Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e) and 6058(a) of the Internal Revenue Code (the Code).

 Complete all entries in accordance with the instructions to the Form 5500. OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

					Inspection	
Par						
	alendar plan year 2009 or fiscal pla		1/2009	and ending	12/31/2009	
A Th	is return/report is for:	X a multiemployer plan;	a mult	iple-employer plan; or		
		a single-employer plan;	a DFE	(specify)		
				· · · · · · · · · · · · · · · · · · ·		
B Thi	is return/report is:	the first return/report;	☐ the fina	al return/report;		
	·	an amended return/report		• •	* than 42 than	
C If th	ha plan is a callaginal, because of	••••	<u> </u>	plan year retum/report (les		
	he plan is a collectively-bargained				▶ 🔀	
D Ch	eck box if filing under:	X Form 5558;	☐ automa	atic extension;	the DFVC program;	
		special extension (enter d	lescription)		_	
Par	t II Basic Plan Informat	tion—enter all requested infor	mation	···		
1a Na	ame of plan				1b Three-digit plan	
S.	TEELWORKERS HEALTH AN	ND WELFARE FUND			number (PN) >	501
					1c Effective date of pla	an
20.01					09/15/1944	
Za Pia (Ad	an sponsor's name and address (e ldress should include room or suite	mployer, if for a single-employe	er plan)		2b Employer Identificat	tion
					Number (EIN)	
20	DARD OF TRUSTEES STEE	LWORKERS HEALTH AN	D WELFARE FUI	ND	23-1317409	
					2C Sponsor's telephone number	
					412-562-2279	
5	GATEWAY CTR				2d Business code (see	
3	GIIIIMAI CIK				instructions)	
рт	TTSBURGH PA	15000 1014			331110	
	TIODORGII PA	15222-1214				
Caution	n: A penalty for the late or incom	inlete filing of this return/zon.	art will be seened			
Under p	enalties of periury and other penal	ties set forth in the instructions	I dealers that I have	uniess reasonable cause	is established.	
stateme	penalties of perjury and other penal ents and attachments, as well as the	e electronic version of this return	, rueciare that I have rn/report, and to the h	examined this return/report, lest of my knowledge and be	including accompanying schedu	ules,
~	00.00	1			siler, it is true, correct, and compl	iele.
SIGN		1 mil	100. 40			
HERE	The Market of th	10/01	10/12/10	Emily Newport		
	Signature of plan administrato	r	Date	Enter name of individual s	signing as plan administrator	
(Veneral 1	(1) -	1 intulles			
SIGN	1 College	ellex	10/14/10	Thomas Conway		
	Signature of employer/plan spe	onsor	Date		igning as employer or plan spons	
				Enter hame of individual s	igning as employer or plan spons	sor
SIGN						
HERE	Signature of DEE					
	Signature of DFE		Date	Enter name of individual si	igning as DFF	l

Schedule A	(Form	5500)	2000
Schedule V	(LOHI)	JOUUI	2009

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1	III Welfare Benefit Contract Informa	IUON					
1	If more than one contract covers the same of	roup of employ	ees of the same e	nploye	er(s) or members of	the same ei	nplovee organization(s) the
	I minormation may be combined for reporting t	Ourdoses if such	contracts are exp	erienc	'e-rated as a unit M	horo contro	cts cover individual employees,
8 B	the chare group or such individual contracts	with each came	er may be treated	s a ur	nit for purposes of th	is report.	
	enefit and contract type (check all applicable boxes			_			
а	<u> </u>	b Dental		c 📗	Vision		d Life insurance
е	Temporary disability (accident and sickness)	f 📗 Long-te	rm disability	g	Supplemental uner	nployment	h Prescription drug
i	Stop loss (large deductible)	j ∏ HMO co	ontract	κX	PPO contract	-	I Indemnity contract
m	Other (specify)	- <u>-</u>					I Indemnity contract
9 Ex	perience-rated contracts:						
	Premiums: (1) Amount received		9a(1	1			-
	(2) Increase (decrease) in amount due but unpaid				****		-
	(3) Increase (decrease) in unearned premium res	serve	9a(3				-
	(4) Earned ((1) + (2) - (3))	•••••		<u> </u>		9a(4)	
b	Benefit charges (1) Claims paid	**********************	9b(1		***************************************	. Ju(+/	
	(2) Increase (decrease) in claim reserves	*********************	9b(2			······································	-
	(3) Incurred claims (add (1) and (2))	*************************				9b(3)	
	(4) Claims charged	*******************				9b(4)	
С	Remainder of premium: (1) Retention charges (o	n an accrual bas	sis)				
	(A) Commissions		9c(1)(A)			1
	(B) Administrative service or other fees	•••••	9c(1)(
	(C) Other specific acquisition costs		9c(1)(2)			1 .
	(D) Other expenses		9c(1)(I))			1
	(E) Taxes		9c(1)(I				7
	(F) Charges for risks or other contingencies						·
	(G) Other retention charges						1
	(H) Total retention				•••••	9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These	amounts were	paid in cash, or	сге	edited.)	9c(2)	
đ	Status of policyholder reserves at end of year: (1)	Amount held to	provide benefits a	 fter re	tirement	9d(1)	
	(2) Claim reserves					9d(2)	
	(3) Other reserves		***********************			9d(3)	
<u>e</u>	Dividends or retroactive rate refunds due. (Do not	include amoun	t entered in c(2).)			9e	
IU No	nexperience-rated contracts:						
а	Total premiums or subscription charges paid to ca	rrier		•••••		10a	2076
b	If the carrier, service, or other organization incurre	d any specific co	osts in connection	with th	he acquicition or		
			n 2 above, report :	amoun	nt	10b	
	retention of the contract or policy, other than repore cify nature of costs	ted in Part I, iter					

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

Insurance Information

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

OMB No. 1210-0110

2009

Department of Lab Employee Benefits Security A	Employee Benefits Security Administration File as an attachment to Form 5500.						
Pension Benefit Guaranty C	Corporation	Insurance companies pursuant to	This Form is Open to Public Inspection				
For calendar plan year 20	009 or fiscal pla	an year beginning 01/01/	2009	and e	ending :	12/31/20	
A Name of plan STEELWORKERS	HEALTH AI	ND WELFARE FUND		B Thre	ee-digit number (PN)	•	501
C Plan sponsor's name	as shown on li	ne 2a of Form 5500.		D Emplo	oyer Identificat	tion Number	(EIN)
		ELWORKERS HEALTH AND		23-13		·	
Part I Informati on a separa	on Concert te Schedule A.	ning Insurance Contract Individual contracts grouped as	Coverage, Fees, a a unit in Parts II and III	nd Com	missions F	rovide infon	mation for each contract
1 Coverage Information:							
(a) Name of insurance ca	ігтіег						
CAREMARK							
	(c) NAIC	(d) Contract or	(e) Approximate nu	mber of		Policy or c	ontract year
(b) EIN	code	(d) Contract or identification number	persons covered at policy or contract		(f) F		(g) To
95-3382344	44611	ARCELORMITTAL	11244 01/01		01/01,	/2009	12/31/2009
2 Insurance fee and com- descending order of the	mission inform amount paid.	ation. Enter the total fees and tot	al commissions paid. Lis	st in item 3	the agents, bi	rokers, and	other persons in
(a) Total a	mount of com	missions paid		(b) To	tal amount of	fees paid	
2							
Persons receiving comi		ees. (Complete as many entries					
	(a) Name a	and address of the agent, broker,	or other person to whom	n commissi	ons or fees we	ere paid	
(b) Amount of sales and	d base	Fee	s and other commissions	s paid			
commissions paid	tt	(c) Amount	(0	d) Purpose			(e) Organization code
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commissio	ons or fees we	re paid	
(b) Amount of sales and	Ihase	Fees	and other commissions	paid		Ī	
commissions paid		(c) Amount	·········) Purpose			(e) Organization code
						İ	

Schedule A (Form 550	0) 2009	Page 2-	
(a)	Name and address of the agent, I	proker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) !	Name and address of the agent, b	roker, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base commissions paid	(A) A	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) N	ame and address of the agent, br	roker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(2) One of the state of
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) N	ame and address of the agent br	oker, or other person to whom commissions or fees were paid	
<u> </u>	amo ano address di die agent, pri	over, or other person to whom commissions or lees were paid	
(b) Amount of sales and base		Fees and other commissions paid	4.0
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) Na	me and address of the agent, bro	ker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code

F	'art	Where individual contracts are provided, the entire group of such incitation this report.	dividual cont	racts with each carrie	r may be treat	ed as a unit for purposes of
4	CL	urrent value of plan's interest under this contract in the general account at year	ar and		4	
5	Cı	irrent value of plan's interest under this contract in separate accounts at year	end		5	
6	Со	ontracts With Allocated Funds:	GIIG	***************************************	<u>J</u>	
	а	State the basis of premium rates				
	b	Premiums paid to carrier	••••••	****************************	6b	
	С	Premiums due but unpaid at the end of the year	•••••		6с	
	d	If the carrier, service, or other organization incurred any specific costs in c retention of the contract or policy, enter amount	onnection w	ith the acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferr	ed annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a term	inating plan	check here		
7	Cor	ntracts With Unallocated Funds (Do not include portions of these contracts m				
	а			ation guarantee		
		(3) guaranteed investment (4) other	•	•		
		, , , , , , , , , , , , , , , , , , ,				
	b	Balance at the end of the previous year			7b	<u> </u>
	С	Additions: (1) Contributions deposited during the year	7c(1)	***************************************	/D	
		(2) Dividends and credits		·		
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
		•				
			1		- 1,1, -	
				•		
		(6)Total additions	L	· · · · · · · · · · · · · · · · · · ·	7c(6)	0
	d	Total of balance and additions (add b and c(6)).			7d	0
		Deductions:	Γ		,,,,	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				No. 18 AM
		(4) Other (specify below)	7e(4)			
)		· · · · · · · · · · · · · · · · · · ·		÷
					ļ	
						-
		(5) Total deductions			75/5\	
	f	(5) Total deductions	***************************************		7e(5)	0
	-	Balance at the end of the current year (subtract e(5) from d)		***************************************	7f	0

Schedule A	Form	5500)	2000
Scriedule A	r orm	SOUUI	2009

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Part III Welfare Benefit Contract Informati						
If more than one contract covers the same gro information may be combined for reporting pu	oup of employees of the contracts	same emplo	yer(s) or members of	the same en	nployee organization(s), the	e
the entire group of such individual contracts w	ith each carrier may be t	reated as a	unit for purposes of the	nis report.	as cover individual employ	ees,
8 Benefit and contract type (check all applicable boxes)				,		
a Health (other than dental or vision)	b Dental	c	Vision		d Life insurance	
e Temporary disability (accident and sickness)	f Long-term disabili	у д [Supplemental une	molovment	h 🗓 Prescription drug	
i Stop loss (large deductible)	j	, s. k∫	=	piojiiione	H	
) I into contract	~ [] PPO COMBACT		I Indemnity contract	
m ☐ Other (specify) ▶						
9 Experience-rated contracts:						
a Premiums: (1) Amount received	1	9a(1)			-	
(2) Increase (decrease) in amount due but unpaid.		9a(1)				
(3) Increase (decrease) in unearned premium rese		9a(2)		• • • • • • • • • • • • • • • • • • • •	<mark>-</mark> 기계	
(4) Earned ((1) + (2) - (3))				9a(4)		
b Benefit charges (1) Claims paid		9b(1)	***************************************	34(4)		
(2) Increase (decrease) in claim reserves	L L	9b(2)			1	
(3) Incurred claims (add (1) and (2))	-			9b(3)		C
(4) Claims charged						
C Remainder of premium: (1) Retention charges (on			***************************************	[30(4)	1, 1 1 1	-
(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	<u> </u>				-	
(G) Other retention charges		9c(1)(G)				
(H) Total retention				. 9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These a						<u>-</u>
d Status of policyholder reserves at end of year: (1) A						
(2) Claim reserves	-				<u> </u>	
(3) Other reserves				. 9d(2)		
Dividends or retroactive rate refunds due. (Do not in the control of the con				9d(3)		
10 Nonexperience-rated contracts:	ncidde amount entered	11 C(2).)	***************************************	. 9e		
Total premiums or subscription charges paid to carr	ior			. 10a	287610	0 = 4
b If the carrier, service, or other organization incurred	any enocific costs in co		the enquirition or	iva	20/010	754
retention of the contract or policy, other than reporte	ed in Part I, item 2 above	report amo	unt	10b		
Specify nature of costs	, , , , , , , , , , , , , , , , , , , ,	,				
, , , , , , , , , , , , , , , , , , , ,						
Part IV Provision of Information						—
		- C-1- 1 1 1	. П	Vac F	No	—
		e Schedule A	¥7	Yes X	1 140	
12 If the answer to line 11 is "Yes," specify the information	not provided. 🕨					

SCHEDULE A (Form 5500)

Department of the Treasury

Insurance Information

This schedule is required to be filed under section 104 of the

OMB No. 1210-0110

Internal Revenue Sen	vice	Employee Retirement Income Security Act of 1974 (ERISA).				l	2009		
Department of Labo Employee Benefits Security Ac		File as an attachment to Form 5500.						2009	
Pension Benefit Guaranty Co		▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection			
For calendar plan year 20	09 or fiscal p	plan year beginning 01/0	01/2	009	and e	ending	12/31/2		
A Name of plan					B Thre	e-digit			
STEELWORKERS 1	HEALTH A	AND WELFARE FUND			plaı	number (Pl	N) 🕨	501	
C Plan sponsor's name a	s shown on	line 2a of Form 5500.			D Emple	over Identific	ation Numbe	r (FIN)	
							acon Hambe	((=114)	
Part I Information	TEES STE	EELWORKERS HEALTH A	AND 1	WELFARE FUND	23-13				
on a separate	e Schedule /	rning Insurance Contra A. Individual contracts grouped	act C d as a	overage, Fees, all unit in Parts II and III of	nd Com an be rep	missions orted on a si	Provide infor nale Schedul	mation for each contract e	
1 Coverage Information:									
(a) Name of insurance car	rier								
HIGHMARK BLUE	CROSS F	מונוף פוונים							
		JEGE SHIEDD				•			
(b) EIN	(c) NAIC			(e) Approximate num persons covered at			Policy or o	contract year	
	code	identification number		policy or contract	1 /4		From	(g) To	
23-1294723	54771	1475616 LEAD G	R	4834 01/		01/0	L/2009	12/31/2009	
2 Insurance fee and comm descending order of the a	nission inforr amount paid	mation. Enter the total fees and	total o	commissions paid. Lis	t in item 3	the agents,	brokers, and	other persons in	
(a) Total ar	mount of cor	nmissions paid			(b) To	tal amount o	f fees paid		
3 Persons receiving comm	issions and	fees. (Complete as many entr	ries as	needed to report all pe	ersons).				
		and address of the agent, brok				ons or fees v	vere paid		
(b) Amount of sales and	base		Fees a	es and other commissions paid					
commissions paid		(c) Amount	ļ	(d) Purpose	-		(e) Organization code	
	(a) Name a	and address of the agent, broke	er or o	other person to whom	commissio	ne or feec w	ora paid		
		<u></u>	<u>.,</u>	sales person to whom	501111113310	ns of fees w	ere paid		
(b) Amount of sales and	base	F	ees ar	nd other commissions	paid				
commissions paid		(c) Amount			Purpose			(e) Organization code	

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(a) Na	ame and address of the agent,	broker, or other person to whom commissions or fees were p	aid			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organizatio			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	me and address of the agent. It	proker, or other person to whom commissions or fees were pa	aid.			
(4) 110	ine and address of the agent, t	noker, or other person to whom commissions or rees were pe	au.			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
		·				
(a) Nar	me and address of the agent h	roker, or other person to whom commissions or fees were pa	i.4			
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code			
commissions paid	(c) Amount	(a) Purpose	code			
(a) Nan	ne and address of the agent, br	oker, or other person to whom commissions or fees were pai	<u> </u>			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Nam	e and address of the agent, bro	oker, or other person to whom commissions or fees were paid	<u> </u>			
3, 6		The part of the pa				
b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			

Par	Where individual contracts are provided, the entire group of such individual contracts with e	ach carrier may he treated	as a unit for purposes of
4.0			us a anicior parposes of
5 C	Current value of plan's interest under this contract in the general account at year end	4	
6 0	Current value of plan's interest under this contract in separate accounts at year end	5	
a			
	State the basis of premium rates		
b	Premiums naid to carrier		
C		6b	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acqu	6c	
	retention of the contract or policy, enter amount	isition or 6d	
	Specify nature of costs		
е	Type of contract: (1) individual policies (2) group deferred annuity		
	(3) other (specify)		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here		
7 Co	ontracts. With Unallocated Funds (Do not include positions of the		
a	ontracts With Unallocated Funds (Do not include portions of these contracts maintained in separate ac Type of contract: (1) deposit administration (2) immediate participation quaran	counts)	
_	(a) I minimate paracipation guarant	tee	
	(3) ☐ guaranteed investment (4) ☐ other ▶		
<u> </u>	Balance at the end of the previous year	7b	
С	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year		
	(4) Transferred from separate account		* *
	(5) Other (specify below)		
		- '	
			•
	(6)Total additions	7c(6)	0
a	Total of balance and additions (add b and c(6)).	7d	0
	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year (2) A decision of the first state		
	(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 e(5) from d)	7f	0

		-		
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i i	If more than one contract covers the same of information may be combined for reporting pathe entire group of such individual contracts						nployee orga cts cover ind	nization(s), the ividual employees
8 Ber	nefit and contract type (check all applicable boxes)			in for purposes of the	із тероп.	· · · · · · · · · · · · · · · · · · ·	
a l	Health (other than dental or vision)	b Dental			\ C-1.		• 🗖	
ا م	Temporary disability (accident and sickness)	=		=	Vision		=	nsurance
: [···	f Long-term disabi	lity Ç	<u> </u>	Supplemental uner	ployment	h Presc	ription drug
	Stop loss (large deductible)	j X HMO contract	k	נ 📗	PPO contract		I Indem	nity contract
m	Other (specify)						_	•
9 Expe	erience-rated contracts:							
	Premiums: (1) Amount received		9a(1)	Т			-	September 1
	(2) Increase (decrease) in amount due but unpaid	1	9a(2)	+		····	-	
	(3) Increase (decrease) in unearned premium res	serve	9a(3)	+			+	
	(4) Earned ((1) + (2) - (3))					9a(4)		- 1 1
b	Benefit charges (1) Claims paid		9b(1)	Τ		. Ja(+)	 	
	(2) Increase (decrease) in claim reserves		9b(2)	+			┥	
	(3) Incurred claims (add (1) and (2))					9b(3)		
1	(4) Claims charged		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • •		9b(4)		
C	Remainder of premium: (1) Retention charges (or	n an accrual basis)			***************************************	30(4)	 	
	(A) Commissions		9c(1)(A)	T				
	(B) Administrative service or other fees		9c(1)(B)	+			4	
	(C) Other specific acquisition costs		9c(1)(C)	+-			-	
	(D) Other expenses		9c(1)(D)	+			-	- *
	(E) Taxes		9c(1)(E)	+-			-	11 11
	(F) Charges for risks or other contingencies		9c(1)(F)	+				1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	(G) Other retention charges			+			1	
	(H) Total retention		**(*)(*)	.L		0a(1)(U)		
((2) Dividends or retroactive rate refunds. (These	amounts were naid in	cach or \square		elite al)	9c(1)(H)		0
d 9	Status of policyholder reserves at end of year: (1)	Amount hold to provide h	casii, oi	crec	aitea.)	9c(2)	 	
((1) Claim reserves	Amount neid to provide b	enerits afte	r ret	irement	9d(1)		
ì	3) Other reserves	***************************************	• • • • • • • • • • • • • • • • • • • •	•••••		9d(2)		****
e [3) Other reserves	ingled		••••••		9d(3)		
10 None	Dividends or retroactive rate refunds due. (Do not experience-rated contracts:	include amount entered	in c(2).)	*****		9e		
		rrior			Г			
b If	otal premiums or subscription charges paid to cal	mer				10a		90903
	the carrier, service, or other organization incurred etention of the contract or policy, other than report cify nature of costs	ted in Part I, item 2 above	nnection wi e, report am	th the	e acquisition or t	10b		***

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

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Service Provider Information

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

OMB No. 1210-0110

2009

Department of Labor	·	,			
Employee Benefits Security Administration	File as an attachment to Fo	rm 5500.	inis Form is Open to Pub		
Pension Benefit Guaranty Corporation			Inspection.		
or calendar plan year 2009 or fiscal pla	n year beginning 01/01/2009	and ending	12/31	./2009	
A Name of plan		B Three-digit			
		plan number (PN)	>	501	
STEELWORKERS HEALTH AN	D WELFARE FUND	· · · · · · · · · · · · · · · · · · ·			
Plan sponsor's name as shown on line	e 2a of Form 5500	D Employer Identificati	on Number	(EIN)	
BOARD OF TRUSTEES STEE	LWORKERS HEALTH AND WELFARE FUN	ID 23-1317409			
Part I Service Provider Infor	mation (see instructions)	——————————————————————————————————————			
or more in total compensation (i.e., more plan during the plan year. If a person answer line 1 but are not required to in Information on Persons Recal Check "Yes" or "No" to indicate whether indirect compensation for which the plan If you answered line 1a "Yes," enter the	dance with the instructions, to report the information oney or anything else of monetary value) in connective received only eligible indirect compensation for which include that person when completing the remainder coefficient of the person when completing the remainder of the person of the remainder of the person of the required disclosures (see instruction the name and EIN or address of each person providing ation. Complete as many entries as needed (see in	on with services rendered to ch the plan received the required this Part. Ition this Part because they receives for definitions and condition	the plan or pl	the person's position with the sures, you are required to gible	
(b) Enter name MERCER HUMAN RESOURCE CO SIX PPG PLACE SUITE 300	e and EIN or address of person who provided you d	-	compensat	tion	
300 300 1 = 100 30012 300					
PITTSBURGH PA	15222				
(b) Enter name	e and EIN or address of person who provided you d	isclosure on eligible indirect	compensation	on	
			-		
(b) Enter name	and EIN or address of person who provided you di	sclosures on eligible indirect	compensati	on	

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

Schedule C (Form 5500) 2009	Page 2-
(b) Enter name and EIN or address	s 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	of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address o	f 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

	ed "yes" to line 1a abo oney or anything else	ove, complete as mar of value) in connection	ers Receiving Directly entries as needed to list in with services rendered to	t or Indirect Compensa each person receiving, directly o the plan or their position with	tion. Except for those person or or indirectly, \$5,000 or more the plan during the plan year.	ons for whom you in total compensation (See instructions).
			(a) Enter name and EIN	or address (see instructions)		
CENTRA	AL DATA SERVI	CES, INC.		25-1352803		
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none enter -0			compensation received be service provider excluding	g formula instead of an amount or
13	NONE	785516	Yes No 🗵	Yes No		Yes No
INITTED	STEELWORKERS		(a) Enter name and EIN o	r 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?
		131796	Yes 📗 No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
ATHRYN I	WALL			23-1317409		
(1.)	(c) Relationship to	(d) Enter direct	(e) Did service provider receive indirect	(f) Did indirect compensation include eligible indirect	(g) Enter total indirect compensation received by	(h) Did the service
F	employer, employee organization, or person known to be a party-in-interest	compensation paid y the plan. If none, enter -0		compensation, for which the plan received the required disclosures?		provider give you a formula instead of an amount or estimated amount?

			(a) Enter name and EIN o	or address (see instructions)		
ELIZAF	BETH LOHNER		(4)	25-1317409		
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or u estimated amount?
30	NONE		Yes No X	Yes No		Yes No
		53800				
			(a) Enter name and EIN o	r address (see instructions)		
MARGARI	ET STOUT			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	formula instead of an amount or estimated amount?
30	NONE	53800	Yes No 🗵	Yes No		Yes No
		(;	a) Enter name and EIN or	address (see instructions)		
DIANE F	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	53800	Yes 📗 No 🗓	Yes No		Yes No No

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Schedule C (Form 5500) 2009

	Schedule C (Form 5500) 2009			Page 4-		
			(a) Enter name and EIN	or address (see instructions)		
JOANNE	M. MOROCCO			25-1317409		
(b) Service Code(s)	Relationship to employer, employer, organization, or person known to be a party-in-interest	by the plan. If none		(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
30	NONE	49306	Yes No 🗵	Yes No No		Yes No
			(a) Enter name and EIN o	r address (see instructions)		
TNNOVES	ST PORTFOLIO S	· · · · · · · · · · · · · · · · · · ·		84-1612955		
		T				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	47223	Yes No 🗵	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
RICHMON	D CAPITAL MAN	AGEMENT		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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	38640	Yes No 🛛	Yes No		Yes No

	Schedule C (Form 5500) 2009			Page 4-		
			(a) Enter name and EIN	or address (see instructions)		
BREDHO	OFF & KAISER			52-0969534		
(b) Service Code(s)		by the plan. If none			Enter total indirect compensation received by service provider excluding eligible indirect compensation for which yo answered "Yes" to elemen (f). If none, enter -0	formula instead of an amount or u estimated amount?
29	NONE	37674	Yes No X	Yes No		Yes No
			(a) Enter name and EIN o	or address (see instructions)		
MCELHAI	NEY & DICLAUDI		(-)	25-1588312		
		T				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	24000	Yes 📗 No 🗵	Yes No		Yes No No
		(6	a) Enter name and EIN or	address (see instructions)		
AMERISE	RV TRUST & FI	NANCIAL		25-0851535		
(b) Service Code(s)		(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	10370	Yes No 🛚	Yes No		Yes No

			(a) Enter name and EIN o	or address (see instructions)		
THE SE	GAL COMPANY		. ,	13-1975125		
(b) Service Code(s)	(c) Relationship to employer, employer organization, or person known to be a party-in-interest	by the plan. If none		(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	
11	NONE	7882	Yes No 🛚	Yes No		Yes No
		<u></u>	1	r address (see instructions)		

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

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Schedule C (Form 5500) 2009

Part I	Service Provider Information (continued)		
or provider	ported on line 2 receipt of indirect compensation, other than eligible indirect compenses contract administrator, consulting, custodial, investment advisory, investment in for (a) each source from whom the service provider received \$1,000 or more in gave you a formula used to determine the indirect compensation instead of an antities as needed to report the required information for each source.	management, broker, or recordkeeping indirect compensation and (b) each so	services, answer the following urce for whom the service
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
		11	
		16	
MERCER	HUMAN RESOURCE CONSULTING, I	4	75267
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
HIGHMAR	₹K 23-1294723	Agency commissions reportable monetar amts where eligibi (in whole or in paplaced or retained	y and non monetary lity for was based rt) on business
· · · · · · · · · · · · · · · · · · ·	(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	formula used to determine t	ompensation, including any the service provider's eligibility e 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 co	ompensation, including any
		formula used to determine the	ne service provider's eligibility e indirect compensation.

Schedule C (Form 5500) 2009

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Schedule	С	(Form	5500	2009
	•	(1 01111	~~~	, 2003

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Part II Service Providers Who Fail or Refuse to Provide, to the extent possible, the following information for a this Schedule.	each service provi	der who failed or refused to provide the information necessary to complete
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature o Service Code(s)	
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see	(b) Nature of	
instructions)	Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(0) 5		
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III		Termination Information on Accountants and Enro (complete as many entries as needed)	lled Actuaries (see instructions)
а	Name	-	b EIN:
С	Positio		
d	Addre	s:	e Telephone:
E	xplanatio		
а	Name:		b EIN:
<u> </u>	Positio		
d	Addres	s:	e Telephone:
E	cplanation	:	
a	Name:		b EIN:
С	Positio	n:	
d	Addres		e Telephone:
Ex	planation		
а	Name:		b EIN;
c	Position	•	
d	Addres		e Telephone:
_	, idai oo	•	
Ex	planation		
а	Name:		b ein;
Ç	Position		
d	Address		e Telephone:
Ex	olanation:		

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SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration **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).

2009

OMB No. 1210-0110

h File -- -- --- FEOO

This Form is Open to Public

Pension Benefit Guaranty Corporation	n Benefit Guaranty Corporation			on
For calendar plan year 2009 or fiscal pla	n year beginning 01/01/2009	and ending	12/31/2009	
A Name of plan STEELWORKERS HEALTH AN	D WELFARE FUND	B Three-di plan nun	git nber (PN)	501
C Plan sponsor's name as shown on lin	e 2a of Form 5500	D Employer	Identification Number (E	EIN)
BOARD OF TRUSTEES STEE	LWORKERS HEALTH AND WELFARE FUN	23-131740	09	

Asset and Liability Statement

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2457537	689009
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	384557	1584852
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4471228	4121233
(2) U.S. Government securities	1c(2)	4316278	4218541
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	5739531	6795803
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14240799	19347287
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	69606	0

1d Emplo	yer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Er	nployer securities	1d(1)	0	0
	nployer real property	1d(2)	0	0
	ngs and other property used in plan operation	1e	78967	76658
f Total a	ssets (add all amounts in lines 1a through 1e)	1f	31758503	36833383
	Liabilities			
g Benefi	t claims payable	1g	1782546	198481
	ing payables	1h	267739	753410
	ition indebtedness	1i	0	0
	ia bilities	1j	773777	575458
	abilities (add all amounts in lines 1g through1j)	1k	2824062	1527349
	Net Assets			
I Net ass	sets (subtract line 1k from line 1f)	11	28934441	35306034

Part II Income and Expense Statement

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

Income	<u> </u>	(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	430534914	The state of the s
(B) Participants	2a(1)(B)	6170266	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		436705180
b Earnings on investments:			-
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12111	
(B) U.S. Government securities	2b(1)(B)	234808	
(C) Corporate debt instruments	2b(1)(C)	340571	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		587490
(2) Dividends: (A) Preferred stock		0	
(B) Common stock		0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	192452	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		192452
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2490147	
(B) Aggregate carrying amount (see instructions)		2732984	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result			-242837

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	751067	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		75106
(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)		4914037
C Other income	L		258509
d Total income. Add all income amounts in column (b) and enter total	2d		443165898
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(2) To insurance carriers for the provision of benefits	2e(2)	435159116	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		435159116
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g	·	0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	69556	
(2) Contract administrator fees	2i(2)	785516	
(3) Investment advisory and management fees	2i(3)	94991	
(4) Other	2i(4)	685126	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1635189
Total expenses. Add all expense amounts in column (b) and enter total	2j		436794305
Net Income and Reconciliation	J		
k Net income (loss). Subtract line 2j from line 2d	2k		6371593
Transfers of assets:			00,120,00
(1) To this plan	21(1)	 -	0
(2) From this plan	21(2)	-	0
Part III Accountant's Opinion			
Complete lines 3a through 3c if the opinion of an independent qualified public ac attached.	countant is at	ttached to this Form 5500. Comple	te line 3d if an opinion is not
The attached opinion of an independent qualified public accountant for this plan i	s (see instruc	ctions):	
(1) X Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8	and/or 103-1	12(d)?	Yes X No
Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: MCELHANEY & ASSOCIATES, LLC		(2) EIN: 38-3806684	
The opinion of an independent qualified public accountant is not attached becau		Form 5500 pursuant to 29 CFR 25	520.104-50.

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Pa	irt IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g	, 4h, 4k, 4	lm, 4n, or 5.		
	During	the plan year:		Yes	No	An	nount
а	period	here a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans and by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	41		x		
С	Were a	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4b 4c		x		······································
d	Were t	there any nonexempt transactions with any party-in-interest? (Do not include transactions and on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is and on line 4a.	4d		х	•	-
				77			
e f	Did the	nis plan covered by a fidelity bond?e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused and are dicharacted?	4e	Х	v		500000
g	Did the	e plan hold any assets whose current value was neither readily determinable on an shed market nor set by an independent third party appraiser?	4f		X		
h	Did the	plan receive any noncash contributions whose value was neither readily	4g	-	X		
i		inable on an established market nor set by an independent third party appraiser? plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked,	4h		Х		
j		e instructions for format requirements.)	4i	Х			
-		f plan assets? (Attach schedule of transactions if "Yes" is checked, and tructions for format requirements.)	4j	х			
k		If the plan assets either distributed to participants or beneficiaries, transferred to another brought under the control of the PBGC?	4k		X (
ı	Has the	e plan failed to provide any benefit when due under the plan?	41		х		
m		s an individual account plan, was there a blackout period? (See instructions and 29 CFR D1-3.)	4m		х		
n		as answered "Yes," check the "Yes" box if you either provided the required notice or one xceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
ā		esolution to terminate the plan been adopted during the plan year or any prior plan year? Inter the amount of any plan assets that reverted to the employer this year	Yes	⊠ No	Amount:		
ib		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), red. (See instructions.)	identif	y the plan	(s) to which	assets or liab	ilities were
	5b(1) N	ame of plan(s)		5	b(2) EIN(s)		5b(3) PN(s)
							I I
			_				

STEELWORKERS HEALTH AND WELFARE FUND FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2009 AND 2008

July 15, 2010

STEELWORKERS HEALTH AND WELFARE FUND

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McELHANEY & ASSOCIATES, LLC

Certified Public Accountants 1725 Washington Road • Suite 302 • Pittsburgh, PA 15241 (412) 831-3812 • Fax (412) 831-6139

INDEPENDENT AUDITOR'S REPORT

Board of Trustees Steelworkers Health and Welfare Fund Pittsburgh, PA

We have audited the accompanying statements of net assets available for benefits and of plan's benefit obligations of Steelworkers Health and Welfare Fund as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organizations internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, financial status of Steelworkers Health and Welfare Fund as of December 31, 2009 and 2008 and the changes in financial status of Steelworkers Health and Welfare Fund for the years then ended in conformity with accounting principles generally accepted in the United States of

McElhanay + Mssiciates
McElhaney & Associates, LLC

Pittsburgh, Pennsylvania July 15, 2010

STEELWORKERS HEALTH AND WELFARE FUND STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31,

<u>ASSETS</u>	2009	2008
INVESTMENTS AT FAIR VALUE		
Cash Equivalents	\$ 273,169	\$ 129,716
U.S. Government	4,218,541	4,316,278
Corporate Debt	6,795,803	5,739,531
Mutual Funds	19,347,287	14,240,799
Other Debt (Municipal Obligations)	-	69,606
,	30,634,800	24,495,930
Cash – Interest Bearing	<u>3,626,080</u>	4,110,023
ASSETS HELD FOR INVESTMENTS	34,260,880	28,605,953
Segregated Funds	221,984	231,489
RECEIVABLES		
Participating Employers' Contributions	699,009	2,467,537
Self Pay Contributions	388,592	14,466
Retiree Drug Subsidy	621,481	260,507
ARRA Subsidy	459,209	-
Report Fee Receivable	5,000	5,000
	2,173,291	2,747,510
Allowance for Doubtful Accounts	(10,000)	(10,000)
071177 100770	2,163,291	2,737,510
OTHER ASSETS		
Furnishings and Equipment	4,367	6,456
Prepaid Expenses	22,291	22,511
Accrued Interest	110,570	104,584
Insurance Deposit	50,000	<u>50,000</u>
	<u> 187,228</u>	<u> 183,551</u>
TOTAL ASSETS	36,833,383	31,758,503
<u>LIABILITIES</u>		
Contributions Received in Advance - Others	353,474	542,288
Contribution Received in Advance (Escrowed)	221,984	231,489
Accounts Payable - Administrative Expenses	<u>753,410</u>	<u>267,739</u>
TOTAL LIABILITIES	1,328,868	1,041,516
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 35,504,515</u>	<u>\$ 30,716,987</u>

STEELWORKERS HEALTH AND WELFARE FUND STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED DECEMBER 31,

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	2009	<u>2008</u>
CONTRIBUTIONS Participating Employers Self Pay Contributions	\$ 430,534,914 6,170,266	\$ 400,910,191 4,667,968
INVESTMENT INCOME	436,705,180	405,578,159
Investment Income	779,942	1,613,780
Net Appreciation (Depreciation) Investment Fees	5,422,266	(9,317,289)
mvestment rees	(<u>94,991)</u> 6,107,217	(<u>105,110)</u> (7,808,619)
OTHER INCOME		
Miscellaneous Income	26,629	_
Report Fee	12,000	12,000
Medicare Subsidy	219,880	1,592,463
	258,509	1,604,463
TOTAL ADDITIONS	443,070,906	399,374,003
BENEFITS		
Insurance Premiums Paid for Life Insurance	282,422	276,537
Insurance Premiums Paid for Health Benefits	436,460,759	404,212,137
	436,743,181	404,488,674
ADMINISTRATIVE EXPENSES (page 12)	1,540,198	1,540,597
TOTAL DEDUCTIONS	438,283,379	406,029,271
NET INCREASE (DECREASE) DURING YEAR	4,787,527	(6,655,268)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	30,716,987	<u>37,372,255</u>
End of Year	<u>\$ 35,504,514</u>	<u>\$ 30,716,987</u>

STEELWORKERS HEALTH AND WELFARE FUND STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS DECEMBER 31,

AMOUNTS CURRENTLY PAYABLE	2009	2008
Claims Payable Premiums Due to Insurers	\$ - 198,481	\$ - <u>1,782,546</u>
	198,481	1,782,546
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE	-	-
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 198,481</u>	<u>\$ 1,782,546</u>

STEELWORKERS HEALTH AND WELFARE FUND STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS YEARS ENDED DECEMBER 31,

	<u>2009</u>	<u>2008</u>
AMOUNTS CURRENTLY PAYABLE		
Balance at Beginning of Year Claims Reported and Approved for	\$ 1,782,546	\$ 1,798,403
Payment	435,159,116	404,472,817
Claims Paid	(436,743,181)	(404,488,674)
Balance at End of Year	198,481	1,782,546
POSTEMPLOYEMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYALBE	-	-
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 198,481</u>	<u>\$ 1,782,546</u>

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STEELWORKERS HEALTH AND WELFARE FUND NOTES TO FINANCIAL STATEMENTS DECEMBER 2009 AND 2008

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES

Summary Plan Description:

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. From time to time, the Trustees have amended the program to provide improved benefits to members and dependents. The Fund provides the following, but not all-inclusive, benefits:

- Hospitalization, Medical and Surgical, Disability, Accident and Sickness Benefits. Death Benefits and Accidental Death and Dismemberment Benefits. Indemnity payment of a percentage of average wages for working time lost by reason of an illness and other disabilities. Major Medical Benefits with varying Deductibles and Coinsurance features and varying out of pocket maximums. Prescription drugs covered under Major Medical. Dependent's hospitalization and surgical benefits, including maternity coverage for dependent spouses of covered employees and optional dental and vision care plans.
- The Fund offers COBRA continuation coverage to individual participants who have a qualifying event.
- Retiree's hospitalization and surgical (under 65), supplementary Medicare (over 65), retiree's insurance (62-65).
- Provides benefits for USW Members, Non-Members and those outside the bargaining unit, as long as they are or were employees of contributing employers under contract or affiliated with the USW. The Fund, a multi-industry, and multi-employer Fund, covers employees throughout the U.S.A. It is a program in accordance with contractual agreements with the participating employers and the USW.
- The Fund 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 Fund to operate with only employee representatives serving as Trustees. The Fund was established before January 1, 1946. It is a bona fide trust under Pennsylvania laws and a Federal court has approved the validity of its exclusive administration by employee-represented Trustees. The Fund is approved by the Internal Revenue Service as a non-profit organization exempt from income tax under Revenue Code Section 501(c)(9). The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Basis of Accounting:

The Steelworkers Health and Welfare Fund maintains its accounting records and prepares its financial statements on the accrual basis of accounting. These financial statements have been prepared in conformity with Statement of Position 92-6.

STEELWORKERS HEALTH AND WELFARE FUND NOTES TO FINANCIAL STATEMENTS DECEMBER 2009 AND 2008

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Employee Benefits:

The Fund purchases provider policies from Highmark Blue Cross Blue Shield and Anthem Blue Cross & Blue Shield to cover the majority of USW members for medical, vision and dental claims. Some USW members are covered by HMO's purchased from various organizations. The Fund purchases provider policies from Fort Dearborn Life Insurance Company to cover death, accidental death and dismemberment and sick and accident benefits.

Employer Contributions:

Funds are provided by Union negotiated employer contracts for the above benefits.

Concentration of Credit Risk

The Plan maintains its cash account at a financial institution in which balances may, at times, exceed federally insured limits.

Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Allowance for Doubtful Accounts:

The provision for uncollectible accounts is deemed to be reasonable.

NOTE 2 - INVESTMENTS

Summary of earnings:

	Decemb	er 31, 2009	December 31, 2008
	<u>Income</u>	Appreciation	Income Appreciation
Cash Equivalents	\$ 12,111	\$ -	\$ 311,608 \$ -
U.S. Government	234,808	(17,553)	255,895 148,050
Corporate Debt	340,571	533,638	396,708 (768,234)
Municipal Debt	-	(7,856)	- 7,856
Mutual Funds	<u>192,452</u>	4,914,037	<u>649,569 (8,704,961)</u>
	<u>\$ 779,942</u>	\$ 5,422,266	\$ 1,613,780 \$(9,317,289)

Investments that represent more than 5% of net assets:

		December 31, 2009		December 31, 2008	
		Cost	Market	Cost	Market
American Funds-Europacif	ic Mutual Fund	\$ 4,352,632	\$ 5,459,016	\$ 4,251,173	\$ 3,911,955
Dodge&Cox Stock Fund	Mutual Fund	5,200,694	4,716,515	5,142,605	3,592,981
Allianz Growth	Mutual Fund	5,182,586	5,546,269	5,149,683	3,989,825
Luther King Small Cap	Mutual Fund	4,533,498	3,625,488	4,533,498	2,746,038
Ameriserv	Sweep Account	3,610,348	3,610,348	3,895,735	3,895,735

NOTES TO FINANCIAL STATEMENTS DECEMBER 2009 AND 2008

NOTE 3 - FAIR VALUE MEASUREMENTS - DESCRIPTION

Financial Accounting Standards Board Statement No. 157, Fair Value Measurements (FASB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in inactive markets;

Inputs other than quoted prices that are observable for the asset or liability;

Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008:

Cash Equivalents - The carrying value of cash equivalents approximates fair value.

U.S. Government - The estimated fair value of U.S. government securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing U.S. government securities, the Plan has classified U.S. government securities as Level 2 investments.

Corporate Bonds - The estimated fair value of corporate bonds are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing corporate bonds, the Plan has classified corporate bonds securities as Level 2 investments.

Other Debt - The estimated fair value of other bonds are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing other debt, the Plan has classified other debt securities as Level 2 investments.

Registered Investment Companies - Mutual Funds are valued at the net asset value of shares held by the plan at year end.

STEELWORKERS HEALTH AND WELFARE FUND NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 3 - FAIR VALUE MEASUREMENTS - DESCRIPTION (Con't)

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

NOTE 4 - FAIR VALUE MEASUREMENTS - TABLE

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

		Fair value Measurements at Reporting Date Using:		
		Quoted Prices		Significant
		In Active Markets	Significant Other	Unobservable
		For Identical Assets	Observable Inputs	Inputs
Description	<u>12/31/2009</u>	(Level 1)	(Level 2)	(Level 3)
Cash Equivalents	\$ 3,899,249	\$ 3,899,249	\$ -	\$ -
U.S. Gov't Securities	4,218,541	-	4,218,541	-
Corporate Bonds	6,795,803	-	6,795,803	-
Mutual Funds	<u>19,347,287</u>	19,347,287		-
	\$ 34,260,880	<u>\$ 23,246,536</u>	\$ 11,014,344	\$

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2008:

	,			
		Fair value Measur	ements at Reportin	g Date Using:
		Quoted Prices		Significant
		In Active Markets	Significant Other	Unobservable
_		For Identical Assets	Observable Inputs	Inputs
Description	<u>12/31/2008</u>	(Level 1)	(Level 2)	(Level 3)
Cash Equivalents	\$ 4,239,739	\$ 4,239,739	\$ -	\$ -
U.S. Gov't Securities	4,316,278	· · · · · · · · · · · · · · · · · · ·	4,316,278	•
Corporate Bonds	5,739,531	-	5,739,531	-
Other Debt	69,606	-	69,606	-
Mutual Funds	14,240,799	14,240,799		-
	\$ 28,605,953	\$ 18,480,538	\$ 10.125.415	\$ -

NOTE 5 - SEGREGATED FUNDS

As a result of settlement agreements with two former employers and a deposit agreement with a former employer, the Fund holds assets to be used (along with investment income earned on such assets) to pay death and medical benefits including insurance premiums. It is current Fund Counsel's opinion that the segregated funds are fund assets based on the information made available to them. Accordingly, the assets and accompanying deferred contribution liability have been recorded on the books of the Fund.

The funds are invested as follows:

	2009		2008	
	MARKET	COST	MARKET	COST
Cash/Money Market	\$ 221,984	\$ 221,984	\$ 231,489	\$ 231,489

STEELWORKERS HEALTH AND WELFARE FUND NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 6 - FURNISHINGS AND EQUIPMENT

Equipment consists of computer equipment, as	follows: <u>2009</u>	<u>2008</u>
Furniture & Fixtures	\$ 12,939	\$ 12,939
Equipment	1,207	1,207
	14,146	14,146
Less: Accumulated Depreciation	<u>9,779</u>	7,690
NET	\$ 4,367	\$ 6,456

Depreciation expense is \$ 2,089 and \$ 2,227 for the years ended December 31, 2009 and 2008. Depreciation expense is calculated on the straight-line method over 5 years (Half-year convention).

NOTE 7 - LEASES

The Fund leases its offices from the United Steelworkers Building Fund under the terms of a five-year lease that expires October 31, 2012. Rent, charged as an administrative expense was \$ 70,956 for the year ended December 31, 2009.

Minimum required future rental payments under this operating lease as of December 31, 2009 are:

2010 to 2011	\$ 69,352 per annum
2012	\$ 57,794 to Oct. 31, 2012

The Fund is also responsible for its pro-rata share of increases in taxes and operating expenses over the base year.

NOTE 8 - COMMITMENT

During 1997, the Fund entered into an administrative agreement with Central Data Services, Inc. With 90 days notice, either party may terminate this agreement effective on the first day of any month on or after January 1, 2000.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2009 and 2008 financial statements to the Form 5500.

Net Assets Available for Benefits per Form 5500	<u>Dec. 31, 2009</u> \$ 35,306,034	Dec. 31, 2008 \$ 28,934,441
Benefit Obligations Currently Payable Adoption of SOP 92-6	<u> 198,481</u>	1,782,546
Net Assets Available for Benefits Per Financial Statements	<u>\$ 35,504,515</u>	<u>\$ 30,716,987</u>

The following is a reconciliation of benefits for participants per the financial statements to the Form 5500.

Benefits Paid for Participants Per the		
Financial Statements	\$ 436,743,181	\$ 404,488,674
Add: Amounts Payable at End of Year	198,481	1,782,546
Less: Amounts Payable at Beginning of Year	(1,782,546)	(1,798,403)
Benefits Paid for Participants Per Form 5500.	<u>\$.435,159,116</u>	\$ 404,472,817

STEELWORKERS HEALTH AND WELFARE FUND NOTES TO FINANCIAL STATEMENTS DECEMBER 2009 AND 2008

NOTE 10 - THE MEDICARE MODERNIZATION ACT

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the MMA) was enacted on December 8, 2003. Among many changes, this legislation created Medicare prescription drug coverage beginning January 1, 2006.

Beginning in 2006, the Act allows plans to receive a tax-free federal subsidy for retiree medical prescription drug benefits that are considered at least actuarially equivalent to the new 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 participant. The \$250 and \$5,000 amounts are indexed in 2007 and subsequent years based on cost increases of the Medicare prescription drug program. The Act also makes changes to Medicare reimbursement for Medicare Advantage (MA) plans and allows plans to coordinate benefits with Part D.

Actuarial analysis has determined that the Plan's prescription drug plan is actuarially equivalent in 2009 and 2008 and would likely be in all future years. It was assumed that the drug subsidy available under the Act will reduce the fund over 65 drug liabilities for Medicare Supplemental participants.

NOTE 11 - THE AMERICAN RECOVERY AND REINVESTMENT ACT

Effective February 17, 2009, the American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law. The ARRA included changes to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) to continue health coverage for individuals who have lost their jobs through involuntary termination. The ARRA includes a 65% subsidy for the cost of health care continuation coverage for up to nine months for eligible individuals. The health premium subsidy is provided only with respect to involuntary terminations that occur on or after September 1, 2008, through December 31, 2009. There is no premium reduction for periods of coverage that began prior to February 17, 2009. ARRA was amended on December 10, 2009, to extend the period for involuntary terminations through February 28, 2010.

STEELWORKERS HEALTH AND WELFARE FUND ADMINISTRATIVE AND OTHER EXPENSES YEARS ENDED DECEMBER 31,

ADMINISTRATIVE EXPENSES	<u>2009</u>	<u>2008</u>
Administrative Fee	\$ 785,516	\$ 779,894
Audit Fee	24,000	22,000
Insurance	38,417	36,466
Legal Expense	37,674	37,413
Office Supplies And Miscellaneous Expense	25,719	12,891
Payroll	305,720	296,497
Payroll Taxes	25,738	25,574
Employee Fringe Benefits	78,691	67,843
Depreciation	2,089	2,227
Rent	70,956	69,363
Actuarial Consultants	7,882	39,928
Conference Expense	-	2,966
Report Expense	6,000	6,000
Payroll - Reimbursed To United Steelworkers	119,390	128,888
Travel - Reimbursed To United Steelworkers	<u>12,406</u>	12,648
TOTAL ADMINISTRATIVE EXPENSES	<u>\$ 1,540,198</u>	<u>\$ 1,540,598</u>



McELHANEY & ASSOCIATES, LLC

Certified Public Accountants
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INDEPENDENT AUDITOR'S REPORT ON ADDITIONAL INFORMATION

Board of Trustees Steelworkers Health and Welfare Fund Pittsburgh, PA

Our audit of the Steelworkers Health and Welfare Fund for the year ended December 31, 2009 was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment purposes and reportable transactions are presented for purposes of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplementary schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly presented in all material respects in relation to the basic financial statements taken as a whole.

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McElhaney & Associates, LLC

Pittsburgh, Pennsylvania July 15, 2010

McELHANEY & ASSOCIATES, LLC

STEELWORKERS HEALTH AND WELFARE FUND

ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2009

Federal I.D. - 23-1317409 Plan No. - 501

FORM 5500, SCHEDULE H. PART IV, QUESTION I

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value

					Par/Sha	res	
(a) (b) Identity of issuer, borrower,			Maturity	Rate of	or Matur	ity	(e) Current
lessor or similar party	<u>Description</u>	<u>Collateral</u>	<u>Date</u>	Interest	Value	(d) Cos	t Value
Interest - bearing cash:							
Ameriserv	Checking	N/A	N/A	variable	15,732	\$ 15,732	\$ 15,732
Ameriserv	Sweep A/C	N/A	N/A	variable	3,610,348	3,610,348	3,610,348
Goldman Sachs #462	Money Market	N/A	N/A	variable	217,331	217,331	217,331
Goldman Sachs #462	Money Market	N/A	N/A	variable	55,838	55,838	55,838
	SUBTOTAL					3,899,249	
II.S. Covernment Securities							
U.S. Government Securities:							
(See attached pages 14 - 18)						4,071,658	4,218,541
Corporate Debt - Other:							
(See attached pages - 18 - 22)						6,623,846	6,795,803
(=====================================						0,023,040	0,7 33,003
Mutual Funds							
American Funds - Europacific	Mutual Fund	N/A	N/A	N/A	147,608	4,352,632	5,459,016
Dodge& Cox Stock Fund	Mutual Fund	N/A	N/A	N/A	49,608	5,200,694	4,716,514
Luther King Small Cap	Mutual Fund	N/A	N/A	N/A	224,350	4,533,498	3,625,488
Allianz Growth	Mutual Fund	N/A	N/A	N/A	450,550	5,182,586	5,546,269
	SUBTOTAL			,,	.00,000	19,269,410	19,347,287
						10,200,410	13,041,201
	TOTALS					\$ 33,864,163	\$ 34,260,880

Federal I.D. - 23-1317409 Plan No. 501

FORM 5500.	SCHEDULE H.	PART I	V, QUESTION I
	/h 2 a)		

<u>(a)</u>

Ident	(b&c) ity & Description		
	FHLMC POOL #A15829	(e) 42,214.76	(d)
10,22,0010	5.5% DUE 11/1/33	42,214.70	40,568.36
60.188.540	FEDERAL HOME LN MTG CORP	63 270 22	FA 000 40
00,100.540	5.5% DUE 6/1/2035	63,279.22	58,232.43
58 958 32 0	FHLMC POOL #A47333	<i>CO</i>	
30,330.320	5.00% DUE 10/01/35	60,573.78	55,605.07
72 767 520	FHLMC POOL #A47371	74 P.C4 O.	
72,107.520	5.000% DUE 10/01/2035	74,761.35	69,674.89
170 707 210	FEDERAL HOME MORTGAGE CORP POOL	455	
170,707.310	#A87388 5% DUE 7/1/2039	183,518.02	182,083.70
18.880 110	FEDERAL HOME IN MTG CORP	20 105 50	10 556 04
10,000.110	POOL #B10916	20,127.52	19,576.31
	5.5% DUE 11/1/2018		
20 172 320	FEDERAL HOME LOAN MORTGAGE CO	01 020 70	00 040 04
20,112,320	POOL #B12164 5% DUE 2/1/19	21,233.79	20,843.65
20 215 010	FEDERAL HOME LN MTG CORP		
20,213.910	5.5% DUE 2/1/2019	21,545.11	21,112.96
5.034.670	FHLMC POOL #C01371	5,540.15	5,300.55
5,052.070	7% DUE 6/1/2032	3,340.13	5,300.35
17.685.090	FHLMC #CO1428 GOLD	18,620.98	17,906.14
27,000.000	5.5% DUE 11/01/2032	10,020.30	17,300.14
19.721.360	FHLMC #C0 C01491	21,126.51	20,568.77
	6.000000% 2/1/33	21,120.51	20,300.77
37,605,130	FEDERAL HOME LOAN MORTGAGE CO	39,571.50	38,163.31
,	5.5% DUE 11/1/33	37,372130	30,103.31
23,592.980		25,215.00	24,105.37
	POOL #C01726	33,223333	21,200.07
	6% DUE 12/1/2033		
11,885.050	FEDERAL HOME LOAN MORTGAGE CO	12,731.86	12,346.06
	POOL #C76726	•	,
	6% DUE 2/1/2033		
26,902.670	FEDERAL HOME LOAN MORTGAGE CO	28,819.49	27,772.80
	POOL #C77937	·	•
	6% DUE 2/1/2033	•	
4,934.350	FEDERAL HOME LOAN MORTGAGE CORP	5,542.41	5,299.81
	GOLD POOL #C80334		-
	7.5% DUE 8/1/2025		
57,173.690	FEDERAL HOME LN MTG CORP	61,442.28	59,684.12
	6.00 DUE 8/1/2024		• •
	POOL #C90847		
34,675.810	FHLMC #E01311	36,935.63	36,203.70
25,397.140	FEDERAL HOME LOAN MORTGAGE CO	27,083.00	26,099.53
•	5.5% DUE 11/1/18	27,000100	20,033.33
50,248.400	FEDERAL HOME LOAN MORTGAGE CO	52,950.76	51,991.39
•	POOL #E01590 5% DUE 2/1/2019	02,000110	01,001.00
13,241.350	FEDERAL HOME LOAN MORTGAGE CO	13,958.90	13,753.40
	POOL #E92829	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
	5% DUE 12/1/2017		
15,787.370	FEDERAL HOME LOAN MORTGAGE CORP	17,074.99	16,484.83
	GOLD #G01444 6.5% DUE 8/1/2032	,	-0/102103
	DATED 7/1/2002		
22,538.880	FEDERAL HOME LOAN MORTGAGE CO	24,138.24	23,310.15
• · · · · · · · ·	6% DUB 12/1/32	22,230.22	~~, ~
	POOL #G01477		

	FORM 5500, SCHEDULE H. PART IV, QUESTION I
(a)	(b&c) Identity & Description

	(b&c)		
ldent	ity & Description	(e) 236,166.50	(d)
229,868.110	FEDERAL HOME LN MTG CORP	236,166.50	(d) 219,181.83
	POOL #G01887	•	
	5% DUE 8/1/2035		
96,097.380	FEDERAL HOME LOAN MORTGAGE CO 5.5% DUE 12/1/35	101,031.98	95,196.49
68,325.240	FEDERAL HOME LOAN MORTGAGE CO #G02581	70,197.35	66,318.19
	5% DUE 9/1/2035		
30,479.970	FEDERAL HOME LOAN MORTGAGE CO 6% DUE 8/1/34	32,537.37	31,532.48
5,385.210	FHLMC POOL #G11431 6% DUE 2/1/2018	5,768.80	5,575.38
74,300.870	FEDERAL HOME LN MTG CORP 5% DUE 4/1/2020	78,210.58	73,639.14
30,767.740	FEDERAL HOME LOAN MORTGAGE CORP POOL #G13174 5% DUE 6/1/2023	136,844.52	134,261.70
68,109.570	FEDERAL HOME LN MTG CORP 4.375% DUE 4/15/2015	69,870.20	66,805.91
60,044.030	FEDERAL HOME LN MTG CORP 4.75% DUE 7/15/2015	61,337.98	58,449.10
18,029.680	FNMA 254003	19,322.23	18,976.25
4,112.360	6.000000% 10/1/16 FNMA #254263	4,443.94	4,304.48
26,608.690	6.5% DUE 4/1/32 FEDERAL NATL MTG ASSN POOL #255342 DTD 6/1/04	28,543.94	27,564.94
5,338.750	6.00% DUE 6/1/2024 FNMA POOL #535933	5,772.52	5,589.00
16,129.660	6.5% DUE 5/1/2031 FEDERAL NATL MTG ASSN	17,430.19	16,898.32
40 004 000	POOL #545759 6.5% DUE 7/1/2032	40.004.70	44 077 44
10,894.280	FEDERAL NATIONAL MORTGAGE ASSOC POOL #688328 5.5% DUE 3/1/2033	42,981.52	41,875.11
-	FEDERAL NATL MTG ASSN POOL #727436	43,340.06	40,654.29
42,574.300	4% DUE 7/1/2018 FEDERAL NATL MTG ASSN GTD MTG PASS THRU CTF POOL NBR 0735318	44,268.76	42,068.74
•	INT 15 YEAR FNMA POOL #745505 5.424% DUE 2/01/2016	157,619.13	142,840.60
70,187.520	FNMA POOL #0745506 5.661% DUE 2/01/2016	185,061.91	169,629.10
88,242.340	FEDERAL NATL MTG ASSN POOL #763798 5.5% DUE 3/1/2034	93,581.00	89,948.57
29,286.350	FEDERAL NATL MTG ASSN GTD MTG PASS THRU POOL #770080	30,148.25	29,647.82
	LNG 30 YEAR 5% DUE 3/1/3034 FEDERAL NATL MTG ASSN	23,747.39	22,005.16

	DULE H. PART IV, QUESTION I (b&c)		
	ty & Description	<u>(e)</u>	(d)
33,091.860	FEDERAL NATL MTG ASSN POOL #799982 5.5% DUE 12/1/2034	34,780.87	33,567.58
37,474.000	FEDERAL NATL MTG ASSN POOL #800747 5.5% DUE 10/1/2034 DATED 10/1/2004	39,386.67	37,649.64
235,752.280	FEDERAL NATIONAL MTG ASSN POOL #931195	242,777.70	242,198.63
89,491.050	4.5% DUE 5/1/2024 FEDERAL NATIONAL MORTGAGE ASSOC. POOL #735493 4.5% DUE 4/1/2020	93,052.79	87,169.89
74,829.600	FEDERAL NATL MTG ASSN POOL #735897 5.5% DUE 10/1/2035	78,602.51	74,268.38
49,246.800	FEDERAL NATL MTG ASSN POOL #773381 5% DUE 5/1/2034	50,696.13	48,831.27
44,398.570	FEDERAL NATL MTG ASSN POOL #783793 6% DUE 7/1/2034	47,353.74	45,636.86
	FNMA POOL #804644 5.5% DUE 12/1/2034	19,971.27	19,249.33
49,035.060	FEDERAL NATL MTG ASSN POOL #805475 5.5% DUE 12/1/2034	51,537.81	49,602.03
34,541.510	FEDERAL NATL MTG ASSN POOL #806690 5% DUE 12/1/2034	35,558.07	34,255.47
51,907.130	FNMA GTD MTG PASS THRU CTF POOL NBR 0828434 INT 15 YEAR 5.50% DUE 6/1/20	55,271.23	51,019.04
268,733.550	FEDERAL NATL MTG ASSN POOL #938440 6% DUE 7/1/37	285,067.18	265,101.44
14,327.370	GNMA POOL #487108 6% DUE 4/15/2029 DTD 4/1/1999	15,305.64	14,994.51
2,670.220	GNMA #552246 6.5% DUE 12/15/2031	2,883.76	2,823.76
42,698.040	GNMA POOL #565165 6% DUB 10/15/33	45,560.09	44,099.09
10,911.440	GNMA POOL #622669 6% DUE 11/15/2033	11,642.83	11,364.96
120,000.000	UNITED STATES TREAS BDS 4.75% DUE 2/15/37	122,625.60	126,212.16
95,000.000	UNITED STATES TREAS BDS DTD 02/15/1997 0.000% 02/15/2027	118,646.45	122,979.29
205,000.000	UNITED STATES TREAS NTS 2.7500% 2/15/2019	188,729.15	191,977.77
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<u>(a)</u>

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	tity & Description	(e)	(d)
240,000.000	UNITED STATES TREAS NTS 3.5000%	238,032.00	243,713.46
	2/15/2018		
70,000.000	UNITED STATES TREAS NTS	74,828.60	75,293.25
	4.5% DUE 5/15/17		
	•		
	TOTAL U.S. GOVERNMENT SECURITIES	4,218,541.46	4,071,657.71
	:		
100,000.000	ACE INA HLDG INC 5.6000% 5/15/2015	107,311.00	108,585.00
45,000.000		51,839.55	
100,000.000	ALCOA INC	103,160.00	
	NT 7.375% DUE 8/1/2010		
100,000.000	AMERICAN EXPRESS COMPANY	102,167.00	99,491.00
	5.50% DUE 9/12/16		
40,000.000	AMERICAN EXPRESS CR CORP MTN 7.3000%	44,955.20	40,034.80
	8/20/2013	,	
40,000.000		42,270.40	41,736.00
	DTD 12/16/1997 6.750% 12/15/2027		
35,000.000	ARCHER DANIELS MIDLAND CO	41,077.75	42,990.50
	DTD 03/18/1997 7.5% 03/15/2027		
30,000.000	ARCHER DANIELS MIDLAND CO	36,529.50	37,329.60
	8.375% DUE 4/15/2017		
15,000.000	AT&T BROADBAND CORP 9.4550%	19,292.25	18,208.95
	11/15/2022		
20,000.000	ATLANTIC RICHFIELD CO	27,083.40	28,754.00
	DEB DTD 08/01/1991 9.125% 08/01/2031		
115,000.000	BA CREDIT CARD TR 2008-9A A	115,469.20	113,944.34
	4.07% DUE 7/16/2012	•	
125,000.000	BANC AMER COML MTG INC	124,313.75	121,484.38
	2005-3 COML MTG PASSTHRU CTF A-3A		
	07/10/2043		
	4.621% DUE 7/10/2043		
30,000.000	BANK AMER CORP	30,214.20	35,691.00
	NT DTD 2/14/2000 7.8%		
	DUE 2/15/2010		
120,000.000		127,022.40	132,134.40
	NT 7.4% DUE 1/15/2011		
70,000.000	BANK NEW YORK	73,492.30	69,909.00
	5.45% DUE 5/15/2019		
50,000.000		52,129.50	60,848.50
	NT 8/2/2000 7.875% 8/1/2010		
25,000.000	BB&T CORP	26,025.25	25,010.75
	SUB NT 4.750% 10/01/2012		F4 00F 00
55,000.000		53,544.15	51,227.00
60 000 000	SUB NT 4.900% 06/30/2017	60 217 00	FF 224 44
60,000.000	BB&T CORP	62,317.20	57,339.00
05 000 000	SUB NT 5.200% 12/23/2015	20 750 00	30 060 50
25,000.000	BECTON DICKINSON & CO	28,758.00	30,068.50
45 000 000	DTD 7/28/1997 7% 8/1/2027	40 104 55	46 110 15
45,000.000	BELLSOUTH CORP	48,194.55	46,119.15
25 000 000	NT 5.200% 09/15/2014	27 620 75	20 114 25
25,000.000	DTD 3/24/1998	27,628.75	28,114.25
	6.625% DUE 4/15/2028		
35,000.000	BOEING CO 6.0000% 3/15/2019	37,980.60	34,854.05
40,000.000	BOEING CO	45,570.40	45,107.50

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	FORM 5500, SCH	EDULE H. PART IV, QUESTION I		Plan N
<u>(a)</u>	Ider	(b&c) tity & Description	(e)	(-4)
		7.25% DUE 6/15/2025	(e)	(d)
		DTD 7/7/1993		
	35,000.000		36,814.40	33,497.45
		DEB 6.150% 05/01/2037	,	
	70,000.000	CAMPBELL SOUP CO	75,599.30	70,826.00
		NT DTD 12/02/2002 5% 12/03/2012		•
	15,000.000	CATERPILLAR INC	16,227.15	14,969.25
		NT 5.700% 08/15/2016		
	25,000.000	CATERPILLAR INC	27,899.50	28,223.50
		DTD 07/20/1998 6.625%		
		DUE 07/15/2028		
	150,000.000		155,464.50	152,355.47
		4.55% DUE 3/15/2013		
	35,000.000	CHUBB CORP	38,517.50	37,718.10
		DTD 11/20/2001 6.800% 11/15/2031		
	110,000.000	· · · · · · · · · · · · · · · · · · ·	109,484.10	106,576.80
		GLOBAL SR NT 5.125% 05/05/2014		
	20,000.000		22,543.60	22,927.00
	50 000 000	DTD 11/20/1996 6.950% 11/15/2026		
	60,000.000	COCA COLA ENTERPRISES INC	77,017.20	78,313.80
	100 000 000	8.5% DUE 2/1/2022		
	100,000.000	COOPER U S INC 6.1% DUE 7/1/2017	109,246.00	112,964.00
	100,000.000	COSTCO WHSL CORP NEW 5.5000%	106,728.00	101,483.00
	00 000 000	3/15/2017		
	90,000.000	CREDIT SUISSE FIRST BOSTON MTG SECS	86,333.40	86,343.75
		CORP 2005-C6 COML MTG PASSTHRU CTF		
		CL A-4 5.230% 12/15/2040		
	45,000.000	CSX CORP	48,686.85	48,677.85
		NT 6.3% DUE 3/15/2012		,
	50,000.000	DAIMLERCHRYSLER NORTH AMER HLDG CORP	51,507.00	57,965.00
		GTD NT 8% DUE 6/15/2010		. •
	25,000.000	· · · · · · · · · · · · · · · · · · ·	31,709.75	32,569.50
		DTD 05/01/2000 8.100% 05/15/2030		• • • • • • • • • • • • • • • • • • • •
	265,000.000	DOVER CORP	279,951.30	284,157.30
		NT 6.5% 2/15/2011		
	75,000.000	EATON CORP 5.6000% 5/15/2018	78,612.75	74,407.50
	25,000.000	EATON CORP	29,295.25	30,927.50
		7.65% DUE 11/15/2029		
	80,000.000	· · · ——— - · · ·	86,001.60	76,589.60
		NT DTD 12/11/2002 5.000% 12/15/2014		
	40,000.000	EMERSON ELEC CO	42,273.60	38,150.40
		NT 5.375% 10/15/2017		
	25 000 000	TANTE		

33,295.15

46,280.80

15,593.55

53,211.00

183,244.70

36,555.35

51,138.40

14,651.55

53,789.00

173,196.00

35,000.000 EQUITABLE COS INC

15,000.000

170,000.000

40,000.000 FEDERAL EXPRESS CORP

50,000.000 GENERAL ELEC CAP CORP

7% DUE 4/1/2028

5.25% DUE 10/19/2012

NTS 6% DUE 6/15/2012

NT DTD 06/25/1992 9.650% 06/15/2012 GENERAL ELEC CAP CORP MEDIUM TERM

NTS BOOK ENTRY TRANCHE # TR 00655 DTD 09/17/04 4.750% 09/15/2014

GENERAL ELEC CAP CORP MEDIUM TERM

	(b&c)		
ident	ity & Description	(e)	(d)
25,000.000	GENERAL ELEC CAP CORP	25,489.00	27,973.
	NTS		
	DTD 03/20/02 6.750% 03/15/2032		
25,000.000	GENERAL DYNAMICS CORP	26,356.50	23,530.
	4.25% DUE 5/15/2013		
110,000.000	GOLDMAN SACHS GROUP INC FOR FUTURE	112,349.60	99,367.
	EQUITY USE 38143U SUB NT 5.625%		
	01/15/2017		
76,740.060		76,598.09	73,472.
	2005-GG3 COML MTG PASSTHRU A-2		
100 000 000	4.305% 08/10/2042 GREENWICH CAP COML FDG CORP		
100,000.000	2003-C2 MTG PASSTHRU CTF CL A-3	101,423.00	99,062.5
	4.533% 01/05/2036		
90 000 000	HALLIBURTON CO 5.9000% 9/15/2018	05 106 00	01 000 0
40 000 000	HARTFORD FINL SVCS GROUP INC	87,136.80	
40,000.000	6.3% DUE 3/15/2018	39,888.40	40,651.2
30 000 000	HEINZ H J FIN CO	20 012 70	24 25 6 5
30,000.000	NT 6.625% 07/15/2011	32,213.70	34,016.1
65,000,000	HOME DEPOT INC	68,045.90	64,868.7
00,000.00	5.4% DUE 3/1/2016	00,043.90	04,000./
45,000.000	HONEYWELL INTL INC	48,849.75	43,741.3
	NT 5.4% DUE 3/15/2016	10,013.73	23,721.3
20,000.000	INTERNATIONAL BUSINESS MACHS CORP	21,486.80	20,285.8
•	NT DTD 11/27/2002 4.750% 11/29/2012		20,203.0
120,000.000		120,630.00	117,018.7
	CMO SERIES 2003-ML1A CLASS A2		
	DTD 4/1/2003		
	4.767% DUE 3/12/2039	•	
	NON CALLABLE		
110,000.000	J P MORGAN CHASE & CO	117,762.70	107,965.00
	5.375% 1/15/14		
50,000.000		52,742.50	55,449.50
	GLOBAL NT DTD 1/30/2001 6.750%		
	2/1/2011		
65,000.000	KEY BANK MED	66,914.25	68,789.35
	5.7% DUB 8/15/12		
20,000.000		20,642.80	16,481.20
50 000 000	5/14/2013		
50,000.000		57,463.00	50,032.00
70,000.000	NT 6.625% DUE 7/30/37	==	
45,000.000	KRAFT FOODS INC 6.1250% 8/23/2018 LB-UBS COML MTG TR	73,804.50	68,647.60
45,000.000	2002-C2 MTG PASSTHRU CTF CL A-4	47,075.40	48,004.10
	5.594% 06/15/2031		
30.000.000	LINCOLN NATL CORP IND	31 220 40	22 666 70
30,000.000	NT 6.2% 12/15/2011	31,220.40	32,666.70
00 000 000			
	M & T BK CORP 5.3750% 5/24/2012	125,127.60	111,300.00
45,000.000	MELLON FDG CORP	47,940.30	45,073.80
30 000 000	NT 5% DUE 12/01/2014		
30,000.000	MERRILL LYNCH CO INC MTN BE 6.8750%	32,323.20	30,008.40
	4/25/2018		
05 000 000	MERRILL LYNCH & CO INC MEDIUM TERM	99,275.95	94,997.15

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	FORM 5500, SCH	EDULE H. PART IV, QUESTION I		Plan
, .		(b&c)		
<u>(a)</u>	Iden	tity & Description	(e)	(d)
	15,000.000	NOTE 5.000% 6/15/15	15,776.70	14,453.55
	75.000.000	METLIFE INC	70 054 00	#4 0#0 0#
	75,000.000	5% DUE 11/24/2013	78,954.00	74,279.25
	35,000.000	MICHIGAN BELL TEL CO	38,766.70	43,020.60
		DEB DTD 01/15/1992 7.850% 01/15/2022	30,700.70	43,020.00
	140,000.000	MORGAN STANLEY	140,805.00	130,352.60
		NT 4.75% DUE 4/01/2014	,	200,002.00
	90,000.000	MORGAN STANLEY DEAN WITTER & CO	95,353.20	98,883.90
		GLOBAL NT DTD 4/25/2001 6.75%		·
		DUE 4/15/2011		
	35,000.000	NATIONAL CITY CORP	35,755.30	35,306.95
		SR NT 4.900% 01/15/2015		
	50,000.000	NEWS AMER HLDGS INC 8.5000%	58,896.50	47,903.50
	25 222 222	2/23/2025		
	25,000.000	NEW JERSEY BELL TEL CO	26,587.00	29,803.50
	25,000.000	7.85% DUE 11/15/2029	*** *** ***	
	25,000.000		25,745.00	32,390.00
	70,000.000	NT DTD 05/23/2000 8.625% 05/10/2010 OCCIDENTAL PETE CORP DEL 4.1250%	= 0 = 1 0 1 0	
	70,000.000	6/1/2016	70,512.40	68,583.20
	40,000,000	OHIO PWR CO 5.7500% 9/1/2013	43 496 40	20 000 00
	15,000.000	PEPSI BOTTLING GROUP INC	43,426.40 17,524.35	39,968.00
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NT 7% DUE 3/01/2029	17,524.35	17,559.90
	100,000.000	PFIZER INC	111,162.00	99,899.00
		6.2% DUE 3/15/2019	111/102.00	33,633.00
	40,000.000	PITNEY BOWES INC	41,281.20	35,654.80
		DTD 6/25/03 3.875% DUE 6/15/2013	,	55,052.00
	50,000.000	PITNEY BOWES INC	50,987.50	51,848.00
		5.25% DUE 1/15/2037	,	,
	45,000.000	PROCTER & GAMBLE CO	50,124.15	50,772.15
		DTD 01/10/1996 6.450% 01/15/2026		
	30,000.000		31,053.30	30,166.80
		6.1% DUE 6/15/17		
	45,000.000	SARA LEE CORP	46,010.70	44,243.10
	120 000 000	NOTE 3.875% 6/15/13		
	130,000.000		140,826.40	126,211.80
	30,000.000	SR NT 5.500% 12/01/2015		
	30,000.000	SUNTRUST BKS INC	24,289.20	30,105.00
	75,000.000	NT DTD 02/15/1996 6% DUE 2/15/2026		
	50,000.000	SYSCO CORP 5.3750% 3/17/2019 UNITED PARCEL SERVICE INC 6.2000%	79,648.50	74,907.75
	50,000.000	1/15/2038	55,432.00	51,493.00
	00 000 000			
	20,000.000	UNITED TECHNOLOGIES CORP	25,897.20	27,468.40
	EE 000 000	DEB 8.875% 11/15/2019		
	55,000.000	U S BK NATL ASSN MINNEAPOLIS MINN	59,123.90	62,286.40
	EE 000 000	NTS DTD 7/26/01 6.375% DUE 8/1/2011		
	55,000.000	VIRGINIA ELEC & PWR CO 8.8750%	77,636.35	61,750.05
	160,000.000	11/15/2038		
	100,000.000	WACHOVIA BK COML MTG TR	157,995.20	154,312.11
		2004-C10 COML MTG PASSTHRU CTF CL A-4 4.748% 02/15/2041		
		A-1 1./400 U2/13/2U41		

McELHANEY & ASSOCIATES, LLC

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2009

	FORM 5500, SCHE	DULE H. PART IV, QUESTION I (b&c)		Plan No.
<u>(a)</u>		y & Description	(e)	(d)
	135,000.000	WACHOVIA BK COML MTG TR 2005-C18 COM MTG PASSTHRU A-4	131,242.95	130,659.96
	130,000.000	4.935% DUE 4/15/2042 WACHOVIA BK COML MTG TR 2002-C2 COML MTG PASSTHRU CTF A-4 4.98% 10/15/2012	133,524.30	125,587.11
	20,000.000	WACHOVIA CORP NEW NT 4.875% 02/15/2014	20,340.20	18,848.20
	55,000.000	WELLS FARGO & CO NT 6.375% DUE 8/1/2011	58,593.15	62,286.40
	50,000.000	WELLS FARGO & CO NEW SUB NT DTD 09/15/2004 5.125% 9/15/2016	49,887.50	47,068.50
		TOTAL CORPORATE DEBT-OTHER	6,795,802.64	6,623,845.79

STEELWORKERS HEALTH AND WELFARE FUND

REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

Federal I.D 23-1317409 Plan No 501	(i) Net gain eor (loss)
-	(h) Current value of asset on transaction date
	(g) Cost of asset
	(f) Expenses incurred with transaction
	(e) Lease Rental
	Price Price
	<u>o</u> 1
FORM 5500, Schedule H, Part IV, Question J I. Individual Transactions:	(b) Description of asset (include interest rate and maturity in case of a loan)
FORM 5500, Sched I. Individual	(a) Identity <u>Party Involved</u> -None-

Total value	\$ 7,880 \$1,872,354
Total value of purchases	\$ 192,565 \$ 2,568,653
Total number of sales	32 2
Total number of purchases	13
Description of Investment	Goldman Sachs (Custody) Goldman Sachs (Richmond)
	Total number Total number Total value <u>of purchases</u> <u>of purchases</u>

Net gain or loss

	Form 5500 (2009) Page 2		
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same") CDS ADMINISTRATORS	3b A	dministrator's EIN 25-1352803
	FIVE GATEWAY CENTER		dministrator's telephone number 412-201-2242
	PITTSBURGH PA 15222		
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the the plan number from the last return/report:	name, EIN and	4b EIN
а			4c PN
5	Total number of participants at the beginning of the plan year	5	4453
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).	3	4453
a	Active participants	6a	45070
b	Retired or separated participants receiving benefits	6ь	258
С	Other retired or separated participants entitled to future benefits	6c	
đ	Subtotal. Add lines 6a, 6b, and 6c	6d	45328
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f	Total. Add lines 6d and 6e	6f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h	Number of participants that 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 it	tem) 7	318
o if	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic $4A \qquad 4B \qquad 4D \qquad 4E \qquad 4F \qquad 4H$		
	Plan funding arrangement (check all that apply) (1)	ck all that apply)	
	(i) A insurance	12(-)(2):	
	(3) X Trust (3) X Trust	12(e)(3) insurance	contracts
(4) General assets of the sponsor (4) General assets	of the spansor	
0 0	Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter t	he number attache	ed. (See instructions)
	Demails C. L. A.		(00000000)
	D General Schedules	al Information)	
(2		al Information – Sr	nali Plan)
	Donaton Di A. Italia	ce Information)	
	Purchase Plan Actuarial Information) - signed by the plan (3)	Provider Informat	ion)
(3	3) SB (Single-Employer Defined Benefit Plan Actuarial (5) D (DFE/Pa	rticipating Plan Inf	
	Information) simulations to the second secon	al Transposion Cab	

Department of the Treasury

Insurance Information

This schedule is required to be filed under section 104 of the

OMB No. 1210-0110

Internal Revenue Se		Employee Retiremer	nt Income Security Act of 1	974 (ERISA	.).		2009	
Department of Lat Employee Benefits Security A		▶ File as an attachment to Form 550			,-		2000	
Pension Benefit Guaranty (pursuant	ies are required to provide to ERISA section 103(a)(2	the information This		This F	Form is Open to Public	
For calendar plan year 2	009 or fiscal pla	an year beginning 01/0	1/2009	and er	ndina	12/31/2		
A Name of plan					∍-digit			
STEELWORKERS	HEALTH AM	ND WELFARE FUND			•	. n. h.	F01	
				pian	number (P	N) P	501	
C Plan sponsor's name	as shown on lir	ne 2a of Form 5500.		D Emplo	ver Identific	ation Number	(FIN)	
פוזפת סב שמונים	TEEC COUR	II MODVEDO TERRETOR		23-131		augii i tairioci	(2.14)	
Part I Informati	on Concer	ELWORKERS HEALTH AN	ND WELFARE FUND					
on a separa	te Schedule A.	ning Insurance Contrac Individual contracts grouped	as a unit in Parts II and III	na Comr	NISSIONS rted on a si	Provide infor	mation for each contract	
1 Coverage Information:				outries topo	100 011 0 31	ngio ochedali	3 A.	
(a) Name of insurance ca	ırrier							
HEALTHNOW NEW	YORK INC	C. DBA BLUECROSS OF	F WESTERN NEW YO	RK				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	ontract year	
(b) Env	code	identification number	persons covered at policy or contract		(f)	From	(g) To	
6-1105741 55204		00044284	2			./2009	12/31/2009	
2 Insurance fee and comr	mission informa	ation. Enter the total fees and t		t in itom 3 t		- i		
descending order or the	amount paid.		otal commissions palu. Els	i iii kein 3 (ne agents,	brokers, and (other persons in	
(a) Total a	mount of comm	nissions paid		(b) Tota	al amount o	f fees paid		
A								
3 Persons receiving comr	nissions and fe	es. (Complete as many entrie	es as needed to report all p	ersons).				
	(a) Name ar	nd address of the agent, broke	r, or other person to whom	commission	ns or fees v	vere paid		
(b) Amount of sales and commissions paid			es and other commissions	paid				
commissions paid	<u>' </u>	(c) Amount	(d) Purpose			(e) Organization code	
	(a) Name an	d address of the agent, broker	or other person to whom		6			
		a dedices of the agent, broker	, or other person to whom	commission	s or tees w	ere paid		
(b) Amount of sales and	base	1	es and other commissions	paid				
commissions paid		(c) Amount	(d)	Purpose			(e) Organization code	
an Danamarant Date (

(a) Name and address of the agent, broker, or other person to whom commissions or fees to commissions paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (a) Name and address of the agent, broker, or other person to whom commissions or fees to commissions paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Amount (d) Purpose (e) Amount of sales and base commissions paid (e) Amount of sales and base commissions paid (f) Amount of sales and base commissions paid (g) Amount of sales and other commissions or fees were commissions paid (g) Amount of sales and other commissions or fees were commissions paid (g) Amount of sales and other commissions or fees were commissions paid (g) Amount of sales and other commissions or fees were commissions paid (g) Amount of sales and other commissions or fees were commissions or fees were commissions paid		Page 2-	2009	Schedule A (Form 5500)
(a) Name and address of the agent, broker, or other person to whom commissions or fees were commissions paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (a) Name and address of the agent, broker, or other person to whom commissions or fees were commissions paid (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (a) Name and address of the agent, broker, or other person to whom commissions or fees were commissions paid (c) Amount (d) Purpose (a) Name and address of the agent, broker, or other person to whom commissions or fees were commissions paid (c) Amount (d) Purpose	ere paid	oker, or other person to whom commissions or fees were	lame and address of the agent, t	(a) Na
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(a) Name and address of the agent, broker, or other person to whom commissions or fees we be a commissions paid (c) Amount of sales and base commissions paid (c) Amount (d) Purpose	е раш	portion to minimum commissions of fees were pa		
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b) Amount of sales and base commissions paid (c) Amount (d) Purpose	(e) Organizatio		(c) Amount	commissions paid
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commissions paid (c) Amount (d) Purpose				
commissions paid (c) Amount (d) Purpose				
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	paid	er, or other person to whom commissions or fees were paid	e and address of the agent, brok	(a) Name
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commissions paid (c) Amount (d) Purpose	code	(d) Purpose	(c) Amount	commissions paid

4 Current value of plan's interest under this contract in the general account at year end	Part	Where individual contracts are provided, the entire group of such in	dividual contracts with each car	rrier may be treate	ed as a unit for purposes of
5 Contracts With Allocated Funds: a State the basis of premium rates b Premiums paid to carrier	4 0	T dis report.			, p.
State the basis of premium rates Description of the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs E Type of contract: (1)	5 C	urrent value of plan's interest under this contract in the general account at yeurrent value of plan's interest under this contract in separate account at yeur	ear end	<u>4</u>	
b Premiums paid to carrier	6 Cc	ontracts. With Allocated Funds:	r end	5	
b Premiums paid to carrier					
c Premiums due but unpaid at the end of the year If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount Specify nature of costs Type of contract: (1)	-	States the sadis of premium rates y			
c Premiums due but unpaid at the end of the year If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount Specify nature of costs Type of contract: (1)	b	Premiums paid to carrier		Ch	
If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or electric of the contract or policy, enter amount Specify nature of costs	C	Premiums due but unpaid at the end of the year		<u>6D</u>	
retention of the contract or policy, enter amount Specify nature of costs Type of contract: (1) individual policies (2) group deferred annuity I if contract purchased, in whole or in part, to distribute benefits from a terminating plan check here T Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other B Balance at the end of the previous year	d	If the carrier, service, or other organization incurred any specific costs in	connection with the acquicition		
E Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		retention of the contract or policy, enter amount		6d	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year 7b c Additions: (1) Contributions deposited during the year 7c(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 7d d Total of balance and additions (add b and c(6)) 7d e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(2) (2) Administration charge made by carrier 7e(3)		Specify nature of costs			
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year 7b c Additions: (1) Contributions deposited during the year 7c(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 7d d Total of balance and additions (add b and c(6)) 7d e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7e(2) (2) Administration charge made by carrier 7e(3)		_			
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	е	Type of contract: (1) individual policies (2) group defer	red annuity		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		(3) other (specify)	•		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year		<u> </u>			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	f	If contract purchased, in whole or in part, to distribute benefits from a torm	inoting plan shoot be	П	
Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	7 Cor	stracts With Unallocated Funds (Do not include portions of these contracts	ilitating plan check here	<u>. U</u>	
b Balance at the end of the previous year 7c(1) C Additions: (1) Contributions deposited during the year 7c(2) (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 (add b and c(6)) 7d C Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier 7e(2) (3) Transferred to separate account 7e(2) (3) Transferred to separate account 7e(3)				·)	
b Balance at the end of the previous year	_				
Additions: (1) Contributions deposited during the year		(3) Uguaranteed investment (4) Ugother	*		
Additions: (1) Contributions deposited during the year					
Additions: (1) Contributions deposited during the year					
(2) Dividends and credits		Balance at the end of the previous year		7b	
(3) Interest credited during the year	С				
(4) Transferred from separate account		(2) Dividends and credits	7c(2)		
(6) Total additions		(3) Interest credited during the year	7c(3)		
(6) Total additions					
d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		(5) Other (specify below)	<u>7c(5)</u>		
d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier					
d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier					
d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier					
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier		(6)Total additions		7c(6)	0
(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	a	Total of balance and additions (add b and c(6))		7d	0
(2) Administration charge made by carrier		· · · · · · · · · · · · · · · · · · ·			* * * * * * * * * * * * * * * * * * *
(3) Transferred to separate account		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Transferred to account to acc	. 7e(2)		
7e(4)					÷
		(+) Other (specify below)	. /e(4)		
		7			
(5) Total deductions	. (5) Total deductions		7e(5)	0
f Balance at the end of the current year (subtract e(5) from d)	f	Balance at the end of the current year (subtract e(5) from d)		7f	

Schedule	Δ	(Form	EEUU)	2000

Page	4
raue	-

	enefit and contract type (check all applicable boxes) Health (other than dental or vision) Temporary disability (accident and sickness)	b Dental f Long-term disab		느	Vision Supplemental uner	mployment	d ☐ Life insurance h ☒ Prescription drug
m	☐ Stop loss (large deductible) ☐ Other (specify) ▶	j 📗 HMO contract	1	k []	PPO contract		I ☐ Indemnity contract
	perience-rated contracts: Premiums: (1) Amount received		2 (1)		······		
u	(2) Increase (decrease) in amount due but unpaid		9a(1)	+			
	(3) Increase (decrease) in unearned premium res	J	9a(2) 9a(3)	+			
	(4) Earned ((1) + (2) - (3))		Ja(3)			9a(4)	
b			9b(1)	<u> </u>		30(7)	
	(2) Increase (decrease) in claim reserves			+			
	(3) Incurred claims (add (1) and (2))					9b(3)	
	(4) Claims charged	***************************************			******	9b(4)	
С	Remainder of premium: (1) Retention charges (or	n an accrual basis)				<u> </u>	1 2 2 2
	(A) Commissions		9c(1)(A))			
	(B) Administrative service or other fees						
	(C) Other specific acquisition costs			_			
	(D) Other expenses		9c(1)(D)				
	(E) Taxes						
	(F) Charges for risks or other contingencies						<u>.</u>
	(G) Other retention charges		9c(1)(G)		····		
	(H) Total retention			 1	•••••	9c(1)(H)	0
a	(2) Dividends or retroactive rate refunds. (These						
d	Status of policyholder reserves at end of year: (1)	Amount held to provide	benefits aft	er re	tirement	9d(1)	
	(2) Claim reserves	•••••••••••••••••		•••••		9d(2)	
е	(3) Other reserves			• • • • • • • • • • • • • • • • • • • •	••••••	9d(3)	
C	Dividends or retroactive rate refunds due. (Do not nexperience-rated contracts:	include amount entered	in c(2).)	• • • • • • •		9e	
0 Nor							
0 Nor						10a	20222
0 Nor a	Total premiums or subscription charges paid to ca If the carrier, service, or other organization incurre	rrier	······································				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

Employee Berreius Security A	-torniriistration	r rile as	an attachment to Form 5	ouu.	i		
Pension Benefit Guaranty (Corporation	▶ Insurance compar pursuan	nies are required to provide t to ERISA section 103(a)(2	the informa).	ation	This Form is Open to Public Inspection	
For calendar plan year 2	009 or fiscal p	lan year beginning 01/0	1/2009	and e	ending	12/31/20	
A Name of plan				T	ee-digit		
STEELWORKERS	HEALTH A	ND WELFARE FUND]	n number (PN) >	501
C Plan sponsor's name	as shown on l	ine 2a of Form 5500.		D Empl	oyer Identifica	tion Number	(EIN)
BOARD OF TRUS	TEES STE	ELWORKERS HEALTH A	ND WELFARE FUND	23-13	17409		
Part I Informati	ion Concer	rning Insurance Contra Individual contracts grouped	ct Coverage, Fees, a	nd Com	missions	Provide infor	mation for each contract
1 Coverage Information:					ortog orr a sar	gio ochedale	, Λ.
(a) Name of insurance ca							
UNITED CONCOR	CDIA LIFE	& HEALTH INS. COM	IPANY				
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	ontract year
(5) 2	code	identification number	persons covered at policy or contract		(f) F	rom	(g) To
23-1661402	62294	000002234	24470		01/01		12/31/2009
2 Insurance fee and com- descending order of the	mission inform amount paid.	nation. Enter the total fees and	total commissions paid. Lis	st in item 3	the agents, b	rokers, and o	other persons in
(a) Total a	amount of com	missions paid		(b) To	tal amount of	fees paid	
3 Persons receiving com	missions and f	ees. (Complete as many entri	es as needed to report all p	ersons).			
		and address of the agent, brok			ons or fees w	ere paid	
(b) Amount of sales and			ees and other commissions	paid			
commissions paid	3	(c) Amount	(0) Purpose			(e) Organization code
	(a) Name a	nd address of the agent broke	ur or other name to the con-				
	Tay Harrie a	nd address of the agent, broke	er, or other person to whom	commissio	ns or fees we	re paid	
(b) Amount of sales and	base	Fe	ees and other commissions	paid			
commissions paid		(c) Amount	(d)	Purpose			(e) Organization code

Schedule A (Form 5500	9) 2009	Page 2-	
(a)	Name and address of the agent	t, broker, or other person to whom commissions or fees were	paid
			Sala
(b) Amount of sales and base		Fees and other commissions paid	(e) Organizati
commissions paid	(c) Amount	(d) Purpose	code
(a) N	ame and address of the agent,	, broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base		Fees and other commissions paid	(a) Organization
commissions paid	(c) Amount	(d) Purpose	(e) Organizatio
(a) N	ame and address of the agent,	broker, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent.	proker, or other person to whom commissions or fees were pa	
	agent, p	stoker, or other person to whom commissions or lees were pa	id .
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	ne and address of the agent, by	roker, or other person to whom commissions or fees were paid	
,,,,	and agent, b	series person to whom commissions of fees were pair	1
b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code

Pai	t II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such i	ndividual contracts with each carrier	may be treated as	s a unit for nurnoses of
	Tulia report.			a disk for purposes of
5 0	current value of plan's interest under this contract in the general account at y	ear end	4	
6 0	current value of plan's interest under this contract in separate accounts at ye contracts With Allocated Funds:	ar end	5	
a				
	State the basis of premium rates			
t	Premiums paid to carrier		C	
C		•••••	6b	
d	If the carrier, service, or other organization incurred any specific costs in	connection with the acquisition or	6с	
	retention of the contract or policy, enter amount		6d	
	Specify nature of costs			
	<u>_</u>			
е	Type of contract: (1) individual policies (2) group defe	rred annuity		
	(3) other (specify)			
	_			
f	If contract purchased, in whole or in part, to distribute benefits from a terr	minating plan check here	7	
7 Co	ontracts With Unallocated Funds (Do not include portions of these contracts	maintained in separate accounts)		
а		ediate participation quarantee		
	(3) guaranteed investment (4) other			
	(a) Guaranteed investment (4) Guiler			
b	Balance at the end of the provious year			
c	Balance at the end of the previous year Additions: (1) Contributions deposited during the year	70/1)	7b	
	(2) Dividends and credits	7c(1) 7c(2)		
	(3) Interest credited during the year			
	(4) Transferred from separate account			
	(5) Other (specify below)			
)			
	(6)Total additions		7-(6)	
d	Total of balance and additions (add b and c(6)).		7c(6)	0
е	Deductions:		/u	0
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier			
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
	>			
	(5) Total deductions	L	70(5)	
f	Balance at the end of the current year (subtract e(5) from d)	•••••	7e(5)	0
	jes (sabade equ) nom e)	***************************************	·· <u>/</u> / /	0

Schedule A (Form 5500) 2009			
	Schodula A	(Form 5500)	2000

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

Page	4

8 Bene a [e [i [If more than one contract covers the same ginformation may be combined for reporting p the entire group of such individual contracts and contract type (check all applicable boxes) Health (other than dental or vision) Temporary disability (accident and sickness)	urposes if such contracts with each carrier may be to	are experien	nce-rated as a unit - M	lhere contracts	oloyee organization(s), the scover individual employees,
a [e [efit a nd contract type (check all applicable boxes) Health (other than dental or vision)					
e [<u>'</u>	b X Dental				
	Temporary disability (accident and sickness)		C	Vision		d Life insurance
i [f Long-term disabilit	y gĺ	Supplemental une		
· L	Stop loss (large deductible)	i HMO contract	ַ בַּ		прюутет і	- 🗆
m [- ·	I HIMO contract	k [PPO contract		I Indemnity contract
m [Other (specify)					
9 Exper	rience-rated contracts:					
	remiums: (1) Amount received		9a(1)		5702395	
	2) Increase (decrease) in amount due but unpaid		9a(2)		3/02393	
(3) Increase (decrease) in unearned premium res	erve	9a(3)			
(4) Earned ((1) + (2) - (3))				9a(4)	5702395
b i	Benefit charges (1) Claims paid		9b(1)		4567826	3702393
	2) Increase (decrease) in claim reserves		9b(2)		47752	
(;	3) Incurred claims (add (1) and (2))				9b(3)	4615578
(4	4) Claims charged				9b(4)	1013370
C F	Remainder of premium: (1) Retention charges (or	n an accrual basis)		***************************************	. 55(4)	
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees	<u></u>	9c(1)(B)		865289	
	(C) Other specific acquisition costs		9c(1)(C)		- 003203	
	(D) Other expenses		9c(1)(D)			A company
	(E) Taxes		9c(1)(E)		240358	
	(F) Charges for risks or other contingencies		9c(1)(F)			
	(G) Other retention charges		9c(1)(G)			•
	(H) Total retention				9c(1)(H)	1105647
(2	2) Dividends or retroactive rate refunds. (These a	amounts were naid in c	ash or \Box c	raditad)		1103047
d s	tatus of policyholder reserves at end of year: (1)	Amount hold to provide he	nofite ofter	retirement	9c(2)	
(2	2) Claim reserves	ranount held to provide be	arents arter i	eurement	9d(1)	
(3) Other reserves		••••••	***************************************	9d(2)	
e D	ividends or retroactive rate refunds due. (Do not	include amount entered in		******************************	9d(3)	
10 None	xperience-rated contracts:	medde amodin entered ii	10(2).)	***************************************	9e	
	otal premiums or subscription charges paid to ca	rrier			10-	200246
b If	the carrier, service, or other organization incurre	d any specific costs in con	noction with	the convinition or	10a	369246
re	tention of the contract or policy, other than report	ted in Part I, item 2 above.	report amoi	une acquisition or unt	10b	
Speci	ify nature of costs		roport amot	unt	100	

Department of the Treasury Internal Revenue Service

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). OMB No. 1210-0110

Employee Benefits Security A		_ File a	s an a	attachment to Form 55	500.				
Pension Benefit Guaranty C	Corporation	▶ Insurance compa pursua	anies a int to E	are required to provide t ERISA section 103(a)(2)	the informa).	ation	This Form is Open to Public		
For calendar plan year 20	009 or fiscal	plan year beginning 01/	01/2	2009	and e	ending	12/31/2		
A Name of plan					B Thre	e-digit			
STEELWORKERS	HEALTH	AND WELFARE FUND			1	n number (PN	a) 🕨	501	
					,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1 301	
C Plan sponsor's name	as shown or	line 2a of Form 5500.			D Empl	oyer Identifica	ation Number	· (FIN)	
DATE: 07							accon manibol	(2.11)	
BOARD OF TRUS	TEES ST	EELWORKERS HEALTH	AND	WELFARE FUND	23-13				
Part I Informati on a separa	te Schedule	erning Insurance Contr A. Individual contracts groupe	act (d as a	Coverage, Fees, a a unit in Parts II and III o	nd Com	missions orted on a sir	Provide infor	mation for each contract	
1 Coverage Information:									
(a) Name of insurance ca	rrier								
DAVIS VISION									
	(c) NAI	2 (4) 0-4-4		(e) Approximate nu	mber of		Policy or o	ontract year	
(b) EIN	code	C (d) Contract or identification number	r	persons covered at end of policy or contract year (f) Fr					
						(1)	10111	(g) To	
11-3051991	93440	USW-1,2,5,C2,C	25	51350 01/01		/2009	12/31/2009		
2 Insurance fee and community descending order of the	mission info	rmation. Enter the total fees an	d total	commissions paid. Lis	t in item 3	the agents, b	prokers, and	other persons in	
		ommissions paid	T		/b) T-				
		, and the second party	0		(D) 10	tal amount of	rees paid	28822	
3 Persons receiving comm	nissions and	d fees. (Complete as many en	tries a	s needed to report all ne	ersons)				
	(a) Name	and address of the agent, bro				ons or fees w	ere paid		
HM LIFE INSURANCE P.O. BOX 1840	COMPAN	TY -		•					
!ARTFORD	(CT 06144-184	10						
(b) Amount of sales and	base		Fees	and other commissions	paid				
commissions paid		(c) Amount		(d) Purpose			(e) Organization code	
	o	28822	2	INSUR	ANCE F	EES		0	
	(a) Name	and address of the second hard		-41			1		
	(a) Name	and address of the agent, brok	ker, or	other person to whom	commissio	ns or fees we	ere paid		
(b) Amount of sales and	base		Fees a	and other commissions	paid				
commissions paid		(c) Amount		(d)	Purpose			(e) Organization code	
Eas Danamus de Daduatia	5 - 6 5 2 4 1		<u> </u>						

Schedule A (Form 5500) 2009	Page 2-	
(a) N	Name and address of the agent, br	oker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) N	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pa	aid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame and address of the agent bro	kor or other core to whom a wining	
(a) No	ime and address of the agent, pro	ker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent, brok	er, or other person to whom commissions or fees were paid	1
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
•	(S) / miodin	(d) Fulpose	code
(a) Nan	ne and address of the agent, broke	er, or other person to whom commissions or fees were paid	
b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such in this report.	idividual cor	ntracts with each carrier r	nay be treated	as a unit for purposes of
4	Current v	alue of plan's interest under this contract in the general account at ye	or ond			
5	Current v	alue of plan's interest under this contract in separate accounts at yea	r and	***************************************	5	
6	Contracts	With Allocated Funds:	ii Cild	***************************************	3	
	a Stat	e the basis of premium rates				
	b Prer	niums paid to carrier			6b	
	C Prer	niums due but unpaid at the end of the year		***************************************	6c	
•	ci If the	e carrier, service, or other organization incurred any specific costs in	connection	with the acquisition or		
	retei	ntion of the contract or policy, enter amount			6d	
	Spec	cify nature of costs				
•	• Typ∈	e of contract: (1) individual policies (2) group defen	red annuity			
	(3)	other (specify)				
	f If co	ntract purchased, in whole or in part, to distribute benefits from a term	ninating olar	check here		
7 C	ontracts	With Unallocated Funds (Do not include portions of these contracts in	naintained ir	Separate accounts)		
a	Туре	of contract: (1) deposit administration (2) immed	liate narticir	nation guarantee		
		(3) guaranteed investment (4) other		adon guarantee		
		(3) Squaranceed investment (4) Cother	•			
b	Rajar	ace at the end of the province				
C	Addit	nce at the end of the previous year ions: (1) Contributions deposited during the year			7b	
_	(2) Di	vidends and credits				
	(3) Int	terest credited during the year	7c(2)	 	·	,
	(4) Tr	ansferred from separate account				
		her (specify below)				
	•	(100)	/0(3)	1		
			-			
	(6)To+	al additions	L		T = 15:	
d	Total o	al additions	••••••		7c(6)	0
e	Deduct	f balance and additions (add b and c(6))	ا		. 7d	0
		bursed from fund to pay benefits or purchase annuities during year	70(1)			
	(2) Adr	ninistration charge made by carrier	7e(1) . 7e(2)			
	(3) Trai	nsferred to separate account	7e(2)			
	(4) Oth	er (specify below)	7e(4)			
	•		76(7)			
						* *
						•
	(E) T-*	data de la	L			
f	(b) lota	If deductions	••••••		7e(5)	0
	Dalanc	e at the end of the current year (subtract e(5) from d)			7f	0

Schedule	A (F	orm 5	5500)	2009

Page 4

Part	III Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the	s are experi	enc	e-rated as a unit M	here contra	nployee organization(s), cts cover individual emp	the loyees,
8 Be	nefit and contract type (check all applicable boxes)		w.t					
а	Health (other than dental or vision)	b Dental	c	· 🕅	Vision		d X Life insurance	
е	Temporary disability (accident and sickness)	f Long-term disabi		ıП		mployment	h Prescription drug	
i	Stop loss (large deductible)	j HMO contract		~ =		npioyment		
m	Other (specify)	J HIMO contract	K	· 📙	PPO contract		I Indemnity contract	ct
m	Other (specify)							
9 Ext	perience-rated contracts:							
	Premiums: (1) Amount received		9a(1)	1				٠
_	(2) Increase (decrease) in amount due but unpaid			+				
	(3) Increase (decrease) in unearned premium res			+			\dashv	100
	(4) Earned ((1) + (2) - (3))					00/4)	 	
b	Benefit charges (1) Claims paid	***************************************	9b(1)		***************************************	9a(4)		0
-	(2) Increase (decrease) in claim reserves			+			-	3-1
	(3) Incurred claims (add (1) and (2))			i		01- (2)		
	(4) Claims charged	***************************************	•••••••	•••••	***************************************	9b(3)		0
С	(4) Claims charged	n an agental basis)	•••••	•••••	***************************************	. 9b(4)		
•	(A) Commissions		0-(1)(0)	т-				1.4
	(B) Administrative service or other fees							7 T
			9c(1)(B) 9c(1)(C)				4	. P. 1
	(C) Other specific acquisition costs(D) Other expenses						4	1
			9c(1)(D)	+-			-	b to
	(E) Charges for risks or other continuous		9c(1)(E)	+			_	
	(F) Charges for risks or other contingencies			-				11 4 1
	(G) Other retention charges					T = 1		
	(H) Total retention			• • • • • •		9c(1)(H)	<u> </u>	0
	(2) Dividends or retroactive rate refunds. (These							
đ	Status of policyholder reserves at end of year: (1)					9d(1)		
	(2) Claim reserves					9d(2)		
	(3) Other reserves	***************************************				9d(3)		
ее	Dividends or retroactive rate refunds due. (Do not	include amount entered	in c (2) .)		***************************************	9e		
	nexperience-rated contracts:							
а	Total premiums or subscription charges paid to ca	rrier	•••••		***************************************	10a	64	0496
b	If the carrier, service, or other organization incurre	d any specific costs in co	nnection wi	ith t	he acquisition or			
	retention of the contract or policy, other than repor	ted in Part I, item 2 abov	e, report am	nou	nt	10b		
Sp	ecify nature of costs							
Part IV	Provision of Information							
11 Did	the insurance company fail to provide any informat	ion necessary to comple	te Schedule	Δ2	П	Yes X	No	
	e answer to line 11 is "Yes," specify the information				Ц			
	-, -p,o.,o.	provided.						

Department of the Treasury Internal Revenue Service

Insurance Information

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

OMB No. 1210-0110

Department of Lab Employee Benefits Security A		▶ File as ar	attachment to Form 5	500.	,		2000
Pension Benefit Guaranty (pursuant to	es are required to provide the information to ERISA section 103(a)(2).			This Form is Open to Public	
For calendar plan year 2	009 or fiscal p	olan year beginning 01/01,	/2009	and	ending	12/31/2	
A Name of plan STEELWORKERS	HEALTH A	AND WELFARE FUND		1 .	ee-digit n number (PN		501
							
C Plan sponsor's name	as shown on	line 2a of Form 5500.		D Empl	oyer Identifica	ation Numbe	r (EIN)
BOARD OF TRUS	TEES STE	ELWORKERS HEALTH ANI	WELFARE FUND	1	17409		
Part I Informati on a separa	ion Conce te Schedule /	rning Insurance Contract A. Individual contracts grouped as	Coverage, Fees, a	nd Com	missions	Provide info	mation for each contract
1 Coverage Information:			a distant and a dad in	can be rep	orted on a sir	igle Scriedu	e A.
(a) Name of insurance ca	ırrier						
HIGHMARK BLUE	CROSS E	BLUE SHIELD					
(L) (TI)	(c) NAIC	(d) Contract or	(e) Approximate nu	ımber of		Policy or o	contract year
(b) EIN	code	identification number	persons covered at end of		(f) i	From	(g) To
23-1294723	54771	1475616 LEAD	42270		01/01	/2009	12/31/2009
2 Insurance fee and communication descending order of the	mission inform amount paid	nation. Enter the total fees and tot	al commissions paid. Lis	st in item 3	the agents, b	prokers, and	other persons in
(a) Total a	mount of con	nmissions paid		(b) To	tal amount of	fees paid	
		14576				******	(
3 Persons receiving comm	nissions and	fees. (Complete as many entries	as needed to report all p	ersons).			
MERCER HUMAN RESC Six PPG Place Sui	ORCE COL	and address of the agent, broker, NSULTING, IN	or other person to whom	n commissi	ons or fees w	ere paid	
PITTSBURGH	P.	A 15222					
(b) Amount of sales and	d base	Fee	s and other commissions	s paid			
commissions paid		(c) Amount	(0	l) Purpose			(e) Organization code
	14576	0	CON	NSULTIN	īG		0
	(a) Name a	nd address of the agent, broker, o	or other person to whom	commissio	ns or fees we	ere paid	
(b) Amount of sales and	base	Fees	and other commissions	paid			
commissions paid		(c) Amount	(d)) Purpose			(e) Organization code

Schedule A (Form 55	00) 2009	Page 2-	
(a	Name and address of the agen	it, broker, or other person to whom commissions or fees were	naid
		The second of th	pard
(b) Amount of sales and base Fees and other commissions paid commissions paid (c) Amount (d) Purpose		(e) Organiza	
commissions paid	(c) Amount	(d) Purpose	code
(a)	Name and address of the agent	, broker, or other person to whom commissions or fees were	naid
		Samuel Commissions of rees were	Jaiu
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount		(e) Organizati
	(e) Amount	(d) Purpose	code
(a) l	Name and address of the agent.	broker, or other person to whom commissions or fees were p	
	and duriess of the agent,	broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base Fees and other commissions paid			(e) Organizatio
commissions paid	(c) Amount	(d) Purpose	code
(a) N	ame and address of the agent to	Tologo a share	
3-7	eme and address of the agent, t	oroker, or other person to whom commissions or fees were pa	id
Amount of sales and base commissions paid		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, by	Taker or other percents when a series is	
,,,,,,,	and decrees of the agent, Di	oker, or other person to whom commissions or fees were paid	1
Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization
		(u) ruipose	code

_

Part I	Investn Where inc	nent and Annuity Contract Information lividual contracts are provided, the entire group of such inc	dividual contra	cts with each carrier n	nav be treate	d as a unit for nurnoses of
L	unis report	•				parposes of
4 Cun	ent value of plan	's interest under this contract in the general account at year	ar end		4	
		's interest under this contract in separate accounts at year	end		5	
	tracts With Alloca					
а	State the basis	of premium rates				
b	Dramiums naid	to carrier				y
C		to carrierout unpaid at the end of the year				
ď		rvice, or other organization incurred any specific costs in c			<u>6c</u>	
_	retention of the	contract or policy, enter amount	.omection with	i the acquisition of	6d	
	Specify nature of				···\	
е	Type of contract	: (1) individual policies (2) group deferr	ed annuity			
	(3) other (sp	— — —	J			
		•				
f	If contract purch	ased, in whole or in part, to distribute benefits from a term	i			
7 Cont	acts With I Inallo	coted Funds (De not include notifice of the	inating plan ch	leck nere		
a	Type of contract	cated Funds (Do not include portions of these contracts m				
a	Type of contract			on guarantee		
		(3) guaranteed investment (4) other	•			
b	Balance at the e	nd of the previous year			7b	
		ontributions deposited during the year				
		d credits				•
		ed during the year				
		om separate account				
((5) Other (specify	below)	7c(5)			
•						
				-		
					1	
(6)Total additions			***************************************	7c(6)	(
d T	otal of balance a	nd additions (add b and c(6))	····· <u>···</u>	*******	7d	(
	eductions:					
		fund to pay benefits or purchase annuities during year	7e(1)			
		charge made by carrier				-
		separate account	. 7e(3)			
(4) Other (specify I	pelow)	7e(4)			
•						
			1		1	-
					Į	
(5) Total deduction	s			7e(5)	0

Schedule A	(Form	5500)	2000
Juneaule A	(1 (1)	JJ(U)	2009

Page 4

Part III Welfare Benefit Contract Inform	nation					
If more than one contract covers the same information may be combined for reporting	group of employees of the	ne same emp	ploye	r(s) or members of	the same er	nployee organization(s), the
information may be combined for reporting the entire group of such individual contract						cts cover individual employees,
8 Benefit and contract type (check all applicable box	es)			it to purposes of a	по тероп.	
a Health (other than dental or vision)	b Dental	,	сП	Vision		d 🗍 1 is - i
e Temporary disability (accident and sickness	_					d Life insurance
- 🛱		,		Supplemental une	mployment	h X Prescription drug
Stop loss (large deductible)	j 📗 HMO contract	,	k 📙	PPO contract		I Indemnity contract
m ☐ Other (specify) ▶						
9 Experience-rated contracts:						
						
a Premiums: (1) Amount received						
(2) Increase (decrease) in amount due but unp	aid	9a(2)	_			
(3) Increase (decrease) in unearned premium (4) Farned (11) (2) (3)	eserve	9a(3)				
(4) Earned ((1) + (2) - (3))	• • • • • • • • • • • • • • • • • • • •				9a(4)	
3 (·/ paid	••••••••••••••••	9b(1)				
(2) Increase (decrease) in claim reserves	***************************************	9b(2)			· · · · · · · · · · · · · · · · · · ·	
(3) Incurred claims (add (1) and (2))	***************************************	••••••	•••••	***************************************	9b(3)	C
(4) Claims charged(1) Retention charges	/	•••••	•••••	••••••••••	. 9b(4)	
(A) Commissions	(on an accrual basis)	D (4)(D)				
(A) Commissions(B) Administrative service or other fees						
(C) Other specific acquisition costs	***************************************	9c(1)(B)				
(D) Other expenses		9c(1)(C)				
(E) Taxes		9c(1)(D)				`
(F) Charges for risks or other contingencies		9c(1)(E)	-			4
			-			
(G) Other retention charges(H) Total retention		9C(1)(G)			ı	
(H) Total retention			• • • • • • • • • • • • • • • • • • • •		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (Thes	e amounts were [] paid ir	n cash, or 📙	cred	lited.)	9c(2)	
the periodicides reserves at end of year, (Amount held to provide	benefits afte	er reti	rement	9d(1)	
(2) Claim reserves					9d(2)	
(3) Other reserves		•••••••	•••••		9d(3)	
 e Dividends or retroactive rate refunds due. (Do r 10 Nonexperience-rated contracts: 	ot include amount entered	d in c(2) .)			9e	
pala to	carrier		• • • • • • • • • • • • • • • • • • • •		10a	38847824
	red any specific costs in co	onnection wi	th the	e acquisition or		
retention of the contract or policy, other than rep Specify nature of costs	orted in Part I, Item 2 abov	/e, report am	ount.		10b	
Specify Hattire of Costs						
Part IV Provision of Information						
				· · · · · · · · · · · · · · · · · · ·		
11 Did the insurance company fail to provide any inform.	ation necessary to comple	te Schedule	A?	П	′es 🏻	No
12 If the answer to line 11 is "Yes," specify the information	on not provided.					

Department of the Treasury Internal Revenue Service

Department of Labor

Insurance Information

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

OMB No. 1210-0110

Employee Benefits Security Ad	ministration	▶ File as	an attachment to Form 55	500.				
Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).					This Fo	orm is Open to Public Inspection		
For calendar plan year 200	09 or fiscal pl	an year beginning 01/0	1/2009	and endi	ing	12/31/20	009	
A Name of plan STEELWORKERS I	HEALTH A	ND WELFARE FUND		B Three-c	digit umber (PN		501	
C Plan sponsor's name a						ation Number	(EIN)	
		ELWORKERS HEALTH A ning Insurance Contra		23-1317		Describe to Co		
on a separate	Schedule A	. Individual contracts grouped	l as a unit in Parts II and III	can be reporte	ed on a sir	Provide inton igle Schedule	mation for each contract A.	
1 Coverage Information:								
(a) Name of insurance car EMPIRE HEALTHO		MO, INC.						
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or contract year		
(b) EIN	code	identification number	persons covered at policy or contract	I	(f)	rom	(g) To	
13-3874803	95433	373148	8	8 01/01/2		/2009	11/01/2009	
2 Insurance fee and comm descending order of the a	nission inform amount paid.	ation. Enter the total fees and	total commissions paid. Lis	st in item 3 the	e agents, t	prokers, and o	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
3 Damana anasisina	7							
Fersons receiving comm		ees. (Complete as many entr and address of the agent, brok						
	(a) Name a	and address of the agent, blok	er, or other person to whom	commissions	or tees w	ere paid		
					·			
(b) Amount of sales and commissions paid	base		ees and other commissions					
commissions paid		(c) Amount	(0	i) Purpose			(e) Organization code	
	(a) Name a	nd address of the agent, broke	er or other person to whom	commissions	or fees we	are paid		
		au a	ar, or other person to whom	COMMISSIONS	or rees we	sie palu		
(b) Amount of sales and	base	F	ees and other commissions	paid				
commissions paid		(c) Amount) Purpose			(e) Organization code	
	The state of the s							

Schedule A (Form 550	0) 2009	Page 2-			
(a)	Name and address of the agent,	, broker, or other person to whom commissions or fees were p	aid		
(b) Amount of sales and base		Fees and other commissions paid	(4)0		
commissions paid	(c) Amount	(d) Purpose	(e) Organizatio		
(a)	Name and address of the agent,	broker, or other person to whom commissions or fees were pa	id		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organizatio		
commissions paid	(c) Amount	(d) Purpose	code		
(a) N	lame and address of the agent, I	broker, or other person to whom commissions or fees were pai	<u>d</u>		
(b) Amount of sales and base		Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
		(c), aposo	Code		
(a) N	ame and address of the agent, b	oroker, or other person to whom commissions or fees were paid	1		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		
(a) Na	me and address of the agent, br	oker, or other person to whom commissions or fees were paid			
(b) Amount of sales and base		Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such it this report.	ndividual contracts with each carrier n	nay be trea	ted as a unit for purposes of
4 Current	value of plan's interest under this contract in the general account at y	ear and		
5 Current	value of plan's interest under this contract in separate accounts at year	ar end	5	
6 Contrac	ts With Allocated Funds:	3. 0.10	3	
a Sta	ate the basis of premium rates			
b Pro	remiums paid to carrier		6b	
C Pre	emiums due but unpaid at the end of the year		6c	
a If the	the carrier, service, or other organization incurred any specific costs in	connection with the acquisition or		
reu	territion of the contract or policy, enter amount		6d	
Spe	ecify nature of costs			
	r			
	pe of contract: (1) individual policies (2) group defer	red annuity		
(3)	other (specify)			
f If co	ontract purchased, in whole or in part, to distribute benefits from a terr	ninating plan check here		
7 Contracts	s With Unallocated Funds (Do not include portions of these contracts r	naintained in separate accounts)		
а Тур	pe of contract: (1) deposit administration (2) immed	diate participation guarantee		
	(3) guaranteed investment (4) other			
	(4) U other			
b Bala	ance at the end of the provious year			*
C Add	ance at the end of the previous year fitions: (1) Contributions deposited during the year	7-(4)	. 7b	
(2)	Dividends and credits			
(3) li	Interest credited during the year	7c(2)		
(4) T	Fransferred from separate account	7c(4)		
(5) C	Other (specify below)	7c(5)		
•		70(0)		
		·		
				1 to
(6)Tc	Otal additions			**************************************
d Total	otal additionsof balance and additions (add b and c(6))		7c(6)	0
e Deduc	ctions:		7d	0
(1) Di:	isbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Ad	dministration charge made by carrier	7e(1)		
(3) Tra	ansferred to separate account	7e(3)		tion of the same
(4) Oti	ther (specify below)	7e(4)		*
•		76(4)		
				•
/r\ =				
(5) lot	tal deductions		7e(5)	0
s Dalane	ice at the end of the current year (subtract e(5) from d)		7f	0

Schedule	Α	(Form	5500)	2000

Page 4

Part	If more than one contract covers the same of	TOUR of employee	es of the same en	nplover(s)	or members o	f the same or	nnlovee organization (c) the	
	information may be combined for reporting the entire group of such individual contracts						cts cover individual employee:	s,
8 Be	enefit and contract type (check all applicable boxes)			- parposos or c	по тероп.		_
а	X Health (other than dental or vision)	b Dental		c∏ Vis	sion		d ☐ Life insurance	
е	Temporary disability (accident and sickness)	f Long-term	ı disability	무	pplemental une	mployment	닐	
i	Stop loss (large deductible)	j 🖾 HMO cont	•			mpioyment	h X Prescription drug	
m	Other (specify)) A TIMO COIR	idu	K [] PP	O contract		I Indemnity contract	
Q E								
	perience-rated contracts: Premiums: (1) Amount received							
•	(2) Increase (decrease) in amount due but unpai							
	(3) Increase (decrease) in unearned premium res	J					_	
	(4) Earned ((1) + (2) - (3))	iei ve	9a(3)			0-(4)		
b	Benefit charges (1) Claims paid	***************************************	9b(1)		***************************************	9a(4)		0
	(2) Increase (decrease) in claim reserves						-	
	(3) Incurred claims (add (1) and (2))		35(2)	<u> </u>		Ob/2)		0
	(4) Claims charged			*************	••••••	9b(3) 9b(4)		_
С	Remainder of premium: (1) Retention charges (o	n an accrual basis	;)	************		(30(4)		
	(A) Commissions			0			1	
	(B) Administrative service or other fees	•••••	9c(1)(E				-	
	(C) Other specific acquisition costs		9c(1)(C					
	(D) Other expenses	•••••	9c(1)(D)		****		
	(E) Taxes						2.5	
	(F) Charges for risks or other contingencies						•	
	(G) Other retention charges		9c(1)(G)				
	(H) Total retention					9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These	amounts were	paid in cash, or	credite	d.)	9c(2)		_
a	Status of policyholder reserves at end of year: (1)	Amount held to pr	rovide benefits at	ter retirer	nent	9d(1)		
	(2) Claim reserves					9d(2)		_
	(3) Other reserves		***************************************		•••••	9d(3)		_
<u>e</u>	Dividends or retroactive rate refunds due. (Do not	include amount e	entered in c(2) .)			9e		-
	nexperience-rated contracts:							_
a	Total premiums or subscription charges paid to ca	rrier		••••••		10a	136216	;
D	if the carrier, service, or other organization incurre	d any specific cost	ts in connection	vith the a	cquisition or			-
Sne	ecify nature of costs.	ted in Part I, item :	2 above, report a	mount		10b		_
D	If the carrier, service, or other organization incurre retention of the contract or policy, other than reporecify nature of costs	d any specific cost	ts in connection i	vith the a	caujcition or			
Part IV	Provision of Information the insurance company fail to provide any informat	ion necessary to c	complete Schedu	e A?		Yes 🔀	No	
	e answer to line 11 is "Yes" specify the information					———Ц		

Department of the Treasury Internal Revenue Service

Insurance Information

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

OMB No. 1210-0110

Department of Labor Employee Benefits Security Administration File as an attachment to Form 5500.									
Pension Benefit Guaranty (pursuan	nies a	ies are required to provide the information to ERISA section 103(a)(2).				This Form is Open to Public Inspection	
For calendar plan year 2	009 or fiscal p	lan year beginning 01/0	01/2009 and ending 12/31/2					2009	
A Name of plan STEELWORKERS	HEALTH A	ND WELFARE FUND				ee-digit n number (PI		501	
C Plan sponsor's name	as shown on l	line 2a of Form 5500.			D Empl	oyer Identific	ation Number	(EIN)	
BOARD OF TRUS	TEES STE	ELWORKERS HEALTH A	7ND	WELFARE FUND	23-13				
Part I Informati	i on Conce i te Schedule A	rning Insurance Contra . Individual contracts grouped	act C	overage, Fees, a	nd Com	missions	Provide infor	mation for each contract	
1 Coverage Information:	to concadie /	. marviduai contracts grouped	u as a	unit in Parts II and III (can be rep	orted on a si	ngle Schedule	∍ A.	
(a) Name of insurance ca	птіег								
FORT DEARBORN	LIFE IN	SURANCE COMPANY							
(b) EIN	(c) NAIC	(d) Contract or	T	(e) Approximate nu			Policy or c	ontract year	
(0) Liii	code	identification number		persons covered at policy or contract		(f)	From	(g) To	
36-2598882	71129	MUSWA1		2365 01/01/200		/2009	12/31/2009		
2 Insurance fee and communication descending order of the	mission inform amount paid.	nation. Enter the total fees and	l total	commissions paid. Lis	t in item 3	the agents, I	prokers, and o	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid									
					\-/	ia. amount o	reco paid		
3 Persons receiving comm	missions and t	ees. (Complete as many entri	ies as	needed to report all pe	ersons).				
	(a) Name	and address of the agent, brok	er, or	other person to whom	commissi	ons or fees w	ere paid		
	<u></u>								
(b) Amount of sales and commissions paid			ees a	and other commissions	paid				
commissions paid	1	(c) Amount		(d) Purpose			(e) Organization code	
	(a) Name a	nd address of the agent, broke							
	(u) Harrie a	nd address of the agent, broke	er, or c	other person to whom t	commissio	ns or fees we	ere paid		
(b) Amount of sales and	base	Fe	ees ar	nd other commissions	paid				
commissions paid		(c) Amount		(d)	Purpose			(e) Organization code	
							Į.		

Schedule A (Form 550	0) 2009	Page 2-	
(a)	Name and address of the agen	t, broker, or other person to whom commissions or fees were	paid
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organizati code
(a) i	vame and address of the agent	, broker, or other person to whom commissions or fees were p	paid
	T		
(b) Amount of sales and base commissions paid	(a) A	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) N	ame and address of the agent	broker, or other person to whom commissions or fees were p	aid aid
(4)	anc and address of the agent,	broker, or other person to whom commissions or fees were p	aid
(b) Amount of sales and base		Fees and other commissions paid	(2) (2
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) N	ame and address of the agent	broker, or other person to whom commissions or fees were pa	
10) 11	and address of the agent, I	broker, or other person to whom commissions or fees were pa	NG
	Γ		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid	(e) Organization
Pula	(C) Amount	(d) Purpose	code
(a) Na	me and address of the agent, b	roker, or other person to whom commissions or fees were pai	d l
b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Disk report.	V	nvestment and Annuity Contract Information Where individual contracts are provided, the entire group of such income The property	dividual contracts with each carrier п	nay be treat	ted as a unit fo	or purposes of
5 Contracts With Allocated Funds: a State the basis of premium rates > b Premiums paid to carrier. c Premiums paid to carrier and of the year			ar and		1	
6 Contracts With Allocated Funds: a State the basis of premium rates b Premiums paid to carrier	5 Current valu	e of plan's interest under this contract in separate accounts at year	r end	4		
b Premiums paid to carrier			CHO	···· J		
c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) If if contract purchased, in whole or in part, to distribute benefits from a terminating plan check here Tocontracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	a State t	he basis of premium rates 🕨				
c Premiums due but unpaid at the end of the year. d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs Type of contract: (1) individual policies (2) group deferred annuity if If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here To Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year c Additions: (1) Contributions deposited during the year. (2) Dividends and credits (3) Interest credited during the year. (4) Transferred from separate account. (5) Other (specify below). (6) Total additions. (6) Total additions. (7c(5) (7c(6) d Total of balance and additions (add b and c(6)). (7c(6) (7c(7) (7c	_					
If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) If it contracts prichased, in whole or in part, to distribute benefits from a terminating plan check here To contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year To(2) other specific participation guarantee (2) Dividends and credits To(2) Dividends and credits To(2) (3) Interest credited during the year To(2) (4) Transferred from separate account To(4) (5) Other (specify below) To(5) (6) Other (specify below) To(6) Total additions (add b and c(6)) Total additions Total participation guarantee (2) Administration charge made by carrier Te(2) (3) Transferred to separate account Te(2) (3) Transferred to separate account Te(2) (4) Other (specify below) To(3) To(4) (5) Other (specify below) To(6) To(6) To(6)	b Premiu	ms paid to carrier				
retention of the contract or policy, enter amount	C Premiu	ms due but unpaid at the end of the year		<u>6c</u>		
E Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here To Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year c Additions: (1) Contributions deposited during the year. (2) Dividends and credits 7-c(2) (3) Interest credited during the year 7-c(3) (4) Transferred from separate account 7-c(4) (5) Other (specify below). (6) Total additions d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year 7-e(2) (2) Administration charge made by carrier 7-e(3) (4) Other (specify below). 7-e(4) 7-e(5) 7-e(6) 7-e(7)	a If the ca	arrier, service, or other organization incurred any specific costs in o	connection with the acquisition or	6d		
e Type of contract: (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year						
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1)	, ,					
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other } b Balance at the end of the previous year 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) Other (specify below) 7d (6) Total additions (add b and c(6)) 7d (7c(4) (2) Administration charge made by carrier 7e(3) (4) Other (specify below) 7e(4) (5) Transferred from separate account 7e(4) (6) Total of balance and additions (add b and c(6)) 7d (7c(5) (7c(6)) 7d (7c(6))	e Type of	contract: (1) individual policies (2) group deferm	red annuity			
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) quaranteed investment (4) other b Balance at the end of the previous year 76(1) c Additions: (1) Contributions deposited during the year 76(2) (2) Dividends and credits 76(3) (3) Interest credited during the year 77(3) (4) Transferred from separate account 77(4) (5) Other (specify below) 77(5) (6) Total additions (add b and c(6)) 77(d c Deductions: 77(d) 77			od alimaty			
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	(9)	ста (ароспу,				
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract: (1) deposit administration (2) mmediate participation guarantee (3) guaranteed investment (4) other b Balance at the end of the previous year	f If contra	act purchased in whole or in part, to distribute benefits from a term	implies also also the later and the later an			
Type of contract: (1) deposit administration (3) guaranteed investment (4) other b Balance at the end of the previous year C Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6) Total additions (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) 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) 7c(5) 7d 7e(1) 7e(2) 7e(3) 7e(4) 7e(4)	7 Contracts Wit	th Unallocated Funds (Do not include portions of these sentences)	inating plan check here			
b Balance at the end of the previous year						
b Balance at the end of the previous year	- 1,700 or	(,, [], []				
Additions: (1) Contributions deposited during the year		(3) U guaranteed investment (4) U other	•			
Additions: (1) Contributions deposited during the year						
Additions: (1) Contributions deposited during the year	h Polomoo	at the and of the province			,	
(2) Dividends and credits	C Addition	s: (1) Contributions deposited during the year	7-(1)	. 7b		
(3) Interest credited during the year					-	
(4) Transferred from separate account					-	
(6)Total additions						
(6)Total additions					,	
d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	•	•				
d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier					. "	
d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier						
d Total of balance and additions (add b and c(6)). e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	(6)Total	additions		7c(6)		
Peductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	d Total of ba	alance and additions (add b and c(6)).				0
(2) Administration charge made by carrier	e Deduction	is:		1		
(2) Administration charge made by carrier	(1) Disbur	sed from fund to pay benefits or purchase annuities during year	7e(1)			
(3) Transferred to separate account			. 7e(2)			
						Service Services
(5) Total doductions	(4) Other	(specify below)	7e(4)			
(5) Total deductions	>					
(5) Total deductions						-
(5) Total deductions				ł		
(3) Fotal deductions	(5) Total d	eductions		7e(5)		0
f Balance at the end of the current year (subtract e(5) from d) 7f	f Balance a	t the end of the current year (subtract e(5) from d)				

Schedule A	/Earm	EEOO\	2000

Dono	A
Page	4

8 Be	If more than one contract covers the same of information may be combined for reporting the entire group of such individual contracts enefit and contract type (check all applicable boxes	with each carrier may be	s are evneric	inco-ratod ac a unit	M/horo comit-	mployee organization(s), the acts cover individual employe
a	Health (other than dental or vision)	b Dental	_	П.,		. 🗆
	==	<u> </u>		∐ Vision		d X Life insurance
e	Temporary disability (accident and sickness)	f Long-term disabi	lity g	Supplemental ur	nemployment	h Prescription drug
i m	☐ Stop loss (large deductible) X Other (specify) ► AD & D, STD, DEPI	j HMO contract	k	PPO contract		I Indemnity contract
T 1 1	Correr (specify) FAD & D, S1D, DEPI	MDENT LIFE				
	perience-rated contracts:					
а	Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpaid	db	9a(2)			
	(3) Increase (decrease) in unearned premium res	serve	9a(3)			
	(4) Earned ((1) + (2) - (3))		***************************************		9a(4)	
þ	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 (o	n an accrual basis)				
	(A) Commissions	***************************************	9c(1)(A)			┥
	(B) Administrative service or other fees	***************************************	9c(1)(B)			-
	(C) Other specific acquisition costs					
	(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					-
	(H) Total retention				9c(1)(H)	
	(2) Dividends or retroactive rate refunds. (These	amounts were ☐ naid in	cash or 🗍	craditad)		
d	Status of policyholder reserves at end of year: (1)	Amount hold to provide t	Casil, Oi []		<u> </u>	
•	(2) Claim reserves	Amount near to provide t	penents after	retirement		
	(3) Other reserves		*******************	•••••		
e	(3) Other reserves	Charles and the second of the			9d(3)	
	Dividends or retroactive rate refunds due. (Do not nexperience-rated contracts:	include amount entered	ın c(2).)	••••••	9e	
0 Nor						
U Nor	Total premiums or subscription charges poid to an				10a	105745
u Nor a b	Total premiums or subscription charges paid to ca If the carrier, service, or other organization incurre retention of the contract or policy, other than repor	d any specific costs in co	nnaction with	the acquisition or		103/13

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

SCHEDULE A (Form 5500)

Department of the Treasury

Insurance Information

This schedule is required to be filed under section 104 of the

OMB No. 1210-0110

Department of Labo		Linbroyee Reurement	t Income Security Act of 1	974 (FRISA	.) [2000
Employee Benefits Security Ad	dministration	1	n attachment to Form 5		7	2009
Pension Benefit Guaranty Co		pursuant to	es are required to provide o ERISA section 103(a)(2	the informat	tion This	Form is Open to Public
For calendar plan year 200	09 or fiscal pl	lan year beginning 01/01		and er	nding 12/31/	Inspection
A Name of plan						2009
STEELWORKERS H	HEALTH A	ND WELFARE FUND			e-digit	
				pian	number (PN)	501
<u> </u>						
C Plan sponsor's name as	s shown on li	ne 2a of Form 5500.		D Employ	yer Identification Numb	er (EIN)
DONDO OF EDUCA					,	J. (2/14)
BOARD OF TRUST	EES STEE	ELWORKERS HEALTH AND	D WELFARE FUND	23-131	7409	
Part I Informatio)n Concer Schedule A	ning Insurance Contract	t Coverage, Fees, a	nd Comn	nissions Provide inf	ormation for each contra
Coverage Information:	ochedule A.	. Individual contracts grouped a	s a unit in Parts II and III	can be repo	rted on a single Schedi	ule A.
						
(a) Name of insurance carr	rier					
ANTHEM BLUE CR	ROSS AND	BLUE SHIRLD				
Т		T				
(b) EIN (c) NAIC (d) Contract or code identification number			(e) Approximate nu		Policy or	contract year
		identification number		persons covered at end of policy or contract year		(g) To
-0357120	71835	09990/40046		, our		(8)
<u></u>		08888/48846	8676		01/01/2009	12/31/2009
descending order of the a	ission informa Imount paid	ation. Enter the total fees and tot	tal commissions paid. Lis	t in item 3 th	ne agents, brokers, and	other persons in
		missions paid				
(a) rotal carr	lount of com	riissions paid		(b) Tota	I amount of fees paid	
D						
Persons receiving commis	ssions and fe	ees. (Complete as many entries	as needed to report all pe	ersons).		
	(a) Name ar	nd address of the agent, broker,	or other person to whom	commission	is or fees were paid	
						· · · · · · · · · · · · · · · · · · ·
(h) Amount of calco and h						
(b) Amount of sales and b)ase		s and other commissions			
(b) Amount of sales and b commissions paid	pase	Fee:		paid Purpose		(e) Organization code
(b) Amount of sales and b commissions paid)ase					(e) Organization code
(b) Amount of sales and b commissions paid	pase					(e) Organization code
commissions paid		(c) Amount	(d)	Purpose		(e) Organization code
commissions paid		(c) Amount	(d)	Purpose	or fees were paid	(e) Organization code
commissions paid			(d)	Purpose	or fees were paid	(e) Organization code
commissions paid		(c) Amount	(d)	Purpose	or fees were paid	(e) Organization code
commissions paid		(c) Amount	(d)	Purpose	or fees were paid	(e) Organization code
commissions paid	(a) Name and	(c) Amount	or other person to whom o	Purpose	or fees were paid	(e) Organization code
commissions paid	(a) Name and	(c) Amount d address of the agent, broker, o	(d)	Purpose	or fees were paid	(e) Organization code
commissions paid	(a) Name and	(c) Amount	or other person to whom o	Purpose	or fees were paid	
commissions paid	(a) Name and	(c) Amount d address of the agent, broker, o	or other person to whom o	Purpose ommissions	or fees were paid	(e) Organization code
commissions paid	(a) Name and	(c) Amount d address of the agent, broker, o	or other person to whom o	Purpose ommissions	or fees were paid	

(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose proker, or other person to whom commissions or fees were particle.	(e) Organizat code
(a) Name ar	nd address of the agent, t	(d) Purpose proker, or other person to whom commissions or fees were particle. Fees and other commissions paid	code
(a) Name ar	nd address of the agent, t	(d) Purpose proker, or other person to whom commissions or fees were particle. Fees and other commissions paid	code
(a) Name and	nd address of the agent, t	(d) Purpose proker, or other person to whom commissions or fees were particle. Fees and other commissions paid	code
(b) Amount of sales and base		Fees and other commissions paid	aid
(b) Amount of sales and base		Fees and other commissions paid	aid
	(c) Amount		
commissions paid	(c) Amount		(a) Organizat
		(d) Purpose	(e) Organizati code
(a) Name and	d address of the agent, b	roker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Name and	address of the agent, br	oker, or other person to whom commissions or fees were paid	
		partition commissions of fees were part	
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organizatio code
(a) Name and	address of the agent, bro	ker, or other person to whom commissions or fees were paid	
b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization

Page	1
rage	

Part II	Where individual contracts are provided, the entire group of such in this report.	ndividual contracts with each car	rier may be treated as	a unit for purposes of
4 Current	value of plan's interest under this contract in the general account at you			
5 Current	value of plan's interest under this contract in separate accounts at year	er end	4	
6 Contract	s With Allocated Funds:	a cru		
a Sta	te the basis of premium rates			
b Pre	miums paid to carrier		6b	
C Pre	miums due but unpaid at the end of the year		6с	
rete	e carrier, service, or other organization incurred any specific costs in ention of the contract or policy, enter amount	connection with the acquisition o	6d	
Эре	really flature of costs			
е Тур	e of contract: (1) individual policies (2) group defer	red annuity		
(3)	other (specify)	· · · · · · · · · · · · · · · · · · ·		
f If co	entract purchased, in whole or in part, to distribute benefits from a tern	ninating plan shock have	П	
7 Contracts	With Unallocated Funds (Do not include portions of these contracts n	nointained in a season		
a Type				
31	(-)	diate participation guarantee		
	(3) guaranteed investment (4) other	•		
b Bala	nce at the end of the previous			
C Addi	nce at the end of the previous year tions: (1) Contributions deposited during the year	70(1)	7b	
(2) D	ividends and credits	7c(1) 7c(2)		
(3) In	nterest credited during the year	7c(3)		
(4) Ti	ransferred from separate account	7c(4)		
(5) O	ther (specify below)	7c(4)		
>		75(5)		
(6)To	tal additions		70(6)	
d Total c	of balance and additions (add b and c(6)).		7c(6)	0
e Deduc	tions:		/u	0
(1) Dis	sbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Adı	ministration charge made by carrier	. 7e(2)		
(3) Tra	Insferred to separate account	. 7e(3)		
(4) Oth	ner (specify below)	. 7e(4)		
•				
(5) Tota	al deductions		7-(5)	
f Balanc	e at the end of the current year (subtract e(5) from d)			0
	y (cabacce e(o) none a)	***************************************	7f	0

Schedule A	(Form 5500)	2000

Pa	de	4

	enent and contract type (check all applicable boxes)		***************************************		Where contra his report.		
а	Health (other than dental or vision) Dental	C		Vision		d Life in	surance
е	Temporary disability (accident and sickness) f Long-term disal	bility g	ı 🗍 :	Supplemental une	mplovment	h Presc	
į	Stop loss (large deductible)			PPO contract		=	
m			·П.	i i O contract		I ∐ Indem	nity contract
9 Ex	perience-rated contracts:						
	Premiums: (1) Amount received	9a(1)				· ·	
	(2) Increase (decrease) in amount due but unpaid	9a(1)	+-	· · · · · · · · · · · · · · · · · · ·			
	(3) Increase (decrease) in unearned premium reserve	9a(2)	+			_	
	(4) Earned ((1) + (2) - (3))	30(3)			0-(0)		
b	Benefit charges (1) Claims paid	9b(1)	T		9a(4)		
	(2) Increase (decrease) in claim reserves	3D(1)	+			_	
	(3) Incurred claims (add (1) and (2))	9b(2)					
	(4) Claims charged	••••••	•••••	••••••		<u> </u>	
C	Remainder of premium: (1) Retention charges (on an accrual basis)		••••••	•••••••	9b(4)		
	(A) Commissions	0 (4)(5)				4	
	(B) Administrative service or other fees		ļ			_	
	(C) Other specific acquisition costs	9c(1)(B)	 			_	
	(C) Other specific acquisition costs(D) Other expenses	9c(1)(C)	<u> </u>				
	(D) Other expenses(F) Taxes	9c(1)(D)	<u> </u>				
	(E) Chargos for sinte or other	9c(1)(E)	 			.	
	(F) Charges for risks or other contingencies	9c(1)(F)	<u> </u>			·	
	(G) Other retention charges	9c(1)(G)				1 -	•
	(H) Total retention			***************************************	9c(1)(H)		(
	(2) Dividends or retroactive rate refunds. (These amounts were paid in	cash, or	cred	ited.)	9c(2)		
ď	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retir	rement	9d(1)	 	
	(2) Claim reserves				9d(2)	 	
	(3) Other reserves				9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered	t in c(2)		***************************************	9e		
No	nexperience-rated contracts:		*******		9e		
а	Total premiums or subscription charges paid to carrier			١	10-		
	in the Carrier, service, or other organization incurred any specific costs in or	annostion with			10a		66812819
	above the contract of policy, other than reported in Part I, item 2 above	e, report amo	ount.	acquisition or	10b		
Spe	ecify nature of costs	,			100		

SCHEDULE A

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Insurance Information

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

OMB No. 1210-0110

2009

Employee Benefits Security A	dministration	_	an attachment to Form 5	500.	İ	
Pension Benefit Guaranty C	This Fo	orm is Open to Public Inspection				
For calendar plan year 20	009 or fiscal	plan year beginning 01/0	1/2009	and ending	12/31/20	
A Name of plan STEELWORKERS	HEALTH	AND WELFARE FUND		B Three-digit plan number		501
C Plan sponsor's name	as shown or	line 2a of Form 5500.		D Employer Identi	fication Number	(EIN)
BOARD OF TRUS	TEES ST	EELWORKERS HEALTH A	ND WELFARE FUND	23-1317409	C Describe info	
on a separa	te Schedule	A. Individual contracts grouped	l as a unit in Parts II and III	can be reported on a	single Schedule	mation for each contract
1 Coverage Information:		9		can be reported on a	Single Concault	3 A.
(a) Name of insurance ca		BLUE SHIELD				
(b) EIN	(c) NAI		persons covered a	mate number of Policy or		ontract year
	code	identification number	policy or contract		f) From	(g) To
23-1294723	54771	1475616 LEAD G			01/2009	12/31/2009
2 Insurance fee and community descending order of the	nission info amount pai	mation. Enter the total fees and d.	total commissions paid. L	ist in item 3 the agent	s, brokers, and	other persons in
(a) Total a	mount of co	mmissions paid		(b) Total amoun	t of fees paid	
		6069	1			
3 Persons receiving comm		i fees. (Complete as many entri				
MERCER HUMAN RESC Six PPG Place Sui	URCE CO	e and address of the agent, brok NSULTING, IN	er, or other person to whor	n commissions or fee	s were paid	
PITTSBURGH		PA 15222				
(b) Amount of sales and	base	F	ees and other commission	s paid		
commissions paid		(c) Amount	(d) Purpose		(e) Organization code
	60691	0	co	NSULTING		0
	/al blanca					
	(a) Name	and address of the agent, broke	er, or other person to whorr	commissions or fees	were paid	
(b) Amount of sales and	hase	F	ees and other commissions	paid		· · · · · · · · · · · · · · · · · · ·
commissions paid	vase	(c) Amount		l) Purpose		(e) Organization code

Schedule A (Form 5500)	2009	Page 2-	
(a) N	ame 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) Organizat
commissions pau	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, t	broker, or other person to whom commissions or fees were p	hala
			alu
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization
			code
(a) Nar	ne and address of the agent by	rokar ar other ease at the	
	and a desired of the agent, bi	roker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organizatio
(a) Nam	e and address of the agent, bro	oker, or other person to whom commissions or fees were pai	- <u> </u>
		Colored Were par	u
b) Amount of sales and base commissions paid		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Name	and address of the agent, brok	ker, or other person to whom commissions or fees were paid	
Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code

Part	Where individual contracts are provided, the entire group of such in	dividual contracts with each c	arrier may be treated as	a unit for purposes of
4.0	uns report.			parposes of
-4 Cu	rrent value of plan's interest under this contract in the general account at ye	ear end	4	
6 Co	rrent value of plan's interest under this contract in separate accounts at yea ntracts With Allocated Funds:	r end	5	
a a	State the basis of premium rates			
a	State the basis of premium rates			
b	Dromiums paid to carrier			
C	Premiums paid to carrier	***************************************	6b	
d	Premiums due but unpaid at the end of the year		6c	
_	retention of the contract or policy, enter amount	connection with the acquisition	^{n or} 6d	
	Specify nature of costs			
е	Type of contract: (1) individual policies (2) group defen	red annuity		
	(3) other (specify)	. ou umuny		
	(с, 🗀 (сфосту),			
f	If contract purchased in whale as is a set to the day of		. —	
7 Com	If contract purchased, in whole or in part, to distribute benefits from a term	ninating plan check here		
	tracts With Unallocated Funds (Do not include portions of these contracts n		ts)	
а		liate participation guarantee		
	(3) guaranteed investment (4) other	•		
<u>b</u>	Balarice at the end of the previous year		7b	
С	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits			
	(3) Interest credited during the year			1 2
	(4) Transferred from separate account			
	(5) Other (specify below)	7c(5)		
	•			
			-	
	(6)Total additions	***************************************	7c(6)	O
ď	Total of balance and additions (add b and c(6)).	······	7d	0
	Deductions:			1 24 1
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier			
	(3) Transferred to separate account	. 7e(3)		## # A
((4) Other (specify below)	. 7e(4)		
				2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(5) Total deductions		7e(5)	:
fì	Balance at the end of the current year (subtract e(5) from d)	***************************************	7e(3)	0
	jez. (Subulact O(V) nom u)			<u> </u>

Schedule A (Form 5500) 2009					
	chedule	Δ	(Form	5500)	2000

Page 4

Part III Welfare Benefit Contra	ct Information						
If more than one contract cover information may be combined f the entire group of such individ	ui reponina burnos	es it such contr	arte ara avno	man	Co-rated ac a unit 1	1/ha== =====	nployee organization(s), the cts cover individual employees,
8 Benefit and contract type (check all app	licable boxes)	· · · · · · · · · · · · · · · · · · ·				по герога	
a X Health (other than dental or vision	_	Dental		сГ	Vision		d ☐ Life insurance
e Temporary disability (accident an	L.,	! i	ability	~ [
. =	: F		-	9 _	Supplemental une	mployment	h ☐ Prescription drug
i ☐ Stop loss (large deductible) m ☐ Other (specify)	J [HMO contract		k [PPO contract		I Indemnity contract
The Care (Specify)							
9 Experience-rated contracts:							
a Premiums: (1) Amount received			9a(1				
(2) Increase (decrease) in amount d							+
(3) Increase (decrease) in unearned	premium reserve		9a(3				
(4) Earned ((1) + (2) - (3))	***************************************	***************************************				9a(4)	
b Benefit charges (1) Claims paid		***************************************	9b(1)			00(1)	
(2) Increase (decrease) in claim rese	rves	***************************************	9b(2)				
(3) Incurred claims (add (1) and (2))	•••••					9b(3)	
(4) Claims charged	• • • • • • • • • • • • • • • • • • • •				•••••	9b(4)	
C Remainder of premium: (1) Retention	n charges (on an a	ccrual basis)					
(A) Commissions				()			7
(B) Administrative service or other							7
(C) Other specific acquisition cos				;)			1
(D) Other expenses							
(E) Taxes							
(F) Charges for risks or other cor	ntingencies		9c(1)(F]
(G) Other retention charges							
(H) Total retention				······		9c(1)(H)	0
(2) Dividends or retroactive rate refu	nds. (These amour	its were [] paid	l in cash, or	cr	edited.)	9c(2)	
d Status of policyholder reserves at en	d of year: (1) Amou	nt held to provid	de benefits a	ter re	etirement	9d(1)	
(2) Claim reserves	***************************************		••••••••••			9d(2)	
(3) Other reserves	********************		••••••			9d(3)	
e Dividends or retroactive rate refunds	due. (Do not includ	le amount enter	ed in c(2) .) .			9e	
10 Nonexperience-rated contracts:						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
 a Total premiums or subscription charg b If the carrier, service, or other organization 	es paid to carrier		•••••	•••••	••••••	10a	146987234
b If the carrier, service, or other organize retention of the contract or policy, oth	ation incurred any	specific costs in	connection	with t	he acquisition or	4.01	
Specify nature of costs	er triair reported in	Part I, item 2 ap	юче, героп а	mou	nt	10b	<u> </u>
oposity flatare of costs							
Part IV Provision of Information				····			
11 Did the insurance company fail to provide	any information ne-	cessary to comp	olete Schedu	le A?	·	Yes X	No
12 If the answer to line 11 is "Yes," specify the	e information not or	ovidad •					

SCHEDULE A

(Form 5500)

Department of the Treasury Internal Revenue Service

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). OMB No. 1210-0110

2009

Department of Lat Employee Benefits Security A		File as	s an a	attachment to Form 55	i00.	ĺ		2000
pursuant to ERISA section 103(a)(2).							This Fo	orm is Open to Public
For calendar plan year 2	009 or fiscal p	lan year beginning 01/0	01/2	2009	and e	ending	12/31/2	
A Name of plan STEELWORKERS	HEALTH A	ND WELFARE FUND			B Thre	ee-digit n number (PN		501
C Plan sponsor's name BOARD OF TRUS	TEES STE	ELWORKERS HEALTH A	AND	WELFARE FUND	23-13	17409	ation Number	, ,
Part I Informati	ion Concer	ning Insurance Contra	act (Coverage, Fees, a	nd Com	missions	Provide infor	mation for each contract
1 Coverage Information:	ie ochedule A	. Individual contracts grouped	a as a	a unit in Parts II and III o	can be rep	orted on a si	ngle Schedule	e A
(a) Name of insurance ca		LUE SHIELD						
(b) E!N	(c) NAIC	(d) Contract or		(e) Approximate nu			Policy or c	ontract year
(6) Eiit	code	identification number		persons covered at policy or contract		(f)	From	(g) To
23-1294723	54771	1475616 LEAD G	R	850		01/01	/2009	12/31/2009
2 Insurance fee and com- descending order of the	mission inform amount paid.	ation. Enter the total fees and	total	l commissions paid. Lis	t in item 3	the agents, t	prokers, and	- L
(a) Total a	mount of com	missions paid			(b) To	tal amount o	f fees paid	
3 Persons receiving com	missions and f	inne (OI-A						
or reisons receiving com		ees. (Complete as many entrand address of the agent, broken						
						ons or lees w	ere paid	
(b) Amount of sales an			Fees	and other commissions	paid			
commissions paid		(c) Amount		(d) Purpose			(e) Organization code
	(a) Name a	nd address of the agent, broke	er or	other person to whom				
	1.,	and agent, bloke	<u>υ, υ</u>	outer person to whom	COMMISSIO	MIS OI ICES WE	еге раю	
(b) Amount of sales and	base	F	ees a	and other commissions	paid			
commissions paid		(c) Amount		(d)	Purpose			(e) Organization code

Schedule A (Form 5500)	2009	Page 2-	
(a) N	ame and address of the agent	, broker, or other person to whom commissions or fees were p	paid
(b) Amount of sales and base		Fees and other commissions paid	(e) Organiza
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent,	broker, or other person to whom commissions or fees were p	aid
		poson a whom commissions of fees were p	aiu
(b) Amount of sales and base		Fees and other commissions paid	(2) Ownering
commissions paid	(c) Amount	(d) Purpose	(e) Organizati code
(a) Nar	me and address of the agent, t	broker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	
	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
commissions paid		(d) Purpose	code
commissions paid (a) Nam		(d) Purpose roker, or other person to whom commissions or fees were pair	code
commissions paid (a) Nam	e and address of the agent, b	(d) Purpose roker, or other person to whom commissions or fees were pair Fees and other commissions paid	d (e) Organizatio
commissions paid (a) Nam (b) Amount of sales and base		(d) Purpose roker, or other person to whom commissions or fees were pair	d
commissions paid (a) Nam (b) Amount of sales and base commissions paid	e and address of the agent, b	(d) Purpose roker, or other person to whom commissions or fees were pair Fees and other commissions paid (d) Purpose	d (e) Organizatio code
commissions paid (a) Nam (b) Amount of sales and base commissions paid	e and address of the agent, b	(d) Purpose roker, or other person to whom commissions or fees were pair Fees and other commissions paid	d (e) Organizatio code
(a) Nam (b) Amount of sales and base commissions paid	e and address of the agent, b	(d) Purpose roker, or other person to whom commissions or fees were pair Fees and other commissions paid (d) Purpose	(e) Organization

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such in this report	ndividual contracts with each carrier	may be trea	ated as a unit for purposes of
4 Current	ano report			- Parposes of
5 Current	value of plan's interest under this contract in the general account at ye	ear end	4	
6 Contrac	value of plan's interest under this contract in separate accounts at yearts With Allocated Funds:	r end	5	
	ate the basis of premium rates			
b Pro	erniums paid to carrier		6b	
C Pre	emiums due but unpaid at the end of the year		6c	
d If the retain	he carrier, service, or other organization incurred any specific costs in ention of the contract or policy, enter amountecify nature of costs	connection with the acquisition or		
(3)	pe of contract: (1) ☐ individual policies (2) ☐ group defer ☐ other (specify) ▶	,		
f If co	ontract purchased, in whole or in part, to distribute benefits from a term	ninating plan check here		
7 Contracts	s With Unallocated Funds (Do not include portions of these contracts n	naintained in separate accounts)		
а Тур		liate participation guarantee		
	(3) guaranteed investment (4) other	•		
b Bala	ance at the end of the previous year	,,,,,	7b	
C Add	ittions: (1) Contributions deposited during the year	7c(1)		
(2) [Dividends and credits	7c(2)		1
(3) li	nterest credited during the year	7c(3)		1
(4) T	Fransferred from separate account	7c(4)		
(5) C	Other (specify below)	7c(5)		
•				
(6)To	otal additions		7c(6)	(
d Total	of balance and additions (add b and c(6)).		7d	
e Deduc	ctions:		<u> </u>	
(1) Di	isbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Ac	dministration charge made by carrier	. 7e(2)		
(3) Tr.	ansferred to separate account	. 7e(3)		
	ther (specify below)			
•				
				*
(5) To	stal deductions		70(F)	
f Balan	nce at the end of the current year (subtract e(5) from d)		7e(5) 7f	0
	7 (Caba dot C(0) Holli d)	***************************************	1 /1	0