and building operating expenses) for the Plan is summarized as follows:

2024	\$ 73,316
2025	73,560
2026	74,782
2027	<u>62,318</u>
	<u>\$ 283,976</u>

6. RISKS AND UNCERTAINTIES

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

The Plan has significant cash balances at financial institutions which throughout the year regularly exceed the federally insured limit of \$250,000. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's net assets available for benefits and changes in net assets available for benefits.

7. PRIORITIES UPON TERMINATION

It is the intention of the Trustees to continue the Plan indefinitely. If the Plan were to be terminated by the Trustees, the assets of the Plan would be used for the exclusive benefit of eligible employees to provide benefits and pay Plan expenses until exhausted.

8. TAX STATUS

The Internal Revenue Service (the "IRS") has recognized the Plan as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (the "IRC"), as described at Section 501(c)(9). The IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving their determination letter. However, the Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax-related interest or penalties for the periods presented in these financial statements.

Steelworkers Health and Welfare Fund
Notes to Financial Statements - Modified Cash Basis
December 31, 2023 and 2022

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's net assets available for benefits per the financial statements to net assets per Form 5500 at December 31:

	2023	2022
Net assets available for benefits per the financial statements	\$ 105,803,367	\$ 64,722,013
Benefit obligations currently payable	<u>19,111,000</u>	<u>19,727,425</u>
Net assets per Form 5500	<u><u>\$ 86,692,367</u></u>	<u><u>\$ 44,994,588</u></u>

The following is a reconciliation of health benefits per the financial statements to the Form 5500 for the year ended December 31, 2023:

Benefits paid per the financial statements	\$ 847,197,349
Amounts currently payable at end of year	19,111,000
Amounts currently payable at beginning of year	<u>(19,727,425)</u>
Benefit payments per Form 5500	<u><u>\$ 846,580,924</u></u>

SUPPLEMENTARY INFORMATION

Steelworkers Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

EIN #23-1317409, Plan #501

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Maturity Date	(f) Rate of Interest	(g) Par/Shares Or Maturity Value		(i) Current Value	
					(h) Cost	(j) Current Value		
Interest Bearing cash:								
	Goldman Sachs #465	Money Market	N/A	VAR	594,705	\$ 594,705	\$ 594,705	\$ 594,705
U.S. Government Securities:								
	FEDERAL HOME LN MTG COR	Bonds	12/1/2035	5.500%	2,781	2,755	2,868	
	FEDERAL HOME LN MTG CORP POOL #G06501	Bonds	4/1/2041	4.000%	29,067	29,268	28,380	
	FEDERAL HOME LN MTG CORP POOL #C77	Bonds	2/1/2033	6.000%	1,181	1,219	1,219	
	FEDERAL HOME LN MTG CORP POOL #C01	Bonds	6/1/2032	7.000%	304	320	317	
	FEDERAL HOME LN MTG CORP POOL #C03920 3	Bonds	5/1/2042	3.500%	7,981	8,438	7,556	
	FEDERAL HOME LN MTG COR	Bonds	6/1/2035	5.500%	2,460	2,380	2,537	
	FEDERAL HOME LN MTG CORP #FR SB0623	Bonds	3/1/2037	2.500%	140,473	130,859	129,755	
	FEDERAL HOME LN MTG #FR SD8214	Bonds	5/1/2052	3.500%	417,919	407,896	383,445	
	FEDERAL HOME LN MTG CORP GOLD POOL #Q24847-30 YR GTD MTGE	Bonds	2/1/2044	4.000%	20,760	21,708	20,132	
	FHLMC POOL #Q38893	Bonds	2/1/2046	4.000%	20,312	21,699	19,616	
	FEDERAL HOME LN MTG CORP POOL #FR QF0691	Bonds	10/1/2052	4.000%	374,492	345,176	354,292	
	FEDERAL HOME LN MTG CORP POOL #FR RA6910 MTG	Bonds	3/1/2052	3.500%	211,114	196,906	193,993	
	FEDERAL HOME LN MTG CORP POOL #FR RA6996	Bonds	3/1/2047	2.500%	161,398	150,983	139,146	
	FEDERAL NATL MTG ASSN POOL #254263	Bonds	4/1/2032	6.500%	180	189	187	
	FEDERAL NATL MTG ASSN POOL #AI2463	Bonds	5/1/2041	4.500%	19,851	20,717	19,826	
	FEDERAL NATL MTG ASSN POOL #A07185	Bonds	9/1/2042	4.000%	40,776	43,146	39,538	
	FEDERAL NATL MTG ASSN POOL #AS5090	Bonds	6/1/2030	2.500%	29,050	29,672	27,542	
	FEDERAL NATL MTG ASSN POOL #AS8154	Bonds	10/1/2046	4.500%	10,586	11,094	10,498	
	FEDERAL NATL MTG ASSN POOL #535933	Bonds	5/1/2031	6.500%	182	191	187	
	FEDERAL NATL MTG ASSN POOL #545759	Bonds	7/1/2032	6.500%	609	638	637	
	FEDERAL NATL MTG ASSN POOL #BE0468	Bonds	10/1/2046	3.000%	44,394	44,283	40,446	
	FNMA POOL #B01345 MTG	Bonds	8/1/2049	3.500%	56,271	58,381	52,523	
	FEDERAL NATL MTG ASSN POOL #FN CB2610	Bonds	1/1/2052	2.000%	346,849	333,571	283,795	
	FEDERAL NATL MTG ASSN POOL #CB3175	Bonds	3/1/2052	3.500%	184,941	171,822	169,713	
	FEDERAL NATL MTG ASSN POOL #FM9286	Bonds	10/0/2051	2.500%	517,366	533,211	444,557	
	FEDERAL NATL MTG ASSN POOL #FS0348	Bonds	1/1/2052	2.000%	297,823	284,421	246,541	
	FEDERAL NATL MTG ASSN POOL FN #FS0350	Bonds	1/1/2052	2.000%	378,218	368,497	311,618	
	FEDERAL NATL MTG ASSN POOL #FN FS1376	Bonds	12/1/2051	3.000%	329,247	314,611	293,313	
	FEDERAL NATL MTG ASSN POOL #FN FS161	Bonds	4/1/2037	3.000%	201,178	188,070	190,158	

See Independent Auditor's Report.

Steelworkers Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

EIN #23-1317409, Plan #501

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Maturity Date	(f) Rate of Interest	(g) Par/Shares Or Maturity Value		(h) Cost		(i) Current Value	
	FNMA POOL #FNCL	Bonds	5/1/2052	3.500%	141,771	\$ 139,379	\$ 132,121			
	FEDERAL NATL MTG ASSN POOL #FN FS456	Bonds	9/1/2037	3.000%	364,238	340,178	344,733			
	FEDERAL NATL MTG ASSN POOL #FN FS6058	Bonds	4/1/2052	2.500%	332,687	259,755	284,800			
	FEDERAL NATL MTG ASSN POOL #763798	Bonds	3/1/2034	5.500%	3,305	3,369	3,403			
	FEDERAL NATL MTG ASSN POOL #800747	Bonds	10/1/2034	5.500%	803	807	825			
	FEDERAL NATL MTG ASSN POOL #AC5849	Bonds	5/1/2040	5.000%	3,256	3,418	3,272			
	FEDERAL NATL MTG ASSN POOL #AC9290	Bonds	4/1/2041	5.000%	7,100	7,483	7,209			
	GOVT NATL MTG ASSN II POOL #AA1000	Bonds	5/20/2027	3.000%	8,499	9,077	8,172			
	GOVT NATL MTG ASSN II POOL #MA2679	Bonds	3/20/2045	4.000%	21,448	23,107	20,989			
	GOVT NATL POOL ASSN #MA6968	Bonds	11/20/2035	2.500%	119,974	126,873	110,055			
	GOVT NATL POOL II ASSN #MA7024	Bonds	12/20/2035	2.500%	211,755	222,777	194,258			
	GOVT NATL POOL 2	Bonds	4/20/2036	2.000%	63,604	65,641	57,620			
	GOVT NATL MTG ASSN #552246	Bonds	12/15/2031	6.500%	181	192	186			
	GOVT NATL POOL ASSN #G2 786656	Bonds	4/20/2053	5.000%	354,938	353,053	353,643			
	GOVT NATL MTG ASSN #GNR 2021-38AE	Bonds	12/16/2062	1.100%	322,259	258,612	243,967			
	NEW JERSEY ST TURNPIKE AUTH	Bonds	1/1/2041	7.102%	60,000	66,058	72,533			
	UNITED STATES TREAS BDS	Bonds	5/15/2043	2.875%	545,000	466,978	447,625			
	UNITED STATES TREAS BDS	Bonds	2/15/2050	2.000%	895,000	785,371	589,170			
	UNITED STATES TREAS NTS	Bonds	10/31/2027	0.500%	170,000	144,544	149,488			
	UNITED STATES TREAS NTS	Bonds	8/15/2032	2.750%	250,000	221,122	229,020			
	UNITED STATES TREAS NTS	Bonds	12/31/2026	1.750%	139,000	128,836	130,250			
						7,348,751				6,797,674
Corporate Debt - Other										
	AFLAC INC	Bonds	8/15/2040	6.450%	20,000	29,847	22,037			
	AT&T INC	Bonds	3/1/2027	4.250%	15,000	15,354	14,832			
	AT&T INC	Bonds	11/15/2046	5.150%	15,000	19,435	14,339			
	AT&T INC	Bonds	5/15/2029	6.625%	30,000	33,957	32,099			
	ACE INA HLDG INC 8	Bonds	8/15/2029	8.875%	15,000	19,785	17,874			
	ALABAMA POWER CO	Bonds	3/15/2041	5.500%	50,000	46,165	49,944			
	ALLSTATE CORP	Bonds	6/15/2043	4.500%	35,000	45,075	31,461			

See Independent Auditor's Report.

Steelworkers Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

EIN #23-1317409, Plan #501

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Maturity	(f) Rate of Interest	(g) Par/Shares Or Maturity Value		(h) Cost	(i) Current Value
			Date					
Corporate Debt - Other (continued)								
ALLSTATE CORP	Bonds	3/30/2033	5.250%		50,000	\$ 50,911	\$ 51,051	
ALTRIA GROUP INC	Bonds	2/14/2029	4.800%		15,000	17,919	14,952	
AMERICAN EXPRESS CO	Bonds	10/30/2024	3.000%		85,000	90,797	83,535	
AMERICAN EXPRESS CO	Bonds	5/1/2034	5.043%		35,000	34,994	34,939	
AMGEN INC	Bonds	11/2/2027	3.200%		45,000	42,159	42,988	
AMGEN INC	Bonds	2/25/2031	2.300%		40,000	40,438	34,216	
ANHEUSER BUSCH COS INC DTD	Bonds	12/15/2027	6.750%		65,000	73,027	69,724	
ANHEUSER-BUSCH INBEV WOR 6	Bonds	1/15/2040	6.375%		15,000	20,027	16,711	
AON CORP/AON GLOBAL HOLDINGS	Bonds	9/12/2032	5.000%		15,000	15,057	14,978	
APPALACHIAN POWER CO	Bonds	8/15/2037	6.700%		45,000	62,810	49,257	
ARCHER DANIELS MIDLAND CO DTD	Bonds	3/15/2027	7.500%		35,000	42,991	38,035	
ATLANTIC RICHFIELD CO DEB DTD	Bonds	8/1/2031	9.125%		20,000	28,754	25,037	
BANK OF AMERICA CORP	Bonds	3/5/2029	3.970%		60,000	67,294	57,307	
BANK OF AMERICA CORP	Bonds	4/23/2027	3.559%		185,000	203,663	178,053	
BANK OF AMERICA CORP	Bonds	2/4/2033	2.972%		25,000	21,477	21,271	
BANC OF AMERICA COMERCIAL BACM 2017-BNK3 A3 MTG	Bonds	2/15/2050	3.311%		272,130	254,771	258,082	
BESTFOODS NOTES	Bonds	4/15/2028	6.625%		100,000	111,831	109,022	
BRISTOL MYERS SQUIBB CO 6	Bonds	11/15/2026	6.800%		65,000	87,840	68,785	
BRISTOL-MYERS SQUIBB CO	Bonds	5/1/2038	6.125%		30,000	33,924	32,468	
BRISTOL-MYERS SQUIBB CO	Bonds	8/1/2042	3.250%		15,000	17,503	11,578	
BROADCOM INC	Bonds	4/15/2029	4.750%		70,000	82,100	70,158	
BURLINGTON NORTHERN SANTA FE	Bonds	5/13/2029	7.082%		100,000	135,855	108,708	
BURLINGTON NORTH SANTA FE	Bonds	5/1/2037	6.150%		25,000	23,927	28,072	
COMM MORTGAGE TR 2015-CR23	Bonds	5/10/2048	3.497%		50,000	52,646	48,475	
CSX CORP	Bonds	4/15/2041	5.500%		25,000	29,302	25,983	
CVS HEALTH CORP	Bonds	3/25/2028	4.300%		150,000	155,372	147,458	
CAMDEN PROPERTY TRUST	Bonds	7/1/2029	3.150%		90,000	100,619	82,911	
CAMPBELL SOUP CO	Bonds	4/24/2050	3.125%		45,000	31,577	31,023	
CAPITAL ONE FINANCIAL CO	Bonds	4/24/2024	3.750%		45,000	45,788	44,690	
CAPITAL ONE FINANCIAL CO	Bonds	10/30/2024	3.300%		65,000	67,515	63,920	
CAPITAL ONE FINANCIAL CORP	Bonds	3/1/2030	3.273%		45,000	44,689	40,190	
CAPITAL ONE FINANCIAL CO	Bonds	2/1/2034	5.817%		30,000	28,203	29,854	
CARMAX AUTO OWNER TRUST	Bonds	7/17/2028	6.000%		140,000	142,931	143,906	

See Independent Auditor's Report.

Steelworkers Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

EIN #23-1317409, Plan #501

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Maturity Date	(f) Rate of Interest	(g) Par/Shares Or Maturity Value		(h) Cost		(i) Current Value	
CHEVRON CORP		Bonds	11/17/2025	3.326%	25,000	\$ 26,946			\$ 24,473	
CHUBB CORP DTD		Bonds	11/15/2031	6.800%	40,000	44,740			44,671	
CINTAS CORP		Bonds	4/1/2027	3.700%	110,000	125,159			107,671	
CITIGROUP INC		Bonds	1/15/2028	6.625%	40,000	51,691			43,177	
CITIGROUP INC		Bonds	4/24/2025	3.352%	35,000	36,625			34,732	
CITIGROUP INC		Bonds	3/17/2033	3.785%	105,000	93,045			94,432	
CITIGROUP COMMERCIAL MTG		Bonds	7/10/2047	3.622%	25,000	26,832			24,632	
COMCAST CORP		Bonds	11/15/2035	6.500%	30,000	40,711			34,112	
COMCAST CORP		Bonds	4/1/2030	3.400%	35,000	40,506			32,760	
COMCAST CORP		Bonds	11/1/2051	2.887%	55,000	33,648			37,205	
CONOCOPHILLIPS CO		Bonds	11/15/2044	4.300%	20,000	21,640			17,853	
CONSOLIDATED EDISON CO OF NY INC		Bonds	3/1/2043	3.950%	40,000	38,256			34,006	
DIAGEO INVESTMENT CORP		Bonds	5/11/2042	4.250%	55,000	66,923			50,138	
WALT DISNEY COMPANY		Bonds	2/23/2025	8.500%	25,000	23,952			25,943	
WALT DISNEY CO		Bonds	11/30/2028	7.625%	80,000	114,310			89,573	
DOVER CORP 6		Bonds	3/15/2038	6.600%	20,000	27,021			22,443	
DOWDUPONT INC		Bonds	11/15/2025	4.493%	60,000	60,999			59,558	
DUKE ENERGY CAROLINAS		Bonds	10/15/2032	6.450%	10,000	12,692			10,996	
EOG RESOURCES INC		Bonds	1/15/2036	5.100%	35,000	33,898			34,659	
ERP OPERATING LP		Bonds	7/1/2029	3.000%	35,000	36,253			32,219	
EATON CORP		Bonds	5/18/2028	4.350%	25,000	24,751			25,039	
EMERSON ELECTRIC CO		Bonds	10/15/2027	1.800%	30,000	29,998			27,385	
ENTERPRISE PRODUCTS OPER		Bonds	2/15/2045	5.100%	30,000	26,035			29,438	
EQUITABLE COS INC		Bonds	4/1/2028	7.000%	95,000	113,179			101,266	
FEDEX CORP		Bonds	1/15/2044	5.100%	15,000	17,178			14,531	
FIFTH THIRD BANCORP		Bonds	5/5/2027	2.550%	55,000	58,299			50,731	
FISERV INC		Bonds	10/1/2028	4.200%	35,000	40,221			34,205	
FISERV INC		Bonds	7/1/2049	4.400%	15,000	18,014			13,221	
FLORIDA POWER & LIGHT CO		Bonds	9/1/2035	5.400%	15,000	19,447			15,227	
DUKE ENERGY FLORIDA LLC		Bonds	6/15/2038	6.400%	25,000	33,763			27,963	
FRANKLIN RESOURCES INC		Bonds	3/30/2025	2.850%	25,000	25,766			24,349	
FRANKLIN RESOURCES INC		Bonds	10/30/2030	1.600%	85,000	84,405			69,327	
GENERAL MILLS INC		Bonds	4/17/2025	4.000%	30,000	30,128			29,579	
GENUINE PARTS CO		Bonds	2/1/2032	2.750%	70,000	68,436			58,491	

See Independent Auditor's Report.

Steelworkers Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

EIN #23-1317409, Plan #501

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Maturity Date	(f) Rate of Interest	(g) Par/Shares		(i) Current Value	
					Or Maturity Value	(h) Cost		
Corporate Debt - Other (continued)								
	GOLDMAN SACHS GROUP INC	Bonds	1/26/2027	3.850%	60,000	\$ 64,259	\$ 58,351	
	GOLDMAN SACHS GROUP INC	Bonds	2/24/2033	3.102%	95,000	89,967	81,550	
	HARTFORD FINANCIAL SERVICES GROUP	Bonds	10/1/2041	6.100%	30,000	42,327	32,000	
	HOME DEPOT INC	Bonds	2/15/2044	4.875%	20,000	24,500	19,789	
	HOME DEPOT INC	Bonds	4/15/2040	3.300%	40,000	43,152	33,043	
	IBM CORP	Bonds	10/30/2025	7.000%	50,000	58,530	52,051	
	IBM CORP	Bonds	6/20/2042	4.000%	30,000	37,416	26,108	
	INTERSTATE POWER & LIGHT	Bonds	9/26/2028	4.100%	35,000	41,719	33,964	
	JP MORGAN CHASE & CO	Bonds	7/15/2025	3.900%	80,000	84,406	78,758	
	JP MORGAN CHASE & CO	Bonds	1/23/2029	3.509%	60,000	65,571	56,854	
	JPMORGAN CHASE & CO	Bonds	10/15/2030	2.739%	65,000	66,424	57,793	
	KELLOGG CO	Bonds	4/1/2031	7.450%	15,000	21,669	17,181	
	KEYCORP	Bonds	10/29/2025	4.150%	70,000	74,203	68,252	
	KIMBERLY CLARK CORP	Bonds	8/1/2037	6.625%	35,000	49,566	41,589	
	KRAFT HEINZ FOODS CO	Bonds	10/1/2049	4.875%	40,000	35,707	37,901	
	KROGER CO	Bonds	4/15/2038	6.900%	10,000	14,442	11,294	
	KROGER CO	Bonds	10/15/2046	3.875%	20,000	19,944	15,694	
	LINCOLN NATIONAL CORP	Bonds	3/1/2032	3.400%	80,000	68,458	68,141	
	M&T BANK CORP	Bonds	8/16/2028	4.553%	180,000	166,671	173,405	
	MAGELLAN MIDSTREAM PARTNERS	Bonds	3/1/2026	5.000%	25,000	27,899	24,946	
	MAGELLAN MIDSTREAM PARTNER	Bonds	9/15/2046	4.250%	45,000	35,462	36,221	
	MARKEL GROUP INC	Bonds	11/1/2027	3.500%	110,000	101,329	104,504	
	MARKEL CORP	Bonds	9/17/2029	3.350%	40,000	40,452	36,663	
	MCDONALDS CORP	Bonds	9/1/2025	1.450%	80,000	80,030	75,716	
	MCDONALDS CORP	Bonds	9/9/2052	5.150%	20,000	19,810	20,328	
	MCKESSON CORP	Bonds	7/15/2033	5.100%	45,000	45,312	46,244	
	METLIFE INC	Bonds	12/15/2032	6.500%	30,000	42,151	34,113	
	MONDELEZ INTERNATIONAL	Bonds	3/17/2032	3.000%	65,000	64,855	57,691	
	MORGAN STANLEY	Bonds	2/13/2032	1.794%	35,000	33,691	27,948	
	MORGAN STANLEY	Bonds	1/27/2026	3.875%	130,000	142,890	127,323	
	MORGAN STANLEY CAP I TRUST 2016-UB11	Bonds	8/15/2049	2.782%	100,000	106,777	93,380	
	MORGAN STANLEY 1	Bonds	5/4/2027	1.593%	45,000	45,393	41,463	
	NISSAN AUTO RECEIVABLES TR #NAROT 2023-B	Bonds	3/15/2028	5.930%	175,000	177,529	179,244	
	NORFOLK SOUTHERN CORP	Bonds	5/1/2037	7.050%	25,000	27,947	27,798	
	NORFOLK SOUTHERN CORP	Bonds	5/17/2029	5.640%	50,000	60,391	52,152	

See Independent Auditor's Report.

Steelworkers Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

EIN #23-1317409, Plan #501

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Maturity Date	(f) Rate of Interest	(g) Par/Shares Or Maturity Value		(h) Cost		(i) Current Value	
	NUTRIEN LTD	Bonds	4/1/2029	4.200%	40,000	\$ 47,857	\$ 39,174			
	NUTRIEN LTD	Bonds	3/27/2053	5.800%	25,000	25,123	26,726			
	ORACLE CORP	Bonds	5/15/2025	2.950%	35,000	34,496	33,970			
	ORACLE CORP	Bonds	4/1/2050	3.600%	25,000	25,351	18,518			
	PNC FINANCIAL SERVICES	Bonds	1/22/2030	2.550%	65,000	69,186	56,860			
	PNC FINANCIAL SERVICES	Bonds	10/28/2033	6.037%	20,000	21,500	20,896			
	PARKER-HANNIFIN CORP MTNS BE	Bonds	5/15/2038	6.250%	20,000	27,999	22,176			
	PFIZER INC	Bonds	3/15/2039	7.200%	25,000	38,421	31,057			
	PHILLIPS 66	Bonds	5/1/2042	5.875%	20,000	23,482	21,578			
	PHILLIPS 66	Bonds	12/1/2027	4.950%	70,000	70,046	70,588			
	PROGRESSIVE CORP	Bonds	3/26/2030	3.200%	25,000	22,422	23,109			
	PRUDENTIAL FINANCIAL INC	Bonds	12/14/2036	5.700%	40,000	56,881	43,252			
	PRUDENTIAL FINANCIAL INC	Bonds	12/1/2037	6.625%	20,000	29,879	23,083			
	QUALCOMM INC	Bonds	5/20/2047	4.300%	20,000	24,744	18,292			
	CHARLES SCHWAB CORP	Bonds	5/22/2029	3.250%	35,000	31,246	32,820			
	CHARLES SCHWAB CORP	Bonds	8/24/2034	6.136%	45,000	42,107	47,434			
	SHELL INTERNATIONAL FIN	Bonds	5/11/2045	4.375%	30,000	31,896	27,486			
	SPECTRA ENERGY PARTNERS	Bonds	9/25/2043	5.950%	20,000	23,897	20,423			
	STRYKER CORPORATION	Bonds	5/15/2044	4.375%	25,000	30,908	22,796			
	SYSCO CORP	Bonds	3/15/2048	4.450%	35,000	38,966	30,690			
	T MOBILE USA INC	Bonds	4/15/2040	4.375%	60,000	63,646	54,137			
	TAMPA ELECTRIC CO	Bonds	5/15/2037	6.150%	45,000	64,032	47,492			
	TARGA RESOURCES PARTNERS	Bonds	3/1/2030	5.500%	20,000	19,657	19,996			
	TORONTO DOMINION BANK	Bonds	6/12/2024	2.650%	210,000	224,876	207,359			
	TORONTO DOMINION BANK	Bonds	3/10/2032	3.200%	55,000	54,590	48,719			
	TRAVELERS PPTY CASUALTY	Bonds	4/15/2026	7.750%	150,000	193,907	159,189			
	TRUIST FINANCIAL CORP 6	Bonds	10/28/2033	6.123%	85,000	85,491	88,232			
	TRUIST FINANCIAL CORP	Bonds	1/26/2029	4.873%	30,000	29,031	29,555			
	UNION PACIFIC CORP	Bonds	2/1/2029	6.625%	100,000	129,885	110,548			
	UNITED PARCEL SERVICE INC	Bonds	4/1/2030	8.375%	35,000	49,322	41,278			
	UNITED PARCEL SERVICE INC	Bonds	1/15/2038	6.200%	10,000	13,015	11,434			
	US BANCORP	Bonds	7/22/2028	4.548%	60,000	57,647	59,115			

See Independent Auditor's Report.

Steelworkers Health and Welfare Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Modified Cash Basis

EIN #23-1317409, Plan #501

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description	(e) Maturity Date	(f) Rate of Interest	(g) Par/Shares Or Maturity Value		(h) Cost	(i) Current Value	
Corporate Debt - Other (continued)									
	RTX CORP	Bonds	5/1/2035	5.400%	15,000	\$ 18,872	\$ 15,404		
	RTX CORP	Bonds	4/15/2040	5.700%	25,000	32,479	25,891		
	VALERO ENERGY CORP	Bonds	6/15/2037	6.625%	20,000	27,107	21,923		
	VERIZON COMMUNICATIONS INC	Bonds	11/1/2034	4.400%	35,000	43,339	33,673		
	VERIZON COMMUNICATIONS INC	Bonds	3/21/2031	2.550%	15,000	15,012	12,934		
	VERIZON COMMUNICATIONS	Bonds	3/1/2052	3.875%	30,000	21,739	24,301		
	VIRGINIA ELEC & PWR CO	Bonds	11/15/2038	8.875%	15,000	16,841	20,445		
	WELLS FARGO & CO	Bonds	10/23/2026	3.000%	80,000	87,974	75,950		
	WELLS FARGO COMMERCIAL MTG	Bonds	6/15/2048	3.637%	50,000	52,977	48,384		
	WELLS FARGO & CO	Bonds	10/30/2025	2.406%	35,000	34,948	34,047		
	WELLS FARGO & CO	Bonds	4/25/2053	4.611%	40,000	37,695	35,961		
	WESTLAKE CHEMICAL CORP	Bonds	8/15/2046	5.000%	25,000	31,825	22,729		
	WESTLAKE CHEMICAL CORP	Bonds	8/15/2026	3.600%	20,000	21,704	19,318		
	WILLIAMS COMPANIES INC	Bonds	3/1/2048	4.850%	30,000	37,106	27,250		
	WISCONSIN ELECTRIC POWER	Bonds	6/1/2044	4.250%	35,000	37,418	29,367		
	WISCONSIN POWER & LIGHT	Bonds	8/15/2037	6.375%	25,000	33,629	27,451		
	WISCONSIN POWER & LIGHT	Bonds	4/1/2050	3.650%	25,000	17,971	19,216		
	WYETH LLC	Bonds	4/1/2037	5.950%	35,000	52,497	38,510		
						8,457,284	7,626,116		
Mutual Funds									
	Eaton Vance Floating Rate	Mutual Fund	N/A	N/A	429,299	3,697,556	3,618,994		
	JPMorgan Strat Inc Opp-I	Mutual Fund	N/A	N/A	558,906	6,413,476	6,382,702		
	Blackstone Alternative Multi-Str Fd	Mutual Fund	N/A	N/A	466,384	4,858,913	4,883,039		
	Dodge & Cox Stock Fund	Mutual Fund	N/A	N/A	31,821	5,105,365	7,750,110		
	American Fds Europacific Growth-R5	Mutual Fund	N/A	N/A	225,035	12,675,005	12,309,431		
	Harbor Capital Appreciation Fund	Mutual Fund	N/A	N/A	81,666	6,900,000	7,902,025		
	Vanguard Sml Cap Index Fund	Mutual Fund	N/A	N/A	61,631	6,258,332	6,368,919		
	IMGP Alternative STR-IS	Mutual Fund	N/A	N/A	463,073	5,269,177	4,829,849		
						51,177,824	54,045,069		
						\$ 67,578,564	\$ 69,063,564		

Column "(d)" has been omitted; no investment included collateral.

See Independent Auditor's Report.

Steelworkers Health and Welfare Fund
Schedule H, Line 4j - Schedule of Reportable Transactions - Modified Cash Basis
EIN #23-1317409, Plan #501
Year Ended December 31, 2023

(a) Identity of Party Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(I) Net Gain or (Loss)
(b) Description of Asset					
<i>Series Transactions (iii):</i>					
GOLDMAN SACHS FIN SQ GOVT #465	\$ 4,722,378	N/A	\$ 4,722,378	\$ 4,722,378	N/A
GOLDMAN SACHS FIN SQ GOVT #465	N/A	4,842,597	4,842,597	4,842,597	-

There are no category (i) or (iv) transactions.

Columns "(e)" and "(f)" have been omitted; no transaction involved lease rental or incurred expense.

Steelworkers Health and Welfare Fund

EIN 23-1317409

Plan No. 501

Plan Year Ended December 31, 2023

Form 5500, Schedule H, Part IV, Line 4i

Schedule of Assets (Held at Year End)

See attachment to the Audit Report attached at Accountant's Opinion

Steelworkers Health and Welfare Fund

EIN 23-1317409

Plan No. 501

Plan Year Ended December 31, 2023

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Audit Report attached at Accountant's Opinion

Steelworkers Health and Welfare Fund

EIN 23-1317409
Plan No. 501
Plan Year Ended December 31, 2023

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

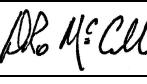
Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).	
Department of Labor Employee Benefits Security Administration	► Complete all entries in accordance with the instructions to the Form 5500.	
Pension Benefit Guaranty Corporation	2023	
This Form is Open to Public Inspection		

Part I Annual Report Identification Information			
For calendar plan year 2023 or fiscal plan year beginning		01/01/2023	and ending
		12/31/2023	
A This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here. ► <input checked="" type="checkbox"/> D Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ► <input type="checkbox"/>			

Part II Basic Plan Information —enter all requested information			
1a Name of plan Steelworkers Health and Welfare Fund		1b Three-digit plan number (PN) ► 501 1c Effective date of plan 09/15/1944	
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) STEELWORKERS HEALTH AND WELFARE FUND 60 BOULEVARD OF THE ALLIES 5TH FL PITTSBURGH PA 15222			
2b Employer Identification Number (EIN) 23-1317409 2c Plan Sponsor's telephone number (412) 562-2296 2d Business code (see instructions) 331110			

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		10/15/2024	DIANE PICKLE
Signature of plan administrator		Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/2024	DAVID MCCALL
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

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

Form 5500 (2023)

v. 230728

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor CENTRAL DATA SERVICE INC ADMINISTRA 60 BOULEVARD OF THE ALLIES 5TH FL PITTSBURGH PA 15222		3b Administrator's EIN 25-1352803
		3c Administrator's telephone number (412) 201-2242
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 56,879
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) 48,737
a(2) Total number of active participants at the end of the plan year		6a(2) 50,358
b Retired or separated participants receiving benefits		6b 9,433
c Other retired or separated participants entitled to future benefits		6c
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 59,791
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)		7 381

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 10
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____