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

2010

This Form is Open to Public Inspection

	ort Identification Information			•				
For calendar plan year 2010	or fiscal plan year beginning 01/01/	/2010	and ending 12,	/31/2010				
A This return/report is for:	X a multiemployer plan;	a multip	le-employer plan; or					
	a single-employer plan;	a DFE (specify)					
B This return/report is:	the first return/report;	the final	return/report;					
	an amended return/report;	a short	plan year return/report (less than	n 12 months).				
C If the plan is a collectively	C If the plan is a collectively-bargained plan, check here							
	D Check box if filing under: ☐ automatic extension;							
3	special extension (enter de	LJ	,	the DFVC program;				
Part II Basic Plan	n Information—enter all requested inform		AV. III.					
1a Name of plan	one, an requested inform	auon		1b Three-digit plan				
STEELWORKERS H	EALTH AND WELFARE FUND			number (PN) ▶ 501				
				1c Effective date of plan				
2a Plan enancar's name an	d address (employer, if for a single-employer			09/15/1944				
(Address should include	o address (employer, if for a single-employer room or suite no.)	pian)		2b Employer Identification Number (EIN)				
	ealth & Welfare Fund			23-1317409				
				2c Sponsor's telephone				
				number				
				412-562-2296				
60 Boulevard of	the Allies 5th Fl			2d Business code (see instructions)				
				331110				
Pittsburgh	PA 15905							
Caution: A penalty for the I	ate or incomplete filing of this return/repo	rt will be assessed	unless reasonable cause is es	stahlished				
Under penalties of perjury an	d other penalties set forth in the instructions.	I declare that I have	examined this return/report, incl	uding accompanying schedules				
statements and attachments,	as well as the electronic version of this return	n/report, and to the b	est of my knowledge and belief,	it is true, correct, and complete.				
Com	11/2-1.	1 1						
SIGN HERE	LU LTIANANA	1015/11	Emily Woodward					
Signature of plan	administrator	Date	Enter name of individual signi	ng as plan administrator				
	Λ.	0 .		- g - o pier earning acc.				
SIGN	omas Comay	11/5/11	Thomas Conway					
HERE Signature of empl	oyer/plan sponsor	Date		ng as employer or plan sponsor				
	0		signalis of individual signi	ng as employer or plan sponsor				
SIGN								
HERE Signature of DFE		Data	Entername of test total at a constant	DEE				
1 Organication Of DIL		Date	Enter name of individual signi	ng as DFE				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

	Form	5500	(2010)
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Page 2

3a	Plan administrator's name and address (if same as plan sponsor, enter "Same CENTRAL DATA SERVICES INC ADMINISTRATORS	3b Administrator's EIN 25-1352803		
	60 BOULEVARD OF THE ALLIES 5TH FL		nu	ministrator's telephone imber 412-201-2242
	PITTSBURGH PA 15222			
4	If the name and/or EIN of the plan sponsor has changed since the last return/ithe plan number from the last return/report:	report filed for this plan, enter the name, EIN	and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	4532
6	Number of participants as of the end of the plan year (welfare plans complete	only lines 6a, 6b, 6c, and 6d).		
а	Active participants		6a	4466
b	Retired or separated participants receiving benefits		6b	1168
С	Other retired or separated participants entitled to future benefits		6c	(
d	Subtotal. Add lines 6a , 6b , and 6c		6d	45828
e	Deceased participants whose beneficiaries are receiving or are entitled to receiving	eive 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 (o complete this item)	only defined contribution plans	6g	
	Number of participants that terminated employment during the plan year with a less than 100% vested		6h	
7	Enter the total number of employers obligated to contribute to the plan (only m		7	321
b i	If the plan provides pension benefits, enter the applicable pension feature code the plan provides welfare benefits, enter the applicable welfare feature codes for 4A 4B 4D 4E 4F 4H Plan funding arrangement (check all that apply)	from the List of Plan Characteristic Codes in	the instr	
Ja	(1) Insurance	 Plan benefit arrangement (check all that (1)	t apply)	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3) ir	nsurance	e contracts
	(3) X Trust	(3) X Trust		
40	(4) General assets of the sponsor	(4) General assets of the spo		
10	Check all applicable boxes in 10a and 10b to indicate which schedules are atta	ached, and, where indicated, enter the number	er attach	ned. (See instructions)
	Pension Schedules	b General Schedules		
	R (Retirement Plan Information)	(1) X H (Financial Informa	-	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) I (Financial Informa		mall Plan)
	actuary	(a) $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$ (insulance inform		tion)
	(2) SP (Single Employer Defined Day 5: Div. A	,,		•
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) D (DFE/Participating G) (Financial Transa		
	and a signed by the plan details	(6) G (Financial Transa	icuUII 50	nedules)

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

- Order Borlent Good and G	S.POIGHON	pursuant to	s are required to provide the information p ERISA section 103(a)(2).			This Form is Open to Public Inspection		
For calendar plan year 20	10 or fiscal pla	an year beginning 01/01	/2010	and er	nding	12/31/20)10	
A Name of plan STEELWORKERS	HEALTH AI	ND WELFARE FUND		1	e-digit number (PN) •	501	
O 5:				-				
C Plan sponsor's name a	is shown on li	ne 2a of Form 5500.		D Employ	yer Identifica	tion Number	(EIN)	
Steelworkers I				23-131				
Part I Information	on Concer e Schedule A	ning Insurance Contrac Individual contracts grouped a	t Coverage, Fees, a s a unit in Parts II and III	ind Comr can be repo	nissions f orted on a sin	Provide informatic	mation for each contract	
1 Coverage Information:								
(a) Name of insurance ca	rrier							
UNITED CONCOR	DIA LIFE	& HEALTH INS. COMP	ANY					
	(c) NAIC	(d) Contract or	(e) Approximate nu	ımber of		Policy or c	contract year	
(b) EIN	code	identification number	persons covered a policy or contrac	t end of	(f) F	From	(g) To	
23-1661402	62294	000002234	24453		01/01	/2010	12/31/2010	
2 Insurance fee and communication descending order of the	mission inform amount paid.	nation. Enter the total fees and to	otal commissions paid. Li	st in item 3	the agents, t	orokers, and	other persons in	
(a) Total a	mount of com	missions paid		(b) Tot	tal amount of	fees paid		
3 Persons receiving comm		fees. (Complete as many entrie						
	(a) Name a	and address of the agent, broke	r, or other person to whor	n commissio	ons or fees w	ere paid		
(b) Amount of sales and			es and other commission	s paid			-	
commissions paid	1	(c) Amount		d) Purpose			(e) Organization code	
	(a) Name a	and address of the agent, broker	, or other person to whon	n commissio	ons or fees w	ere paid		
(b) Amount of sales and	l base	Fe	es and other commission	s paid				
commissions paid		(c) Amount	(d) Purpose			(e) Organization code	

Schedule A (Form 550	0) 2010	Page 2-	
(a) N	lame and address of the agent, bro	oker, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base		Fees and other commissions paid	(6) (0
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) N	ame and address of the agent her	Nor or other necessaria.	
(a) N	ame and address of the agent, bit	oker, or other person to whom commissions or fees were paid	3
		Face and other constitutions	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
	(s) runoant	(u) Pulpose	code
(a) N	ame and address of the agent, bro	ker, or other person to whom commissions or fees were paid	1
	1		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
-	(O) runoant	(d) Furpose	code
(a) Na	ime and address of the agent, brol	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
(a) Na	me and address of the agent, brok	ker, 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
1		I .	i i

F	Part	II Investment and Annuity Contract Information				
		Where individual contracts are provided, the entire group of such ind this report.	lividual con	tracts with each carrier m	ay be treate	ed as a unit for purposes of
4	1 Cui	rrent value of plan's interest under this contract in the general account at year	er and		1	
- 5	Cu	rrent value of plan's interest under this contract in separate accounts at year	end	***************************************	4 5	
		ntracts With Allocated Funds:	end	***************************************	3	
	а	State the basis of premium rates				
	b	Premiums paid to carrier			6b	
	С	Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in c				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
		_				
	e	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	inatina nlar	chack hara		
7	Cor	ntracts With Unallocated Funds (Do not include portions of these contracts m				
-	а			pation guarantee		
	_			adori guarantee		
		(3) guaranteed investment (4) other	7			
	L	Discount of the second				
	<u> </u>	Balance at the end of the previous year			7b	0
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits				
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(a) Other (specify below)	7c(5)	<u> </u>		
		(6)***	ाँ श्रेस			
		thi Lotal additions				
	d	(6)Total additions			7c(6)	0
		Total of balance and additions (add b and c(6))			7c(6) 7d	0
		Total of balance and additions (add b and c(6)) Deductions:				0
		Total of balance and additions (add b and c(6))	7e(1)			0
		Total of balance and additions (add b and c(6))	7e(1) 7e(2)			0
	е	Total of balance and additions (add b and c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1) 7e(2) 7e(3)			0
	е	Total of balance and additions (add b and c(6))	7e(1) 7e(2)			0
	е	Total of balance and additions (add b and c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1) 7e(2) 7e(3)			0
	е	Total of balance and additions (add b and c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1) 7e(2) 7e(3)			0
	е	Total of balance and additions (add b and c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1) 7e(2) 7e(3) 7e(4)			0
	е	Total of balance and additions (add b and c(6)). Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier	7e(1) 7e(2) 7e(3) 7e(4)			0

Schedule A	Form	5500)	2010
JUILEURIE V	11110 1	3300)	4010

Page	4
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Pa	Welfare Benefit Contract Informal If more than one contract covers the same gr information may be combined for reporting pr the entire group of such individual contracts of	oup of employees of the surposes if such contracts a	are experienc	re-rated as a unit. Wh	ere contracts	loyee organization(s), the cover individual employees,
8	Benefit and contract type (check all applicable boxes)				P	
	a Health (other than dental or vision)	b X Dental	сГ	Vision		d Life insurance
	e Temporary disability (accident and sickness)	f Long-term disabilit	<u> </u>	1		<u></u>
				Supplemental unem	ipioyment i	h Prescription drug
	i 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		9a(1)		5909633	
	(2) Increase (decrease) in amount due but unpaid	-	9a(2)			
	(3) Increase (decrease) in unearned premium res	F	9a(3)			
	(4) Earned ((1) + (2) - (3))				9a(4)	5909633
	b Benefit charges (1) Claims paid		9b(1)		4841886	
	(2) Increase (decrease) in claim reserves		9b(2)		50674	
	(3) Incurred claims (add (1) and (2))				9b(3)	4892560
	(4) Claims charged			•••••	9b(4)	
	c Remainder of premium: (1) Retention charges (or	,				
	(A) Commissions		9c(1)(A)			
	(B) Administrative service or other fees		9c(1)(B)		1151838	
	(C) Other specific acquisition costs		9c(1)(C)			
	(D) Other expenses	<u></u>	9c(1)(D)			
	(E) Taxes		9c(1)(E)		245072	
	(F) Charges for risks or other contingencies	<u> </u>	9c(1)(F)			
	(G) Other retention charges		9c(1)(G)		0 (4)(1)	1206010
	(H) Total retention				9c(1)(H)	1396910
	(2) Dividends or retroactive rate refunds. (These				9c(2)	
	d Status of policyholder reserves at end of year: (1)				9d(1)	
	(2) Claim reserves				9d(2)	
	(3) Other reserves				9d(3)	
10	e Dividends or retroactive rate refunds due. (Do no Nonexperience-rated contracts:	i include amount entered i	n c(2).)		9e	
	a Total premiums or subscription charges paid to ca	rrior			40-	201405
	b If the carrier, service, or other organization incurre				10a	391405
	retention of the contract or policy, other than repo	ted in Part I, item 2 above	niection with	une acquisition or unt	10b	
	Specify nature of costs		.,		100	

Part IV Provision of Information		*****	
11 Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

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

(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).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty C	Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				on	This Form is Open to Public Inspection	
For calendar plan year 20	110 or fiscal p	lan year beginning 01/01	1/2010	and en	ding 1:	2/31/20:	
A Name of plan STEELWORKERS	HEALTH A	ND WELFARE FUND		B Three	⊢digit number (PN))	501
C Plan sponsor's name a	as shown on I	ine 2a of Form 5500.		D Employ	er Identification	on Number (EIN)
Steelworkers :	Health &	Welfare Fund		23-131	7409		
Part I Informati	on Conce te Schedule A	rning Insurance Contracta. Individual contracts grouped	ct Coverage, Fees, a	and Comn	nissions Pr	ovide inform	nation for each contract A
1 Coverage Information:		3		<u> </u>	. tod on a onigi	<u> </u>	7.
(a) Name of insurance ca	rrier						
DAVIS VISION							
	(c) NAIC	(d) Contract or	(e) Approximate n	umber of		Policy or contract year	
(b) EIN	code	(d) Contract or identification number	persons covered a policy or contract	,	(f) Fro		(g) To
11-3051991	00000	USW-2,5,C2,C5	52003		01/01/	2010	12/31/2010
2 Insurance fee and com- descending order of the	mission inforr amount paid	nation. Enter the total fees and	total commissions paid. L	ist in item 3 t	the agents, bro	okers, and o	ther persons in
(a) Total a	amount of cor	nmissions paid		(b) Tota	al amount of fe	ees paid	
			0				4737:
3 Persons receiving com	missions and	fees. (Complete as many entri	es as needed to report all	persons).			
NATIONAL	(a) Name	and address of the agent, broke	er, or other person to who	m commissio	ns or fees we	re paid	
AVISVISION .59 EXPRESS STREI	ΞT						
PLAINVIEW	Į.	JY 11803					
(b) Amount of sales an		F	ees and other commission	ns paid			
commissions pai	d	(c) Amount		(d) Purpose			(e) Organization code
	0	47371	ADMINI	STRATION	N FEES		3
	(a) Name	and address of the agent, broke	er, or other person to whor	n commissio	ns or fees wer	e paid	
(b) Amount of sales an	d base	F	ees and other commissior	is paid			
commissions paid		(c) Amount		d) Purpose			(e) Organization code

Schedule A (Form 5500) 2010 Page 2-			
(a) N	ame and address of the agent, brok	ker, or other person to whom commissions or fees were paid	1
(b) Amount of sales and base		Fees and other commissions paid	(a) Organization
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) N	ame and address of the agent, brok	er, or other person to whom commissions or fees were paid	<u> </u>
(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, 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
(a) Na	ame 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
(a) Na	me 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

Part II		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of					
		this report.	ividuai cont	racts with each carrier ma	y be treat	ed as a unit for purposes of	
4	Cui	Tent value of plan's interest under this contract in the general account at yea	r end		. 4	T	
5		rent value of plan's interest under this contract in separate accounts at year			. 5		
		ntracts With Allocated Funds:			<u>.1 </u>		
	а	State the basis of premium rates					
		·					
	b	Premiums paid to carrier			6b		
	C	Premiums due but unpaid at the end of the year			6c		
	d	If the carrier, service, or other organization incurred any specific costs in co	onnection v	vith the acquisition or	6d		
		retention of the contract or policy, enter amount			. Ou		
		Specify nature of costs					
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity				
		(3) other (specify)					
		_					
	f	If contract purchased, in whole or in part, to distribute benefits from a termi	nating plan	check here			
7	Cor	stracts With Unallocated Funds (Do not include portions of these contracts ma					
•	a			ation guarantee			
	-		•	ation guarantee			
		(3) guaranteed investment (4) other					
	b	Balance at the end of the previous year			7b	0	
	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)	. 7c(5)				
		•					
			1 TO 15				
		(6)Total additions			7c(6)	0	
	d	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	7e(1)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		(2) Administration charge made by carrier	7e(2)				
		(3) Transferred to separate account	7e(3)		· · · · · · · · · · · · · · · · · · ·		
		(4) Other (specify below)	7e(4)				
		>					
					ja salat ka		
		(5) Total daductions			7-7-		
	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	2040
Scriedule A	(FUIIII	2200	1 2010

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Part	Welfare Benefit Contract Informa	tion			·,•···	
11.	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 surposes if such contracts	are experies	nce-rated as a unit. V	here contract	ployee organization(s), the s cover individual employees,
8 Be	nefit and contract type (check all applicable boxes)		uealeu as a	difficion purposes of the	iis report.	
a		b Dental	c	X Vision		d 🗆 Life incomence
		불				d Life insurance
e	Temporary disability (accident and sickness)	f Long-term disabil	-	Supplemental une	mployment	h Prescription drug
ı	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
m	Other (specify)					
9 Ex	perience-rated contracts:					
а	Premiums: (1) Amount received		9a(1)			
	(2) Increase (decrease) in amount due but unpai	db	9a(2)			
	(3) Increase (decrease) in unearned premium res					
	(4) Earned ((1) + (2) - (3))				9a(4)	0
b						
	(2) Increase (decrease) in claim reserves		9b(2)			
	(3) Incurred claims (add (1) and (2))				9b(3)	C
	(4) Claims charged				9b(4)	
С	Remainder of premium: (1) Retention charges (d			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) Charges for risks are the continued in		9c(1)(E)			
	(F) Charges for risks or other contingencies		9c(1)(F) 9c(1)(G)			
	(G) Other retention charges(H) Total retention				0-(1)(1)	0
						U
a	(2) Dividends or retroactive rate refunds. (These					
d	Status of policyholder reserves at end of year: (1,					
	(2) Claim reserves				9d(2)	
е	(3) Other reserves Dividends or retroactive rate refunds due. (Do no					
	onexperience-rated contracts:	or include amount entered	i in c(2) .)		9e	
a	Total premiums or subscription charges paid to c	arrior			100	002400
b	If the carrier, service, or other organization incurr				<u>10a</u>	903409
					106	
	retention of the contract or policy, other than repo	rted in Part I, item 2 abov	/e, report am	IV4: It	10b	

Part IV Provision of Information			
11 Did the insurance company fail to provide any information necessary to co	omplete Schedule A?	Yes X	No

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

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

,		pursuant to	s are required to provide the in ERISA section 103(a)(2).	This Form is Open to Public Inspection		
For calendar plan year 20	10 or fiscal p	olan year beginning 01/01,	/2010	and ending	12/31/20	10
A Name of plan STEELWORKERS I	HEALTH A	AND WELFARE FUND	В	Three-digit plan number (P	N) •	501
C Plan sponsor's name a	s shown on	line 2a of Form 5500.	D	Employer Identific	cation Number	(EIN)
Steelworkers H				-1317409	Sadon Namber	(City)
Part I Information	on Conce	rning Insurance Contract A. Individual contracts grouped a	t Coverage, Fees, and s a unit in Parts II and III can t	Commissions be reported on a s	Provide information	mation for each contract
1 Coverage Information:						
(a) Name of insurance can	rier					
	(-) NAIO	(A) C	(e) Approximate numbe	rof	Policy or o	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end policy or contract yea	of (5)	From	(g) To
23-1294723	54771	031500/01617693	36686	01/0	1/2010	12/31/2010
2 Insurance fee and commodescending order of the	nission infori amount paid	mation. Enter the total fees and to I.	otal commissions paid. List in	item 3 the agents	, brokers, and	other persons in
(a) Total a	mount of cor	mmissions paid		(b) Total amount	of fees paid	
		68325				(
3 Persons receiving comm	nissions and	fees. (Complete as many entries	s as needed to report all perso	ons).		
ADDCOD HELLOW A	(a) Name	and address of the agent, broker	r, or other person to whom cor	nmissions or fees	were paid	
MERCER HEALTH & E Six PPG Place Sui		LLC				
PITTSBURGH	I	PA 15222-5499				
(b) Amount of sales and			es and other commissions pai			
commissions paid		(c) Amount	(d) Pt	urpose		(e) Organization code
	68325					0
	(a) Name	and address of the agent, broker	or other person to whom con	missions or fees	were paid	
(b) Amount of sales and		<u>Fe</u>	es and other commissions pai	d		
commissions paid		(c) Amount	(d) Pu	ırpose		(e) Organization code

Schedule A (Form 550	0) 2010	Page 2-				
(a) N	lame and address of the agent,	broker, or other person to whom commissions or fees were pa	ild			
(b) Amount of sales and base		Fees and other commissions paid				
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	id			
(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,	broker, or other person to whom commissions or fees were pair	d			
(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	broker, or other person to whom commissions or fees were pai				
(5)	and und uddress of the agent, i	broker, or other person to whom commissions of fees were pair				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	ime and address of the agent, t	proker, 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			

		It Invocates and Associate Control Information				
۲	art	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such inc	lividual cont	raata with a sale seemise		
		Where individual contracts are provided, the entire group of such inc this report.	iividuai cont	racis with each carrier m	ay be treat	ed as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at yea	ar end		4	
5	Cur	rent value of plan's interest under this contract in separate accounts at year	end		5	
		ntracts With Allocated Funds:			··· <u>·</u>	
	a	State the basis of premium rates				
		·				
	b	Premiums paid to carrier			6b	
	C	Premiums due but unpaid at the end of the year			6c	
	d	If the carrier, service, or other organization incurred any specific costs in c				
		retention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferr	ed annuity			
		(3) other (specify)	•			
		(o) [] dillot (opeolity)				
	£	Manufacture and the state of th		, _		
_		If contract purchased, in whole or in part, to distribute benefits from a term				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts m		•		
	а	Type of contract: (1) deposit administration (2) immed	iate particip	ation guarantee		
		(3) guaranteed investment (4) other	>			
	b	Balance at the end of the previous year			. 7b	1
	С	Additions: (1) Contributions deposited during the year			70	
		(2) Dividends and credits				
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)				
)	75(5)			
		(A)=				
		(6)Total additions			. 7c(6)	0
		Total of balance and additions (add b and c(6))	• • • • • • • • • • • • • • • • • • • •		. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year				
		(2) Administration charge made by carrier				
		(3) Transferred to separate account			****	
		(4) Other (specify below)	7e(4)			
		>				
						도 가는 목숨맞은 같는
		(5) Total deductions		<u> </u>	7e(5)	
	f	Balance at the end of the current year (subtract e(5) from d)	******************		7e(5)	0

Schedule A (Form	5500	2010
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Page 4

Pa	art	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 purposes if such contracts	are experie	nce-rated as a unit - W	here contrac	ployee organization(s), the ts cover individual employees,
8	Be	nefit and contract type (check all applicable boxes				- · - F - · · ·	
	а		b Dental	С	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	. H	. 1			. 🖰
	:		Long-term disabil □	J .	Supplemental unen	ployment	h Prescription drug
	•	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)					
9		erience-rated contracts:					
	а	Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpai					
		(3) Increase (decrease) in unearned premium res					
		(4) Earned ((1) + (2) - (3))				. 9a(4)	
	D	Benefit charges (1) Claims paid					
		(2) Increase (decrease) in claim reserves					
		(3) Incurred claims (add (1) and (2))				9b(3)	C
	_	(4) Claims charged		••••••••		9b(4)	
	С	Remainder of premium: (1) Retention charges (o	· ·				
		(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) Charges for risks or other and investigation		9c(1)(E)			
		(F) Other retention charges		9c(1)(F) 9c(1)(G)			
		(G) Other retention charges				0 (4) (1)	
		(H) Total retention				9c(1)(H)	0
	а	(2) Dividends or retroactive rate refunds. (These				9c(2)	
	đ	Status of policyholder reserves at end of year: (1)				9d(1)	
		(2) Claim reserves				9d(2)	
	_	(3) Other reserves				9d(3)	
10	No	Dividends or retroactive rate refunds due. (Do no nexperience-rated contracts:	ot include amount entered	in c(2).)	•••••••••••	9e	
	a						
	b	Total premiums or subscription charges paid to collection in survey and the carrier services are other organization in survey.	arrier		4 .1	10a	159898733
		If the carrier, service, or other organization incurred retention of the contract or policy, other than repo	eu any specific costs in co irted in Part Litem 2 abov	onnection wil	in the acquisition or	10b	
	Sr	ecify nature of costs	ated in a dit i, item 2 dbov	c, report am	ount	100	
	- F	, ·					

Part IV Provision of Information			
11 Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

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

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

·			is are required to provide the o ERISA section 103(a)(2).	information	This Fo	orm is Open to Public Inspection
For calendar plan year 20	10 or fiscal p	lan year beginning 01/01	/2010	and ending	12/31/20	
A Name of plan STEELWORKERS HEALTH AND WELFARE FUND				Three-digit plan number	(PN) •	501
C Plan sponsor's name a	s shown on l	ine 2a of Form 5500.	D	Employer Ident	ification Number	(EIN)
Steelworkers I	Jaal+h c	Molfano Fund		3-1317409		
Part I Information	on Conce	rning Insurance Contrac	t Coverage, Fees, and	Commission	ns Provide infor	mation for each contract
on a separat	e Schedule A	A. Individual contracts grouped a	as a unit in Parts II and III can	be reported on a	a single Schedule	e A.
1 Coverage Information:						
(a) Name of insurance ca	rrier					
FORT DEARBORN	LIFE IN	SURANCE COMPANY				
	(c) NAIC	(d) Contract or	(e) Approximate numb	er of	Policy or o	ontract year
(b) EIN	code	identification number	persons covered at en policy or contract ye		(f) From	(g) To
36-2598882	71129	MUSWA1	2756	01/	01/2010	12/31/2010
2 Insurance fee and common descending order of the	mission inforn amount paid	nation. Enter the total fees and to	otal commissions paid. List in	item 3 the agen	ts, brokers, and	other persons in
(a) Total a	mount of cor	mmissions paid		(b) Total amou	nt of fees paid	
		20392				(
3 Persons receiving comm		fees. (Complete as many entrie				
HEALTHCARE BENEFI	(a) Name	and address of the agent, broke	r, or other person to whom co	mmissions or fee	es were paid	
1501 REEDSDALE ST						
SUITE 304						
PITTSBURGH	F	PA 15233				
(b) Amount of sales and		Fe	ees and other commissions pa	aid		
commissions paid	<u> </u>	(c) Amount	(d) F	Purpose		(e) Organization code
	20392					0
	(a) Name	and address of the agent, broker	r, or other person to whom co	mmissions or fee	es were paid	
(b) Amount of sales and	i hase	Fe	es and other commissions pa	id		
commissions paid		(c) Amount		urpose		(e) Organization code

Schedule A (Form 550	0) 2010	Page 2-		
(a) N	ame and address of the agent, br	oker, or other person to whom commissions or fees were pai	d	
	V	The second of th	-	
(b) Amount of sales and base		Fees and other commissions paid	(a) Organization	
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	1	
	1			
(b) Amount of sales and base commissions paid	(-) (-)	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 paid		
(b) Amount of sales and base		Fees and other commissions paid		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
(a) Na	me and address of the agent, bro	oker, 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	
i				
(a) Na	me and address of the agent, bro	ker, or other person to whom commissions or fees were paid		
	or the agent, or	Not, or data, person to whom commissions of fees were palu		
(b) Amount of sales and base		Fees and other commissions paid	(a) O	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	

Pa	rt II	II Investment and Annuity Contract Information				
	. A.	Where individual contracts are provided, the entire group of such in	ndividual con	tracts with each carrier m	ay be treat	ed as a unit for purposes of
A .	·	tnis report.				
5	Curr	rrent value of plan's interest under this contract in the general account at y	ear end			
		rrent value of plan's interest under this contract in separate accounts at years at Mills All and a 15 miles	ar end		5	
_	a a	ntracts With Allocated Funds:				
	a	State the basis of premium rates				
	b	Promiums paid to carrier			<u> </u>	
	C	Premiums paid to carrier Premiums due but unpaid at the end of the year			6b	
	d	If the carrier, service, or other organization incurred any specific costs in			<u>6c</u>	
	_	retention of the contract or policy, enter amount		with the acquisition or	6d	
		Specify nature of costs				
(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 honests from a second				
		If contract purchased, in whole or in part, to distribute benefits from a ter				
		ntracts With Unallocated Funds (Do not include portions of these contracts				
•	а		•	ation guarantee		
		(3) guaranteed investment (4) other	•			
	D	Balance at the end of the previous year			. 7b	0
(Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits				
		(3) Interest credited during the year				
		(4) Transferred from separate account	7 . 7		-	
		(5) Other (specify below)	7c(5)			
		,				
		(6)Total additions			7c(6)	0
		Total of balance and additions (add b and c(6)).			. 7d	0
1		Deductions:	- (4)			경영화 경기는 전 경영하다.
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		(3) Transferred to separate account				
	· /·	(4) Other (specify below)	7e(4)		.5	
	,	•				
	_	(5) Total deductions			7e(5)	0
f	F	Balance at the end of the current year (subtract e(5) from d)			76	

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P	art	Welfare Benefit Contract Information one contract covers the same of information may be combined for reporting the entire group of such individual contracts	roup ourpos	of employees of the	cts are experie	end	e-rated as a unit. Wh	ere contrac	ploye ts cov	e organization(s), the ver individual employees,
8	Bei	efit and contract type (check all applicable boxes								
	а	Health (other than dental or vision)	b	Dental	C	:[Vision		d X	Life insurance
	е	Temporary disability (accident and sickness)	f [Long-term disa	bility a	ıÖ	Supplemental unem	nlovment	h∏	Prescription drug
	i	Stop loss (large deductible)	: [HMO contract	, s k		PPO contract	pioyment	믬	
	m	-	J	J TIMO CORRIACE			PPO contract		ı 📋	Indemnity contract
	111	other (specify) FADD, DEPSE, LID, SI								
9	Exn	erience-rated contracts:							T	
Ĭ	-	Premiums: (1) Amount received			9a(1)	Т				
	_	(2) Increase (decrease) in amount due but unpa				+			- 1	
		(3) Increase (decrease) in unearned premium re				$^{+}$			-	
		(4) Earned ((1) + (2) - (3))						9a(4)	+	
	b	Benefit charges (1) Claims paid				T		<u> </u>		ana vola istori
		(2) Increase (decrease) in claim reserves				T				
		(3) Incurred claims (add (1) and (2))						9b(3)		(
		(4) Claims charged		***************************************				9b(4)		
	С	Remainder of premium: (1) Retention charges (,					-	
		(A) Commissions				_]	
		(B) Administrative service or other fees]	
		(C) Other specific acquisition costs							1	
		(D) Other expenses							ļ :	
		(E) Charge for side and the				_			1	
		(F) Other retention charges				-			-	
		(G) Other retention charges						0 (4)(10)	<u> </u>	
		(4) Total retention						9c(1)(H)	-	0
	d	(2) Dividends or retroactive rate refunds. (These				2	· ·	9c(2)	-	
	u	Status of policyholder reserves at end of year: (1						9d(1)	 	
		(2) Claim reserves						9d(2)		
	е	Dividends or retroactive rate refunds due. (Do n	at incl	ude amount enter	 ed in c(2))	••••		9d(3) 9e	 	
10	No	nexperience-rated contracts:	J. III.CII	ude amount enter	eu iii c(z) .)			Je		
		Total premiums or subscription charges paid to o	arrier				Г	10a	 	1009593
	b	If the carrier, service, or other organization incurr	ed an	v specific costs in	connection w	vith	the acquisition or	IVa	ļ	1009393
		retention of the contract or policy, other than repo	orted i	n Part I, item 2 ab	ove, report ar	moı	unt	10b		
	Sp	ecify nature of costs 🕨			•		_		•	

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

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

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

		This Form is Open to Public Inspection					
For calendar plan year 20	10 or fiscal p	olan year beginning 01/0	and en	ding	12/31/2010		
A Name of plan STEELWORKERS	HEALTH A	AND WELFARE FUND		B Three plan	e-digit number (PN) •	501
C Plan sponsor's name a	s shown on	line 2a of Form 5500.		D Employ	ver Identifica	tion Number	(FIN)
·	don radinger	(E114)					
Steelworkers I			ot Coverage Fees	23-131			
on a separat	e Schedule	rning Insurance Contra A. Individual contracts grouped	l as a unit in Parts II and III	and Comn can be repo	nissions i rted on a sin	Provide intorr ale Schedule	nation for each contract e A.
1 Coverage Information:						***************************************	
(a) Name of insurance ca	rrier						
ANTHEM BLUE C	ROSS AN	D BLUE SHIELD					
	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f) F	rom	(g) To
54-0357120	71835	48846	9327	9327 01		/2010	12/31/2010
2 Insurance fee and communication descending order of the	nission infor	mation. Enter the total fees and	total commissions paid. L	ist in item 3 t	he agents, b	orokers, and	other persons in
		mmissions paid		(b) Tota	al amount of	fees paid	
			0				147264
3 Persons receiving comm	nissions and	fees. (Complete as many entr	ries as needed to report all	persons).			
		and address of the agent, brok			ns or fees w	ere paid	
ORTHROP GRUMMAN ONE HORNET WAY							
MS 158/D3		33					
EL SEGUNDO	~	CA 90245					<u> </u>
(b) Amount of sales an commissions paid			Fees and other commissio				
COMMISSIONS PAIN		(c) Amount		(d) Purpose			(e) Organization code
	0	147264	ADMINI	ADMINISTRATION FEES			0
	(a) Name	and address of the agent, brok	er or other person to who	m commission	ne or fooe w	oro poid	
	(a) Hame	and address of the agent, brok	er, or other person to who	II COMMISSION	ils of lees w	ere paid	
(b) Amount of sales and	base	F	ees and other commission	ns paid			
commissions paid		(c) Amount		d) Purpose			(e) Organization code

Schedule A (Form 550	0) 2010	Page 2-	
(a) N	lame and address of the agent, bro	ker, or other person to whom commissions or fees were pai	d
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) N	ame and address of the agent, brol	ker, or other person to whom commissions or fees were pai	d
(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, brok	Ker, 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 code
		(L) . diposo	6600
(a) N	ame and address of the agent, brok	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
(a) Na	ime 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

P	art l	Investment and Annuity Contract Information				
·		Where individual contracts are provided, the entire group of such ind	ividual cont	racts with each carrier m	ay be treat	ed as a unit for purposes of
A	· · ·	this report.				
-	Cur	rent value of plan's interest under this contract in the general account at year	ır end		4	
		rent value of plan's interest under this contract in separate accounts at year tracts With Allocated Funds:	end	***************************************	5	
U	a					
	а	State the basis of premium rates •				
	b	Premiums paid to carrier			Ch	T
	C	Premiums due but unpaid at the end of the year			6b	
	d	If the carrier, service, or other organization incurred any specific costs in c			60	
	_	retention of the contract or policy, enter amount		nur the acquisition of	6d	
		Specify nature of costs			···· <u>·</u>	
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity			
		(3) other (specify)	J			
		(e) [suital (eposity) /				
	f	If contract numbers and in what are in sent to distribute to the Co. Co.				
7	f	If contract purchased, in whole or in part, to distribute benefits from a term				
′		tracts 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			7 b	0
	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)	7c(5)			
		•				
		(6)Total additions			7c(6)	0
	ď	Total of balance and additions (add b and c(6))			. 7d	0
	е	Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account				
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	0
	_	Balance at the end of the current year (subtract e/5) from d)	*****************		76(3)	0

Schedule A	Form	5500)	2010
JUILUAL N	(1 01111	3300)	2010

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	irt l	If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup urpo with	of employees of the ses if such contracts	are experi	enc	e-rated as a unit. Wh	ere contrac	ploye ts cov	e organization(s), the er individual employees,
8	Ber	efit and contract type (check all applicable boxes)		_			_			
	а	X Health (other than dental or vision)	b	Dental	C	;	Vision		d 🗌	Life insurance
	е	Temporary disability (accident and sickness)	f	Long-term disabil	ity Ç	3	Supplemental unem	ployment	h∏	Prescription drug
	i	Stop loss (large deductible)	i	HMO contract	k	ιΓ	PPO contract		ıΠ	Indemnity contract
	m	Other (specify)	-	-			1		- 🗀	masming semasor
9	Ехр	erience-rated contracts:				-			F-11.	
-	-	Premiums: (1) Amount received			9a(1)	Т			-	
		(2) Increase (decrease) in amount due but unpaid				+			┪	
		(3) Increase (decrease) in unearned premium res				7			-	
		(4) Earned ((1) + (2) - (3))						9a(4)		(
	b	Benefit charges (1) Claims paid							1	
		(2) Increase (decrease) in claim reserves				T				그는 음악을 보고 말하는 것이다. 무슨 사람이 말하는 것이다.
		(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) [7	
		(B) Administrative service or other fees			9c(1)(B))			7	
		(C) Other specific acquisition costs			9c(1)(C)					원으로 기업화원 그리
		(D) Other expenses			9c(1)(D)]	
		(E) Taxes] :::	
		(F) Charges for risks or other contingencies		***************************************	9c(1)(F)					
		(G) Other retention charges			9c(1)(G					
		(H) Total retention			••••••			9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amo	ounts were 🗌 paid ir	n cash, or	C	redited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1	Am	ount held to provide	benefits aft	ter ı	retirement	9d(1)		
		(2) Claim reserves	<i></i>	***************************************				9d(2)		
		(3) Other reserves		***************************************				9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	t inc	clude amount entered	d in c(2) .)			9e		
10	No	nexperience-rated contracts:								
	а	Total premiums or subscription charges paid to c	arrie	r			•••••	10a		66667970
	b	If the carrier, service, or other organization incurretention of the contract or policy, other than repo						10b		
	Sp	ecify nature of costs			•		,			

11 Did the insurance company fail to provide any information necessary to complete 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).

File as an attachment to Form 5500.

OMB No. 1210-0110

Pension Benefit Guaranty Corporation 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	10 or fiscal p	ilan year beginning 01/01	/2010	and e	ending :	12/31/20			
A Name of plan				B Thre	ee-digit				
STEELWORKERS 1	HEALTH A	ND WELFARE FUND		1	n number (PN))	501		
					· · · · · · · · · · · · · · · · · · ·				
C Plan sponsor's name a	s shown on	line 2a of Form 5500.		D Empl	D Employer Identification Number (EIN)				
Steelworkers 1	Health &	: Welfare Fund		23-13	17409				
Part I Information on a separat	on Conce	rning Insurance Contract A. Individual contracts grouped a	t Coverag	je, Fees, and Com	missions F	Provide infornale Schedule	nation for each contract		
1 Coverage Information:									
(a) Name of insurance ca	rrier								
HIGHMARK									
	(c) NAIC	(d) Contract or	(e) Ap	proximate number of		Policy or co	ontract year		
(b) EIN	code	identification number	, ,	persons covered at end of policy or contract year		rom	(g) To		
23-1294723	54771	031500/01617693		35542	01/01	/2010	12/31/2010		
2 Insurance fee and coming descending order of the	mission infor	mation. Enter the total fees and t	otal commiss	sions paid. List in item 3	3 the agents, b	rokers, and o	other persons in		
		mmissions paid		/b) T/	otal amount of	foos paid			
(4) 1044	intodit of ooi	15603	3	(5) 10	Jiai amount or	iees paid	(
3 Persons receiving com		fees. (Complete as many entrie							
		and address of the agent, broke	er, or other pe	erson to whom commiss	ions or fees w	ere paid			
MERCER HEALTH & F Six PPG Place Sui		LLC							
PITTSBURGH	I	PA 15222-5499)						
(b) Amount of sales an	d base	F	ees and othe	r commissions paid					
commissions pai		(c) Amount		(d) Purpose	e		(e) Organization code		
	15603						0		
	(-))								
	(a) Name	and address of the agent, broke	r, or other pe	rson to whom commissi	ions or fees w	ere paid			
(b) Amount of sales and	d base	Fe	ees and other	r commissions paid					
commissions paid		(c) Amount		(d) Purpose)		(e) Organization code		

Schedule A (Form 5500	0) 2010	Page 2-	
(a) N	ame and address of the agent, b	roker, or other person to whom commissions or fees were pa	nid
	3	post to the post t	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) N	ame and address of the agent, br	roker, or other person to whom commissions or fees were pa	id
(b) Amount of sales and base		Fees and other commissions paid	(a) Organization
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 pa	id
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization
oo	(c) Amount	(a) Furpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai	d
(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, bro	oker, or other person to whom commissions or fees were paid	<u> </u>
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

P	Part II Investment and Annuity Contract Information				
- 1	Where individual contracts are provided, the entire group of such this report.	individual cont	racts with each carrier m	ay be treate	ed as a unit for purposes of
4	4 Current value of plan's interest under this contract in the general account at	year end		4	
5					
6	Contracts With Allocated Funds:				
	State the basis of premium rates				
	b Premiums paid to carrier			6b	
	C Premiums due but unpaid at the end of the year			6с	
	d If the carrier, service, or other organization incurred any specific costs i retention of the contract or policy, enter amount	n connection v	vith the acquisition or	6d	
	Specify nature of costs				
	e Type of contract: (1) individual policies (2) group def	erred annuity			
	(3) other (specify)				
	f If contract purchased, in whole or in part, to distribute benefits from a te	erminating plan	chack hara		
7	Contracts With Unallocated Funds (Do not include portions of these contracts				
•			ation guarantee		
			auon guarantee		
	(3) guaranteed investment (4) other	21 F			
	h Delegation to the				T
	b Balance at the end of the previous year			7b	0
	C Additions: (1) Contributions deposited during the year				
	(2) Interest gradited during the year				
	(3) Interest credited during the year(4) Transferred from separate account				
	(5) Other (specify below)				
	to, outer (speeiny below)	70(3)	1		
	(6) Total additions			7-(0)	
	(6)Total additions d Total of balance and additions (add b and c(6)).			7c(6)	0
	e Deductions:	•••••		<u> 7d</u>	0
	(1) Disbursed from fund to pay benefits or purchase annuities during year	r 7e(1)			
	(2) Administration charge made by carrier				
	(3) Transferred to separate account				
	(4) Other (specify below)				
)	7			하다는 그 그 마음이 가능하는 것 [20] 등 사람들은 기계
				10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	(E) Total daduations		<u> Alberta de ja ja ja en side pide</u>		
	(5) Total deductions			7e(5)	0
	- Salarios at the end of the editorit year (Subfract Cla) [10] [1]			. 7f	0

Schedule A	(Form	5500)	2010
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P	ลดย	a 4

-							
P	art	Welfare Benefit Contract Informa If more than one contract covers the same conformation may be combined for reporting the entire group of such individual contracts	roup of employees of the ourposes if such contract	s are experiend	ce-rated as a unit. Wh	ere contract	oloyee organization(s), the s cover individual employees,
8	Bei	nefit and contract type (check all applicable boxes					
	а	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabi	<u></u>	Supplemental unem	alaumant	h X Prescription drug
	ï		L ·	, J		bioyment	3
	•	Stop loss (large deductible)	j HMO contract	k _	PPO contract		I Indemnity contract
	m	_ Other (specify) ▶					
9	Evn	erience-rated contracts:					
9	•	Premiums: (1) Amount received		0-(1)			
	u	(2) Increase (decrease) in amount due but unpai		1.7			
		(3) Increase (decrease) in unearned premium re		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid			***************************************	34(4)	
	-	(2) Increase (decrease) in claim reserves		1 - 3.7			
		(3) Incurred claims (add (1) and (2))				9b(3)	0
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (c				(.)	
		(A) Commissions	***************************************	9c(1)(A)			
		(B) Administrative service or other fees					
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses	••••••	9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies.		9c(1)(F)			[그렇다 뭐 그렇게 !
		(G) Other retention charges					
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These	amounts were 🔲 paid i	n cash, or 🔲 c	redited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)	
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entere	d in c(2) .)		9e	
10	No	nexperience-rated contracts:			_		
	а	Total premiums or subscription charges paid to c			L	10a	42726450
	b	If the carrier, service, or other organization incurr	ed any specific costs in o	connection with	the acquisition or		
	٠.	retention of the contract or policy, other than repo	orted in Part I, item 2 abo	ve, report amo	unt[10b	
	Þ	ecify nature of costs					

Part IV Provision of Information			
11 Did the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

,	insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			tion This F	This Form is Open to Public Inspection		
For calendar plan year 20	010 or fiscal p	lan year beginning 01/0	1/2010	and er	nding 12/31/2	12/31/2010	
A Name of plan STEELWORKERS	HEALTH A	ND WELFARE FUND		ì	e-digit number (PN)	501	
C Plan sponsor's name	as shown on I	line 2a of Form 5500.		D Emplo	yer Identification Numbe	r (EIN)	
Steelworkers	Health &	: Welfare Fund		23-131	17409	,	
Part I Informati	on Conce	rning Insurance Contract. Individual contracts grouped	ct Coverage, Fee	s, and Comi	missions Provide info	rmation for each contract	
1 Coverage Information:		me.madar contracto greaped	as a unit in 1 are it an	a in can be repo	orted on a single Scriedu	IC A.	
(a) Name of insurance ca	T		(e) Approxima	to number of	Policy or	contract year	
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons cover	ed at end of	(f) From	(g) To	
23-1294723	54771	031500/01617693	3 142	27	01/01/2010	12/31/2010	
2 Insurance fee and com descending order of the	mission inforr	mation. Enter the total fees and	total commissions paid	d. List in item 3	the agents, brokers, and	other persons in	
		nmissions paid		(b) To	tal amount of fees paid		
3 Porcone resolving som	missions and	food (Complete as more sately		4 . 11			
T ersons receiving com		fees. (Complete as many entri and address of the agent, brok			ons or fees were paid		
(b) Amount of sales ar			ees and other commis			_	
commissions pai	la l	(c) Amount		(d) Purpose		(e) Organization code	
	(-) No.						
	(a) Name	and address of the agent, broke	er, or otner person to v	vnom commissio	ons or fees were paid		
(b) Amount of sales an	d base	F	ees and other commis	sions paid			
commissions pai	d	(c) Amount		(d) Purpose		(e) Organization code	

Schedule A (Form 5500	0) 2010	Page 2-	
(a) N	lame and address of the agent, brok	ker, or other person to whom commissions or fees were pa	aid
		,	
(b) Amount of sales and base		Fees and other commissions paid	
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
(a) N	ame and address of the agent, brok	ker, or other person to whom commissions or fees were pa	iid
(h) Amount of poles and have		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
4.3.3.			
(a) Na	ame and address of the agent, brok	er, or other person to whom commissions or fees were pa	<u>id</u>
(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, broke	er, or other person to whom commissions or fees were pai	d
(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, broke	er, or other person to whom commissions or fees were pai	d
(6)	me and address of the agent, broke	er, or duter person to whom commissions or fees were par	u
(D.) A		Foos and other commissions and	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	-	,-,	5500

Р	art	Investment and Annuity Contract Information			***************************************	
		Where individual contracts are provided, the entire group of such ind	lividual cont	racts with each carrier m	ay be treat	ed as a unit for purposes of
<u></u>		this report.				
-	Cui	rrent value of plan's interest under this contract in the general account at year	r end		4	
		rent value of plan's interest under this contract in separate accounts at year	end		5	
0	a	ntracts With Allocated Funds:				
	a	State the basis of premium rates				
	b	Dramitums paid to carrier			Ch	
	C	Premiums paid to carrier Premiums due but unpaid at the end of the year				
	ď	If the carrier, service, or other organization incurred any specific costs in c			<u>6c</u>	
	_	retention of the contract or policy, enter amount	onnection v	wur trie acquisition or	6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity			
		(3) other (specify)	· · · · · · · · · · · · · · · ·			
		(5) Tourier (Specify)				
	£	If combined muscles and included a substrate to the first transfer of the first transfer				
_		If contract purchased, in whole or in part, to distribute benefits from a termi				
′		ntracts With Unallocated Funds (Do not include portions of these contracts m				
	а		iate particip	ation guarantee		
		(3) guaranteed investment (4) other	>			
	b	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)	7c(5)	<u></u>		
		•				
		(6)Total additions			7c(6)	0
	d	Total of balance and additions (add b and c(6))			. 7d	0
	е	Deductions:			i vije i j	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account				
		(3) Transferred to separate account				
		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·	. 7e(4)		7e(5)	0

Schedule A	(Form	5500)	2010

Page 4	1
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P	art I	Welfare Benefit Contract Informal 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 urposes if such contract	s are exper	ence-rated as a unit. \	Where contrac	ployee organization(s), the ts cover individual employ	ne yees,
8	Ber	nefit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b Dental		○ Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disab		Supplemental une	emplovment	h Prescription drug	
	i	Stop loss (large deductible)	j HMO contract	•	PPO contract	1 - 3	7	
	·		j [] Tiwo contract		M PPO COIMIACI		I Indemnity contract	
	m	Other (specify)						
0								
9		erience-rated contracts:		0 (4)			_	
	а	Premiums: (1) Amount received						
		(2) Increase (decrease) in amount due but unpaid					4	
		(3) Increase (decrease) in unearned premium res				0 (0)		
	h	(4) Earned ((1) + (2) - (3))			······	9a(4)		
	b	Benefit charges (1) Claims paid						
		(2) Increase (decrease) in claim reserves		<u> </u>		01 (0)		.: .
		(3) Incurred claims (add (1) and (2))						0
	С	(4) Claims charged			•••••	9b(4)		
	·	Remainder of premium: (1) Retention charges (o (A) Commissions		0-(1)(0	<u>. T</u>		4	-
							-	
		(B) Administrative service or other fees					-	-
		(C) Other specific acquisition costs(D) Other expenses						-
		(E) Taxes						
				- 4-1-4				- 21
		(F) Charges for risks or other contingencies (G) Other retention charges						
		<u> </u>				0-(1)(1)		. 0
		(H) Total retention		_	=			
		(2) Dividends or retroactive rate refunds. (These						
	a	Status of policyholder reserves at end of year: (1)						
		(2) Claim reserves						
	_	(3) Other reserves						
10		Dividends or retroactive rate refunds due. (Do no	ot include amount entere	ed in c(2).) .		9e		
10		nexperience-rated contracts:						
		Total premiums or subscription charges paid to ca				10a	2866	5588
	b	If the carrier, service, or other organization incurred retention of the contract or policy, other than repo	ed any specific costs in o	connection	with the acquisition or	10b		
	Sn	pecify nature of costs	inted in Fart I, item 2 abt	ove, report a	anount	100	1	
	γP	rectify flattare of costs.						

Part IV	Provision of Information			
11 Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

(Form 5500)

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

File as an attachment to Form 5500.

Insurance Information

OMB No. 1210-0110

		pursuant to ERISA section 103(a)(2).				This Form is Open to Public Inspection		
For calendar plan year 20	10 or fiscal p	lan year beginning 01/01	1/2010	and e	nding 12/31/2	010		
A Name of plan STEELWORKERS	HEALTH A	ND WELFARE FUND			e-digit number (PN)	501		
C Plan sponsor's name a	as shown on I	line 2a of Form 5500.		D Emplo	yer Identification Numbe	r (EIN)		
Steelworkers 1	Health &	: Welfare Fund		23-13	17409			
Part I Informati on a separa	on Conce te Schedule /	rning Insurance Contract A. Individual contracts grouped	ct Coverage, Fees, a as a unit in Parts II and III	and Com	missions Provide infor	mation for each contract e A.		
1 Coverage Information:								
(a) Name of insurance ca	rrier							
HIGHMARK								
(-) NA(-		(d) Contract or	(e) Approximate n	umber of	Policy or	contract year		
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	persons covered at end of policy or contract year		(g) To		
25-1522457	54771	031500/01617693	41		01/01/2010	12/31/2010		
2 Insurance fee and com- descending order of the	mission information	mation. Enter the total fees and	total commissions paid. L	ist in item 3	the agents, brokers, and	other persons in		
(a) Total a	amount of cor	mmissions paid		(b) To	otal amount of fees paid			
3 Persons receiving com	missions and	fees. (Complete as many entri	es as needed to report all	persons).				
		and address of the agent, brok			ions or fees were paid			
	····							
(b) Amount of sales an	d base	F	ees and other commission					
commissions pai	d	(c) Amount	1	(d) Purpose		(e) Organization code		
		***************************************			-			
	(a) Name	and address of the agent, broke	er, or other person to whor	n commissi	ons or fees were paid			
(b) Amount of sales an	d base	-	ees and other commission	ıs paid				
commissions paid		(c) Amount		d) Purpose		(e) Organization code		

Schedule A (Form 5500) 2010	Page 2-	Page 2-		
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were pai	d		
(b) Amount of sales and base		Fees and other commissions paid	(a) Organization		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Na	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid	1		
(b) Amount of sales and base		Fees and other commissions paid	(a) Organization		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
(a) Na	ma and address of the agent bro	ker, or other person to whom commissions or fees were paid			
(a) Na	me and address of the agent, bro	iker, or other person to whom commissions or fees were paid]		
4.1.1		Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code		
	300000000000000000000000000000000000000	17, 17			
(a) Na	me and address of the agent bro	ker, or other person to whom commissions or fees were paid			
(a) Na	me and address of the agent, bro	ker, or other person to whom commissions or rees were paid			
(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, brok	ker, or other person to whom commissions or fees were paid			
(3) (43)	and addition of the agent, blur	need, so said person to minim commissions of fees were part			
T					
(b) Amount of sales and base	/-> A	Fees and other commissions paid	(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code		

Page	3

Pa	rt II Investment and Annuity Contract Information				
	Where individual contracts are provided, the entire group of such indi	ividual cont	tracts with each carrier ma	ay be treate	ed as a unit for purposes of
4	this report. Current value of plan's interest under this contract in the general account at yea	rond		4	
	Current value of plan's interest under this contract in the general account at year				
_	Contracts With Allocated Funds:	eriu		<u></u>	
-	a State the basis of premium rates				
	b Premiums paid to carrier			6b	
	Premiums due but unpaid at the end of the year				
1	d If the carrier, service, or other organization incurred any specific costs in co			6d	
	retention of the contract or policy, enter amount				
	Specify nature of costs				
(Type of contract: (1) individual policies (2) group deferre	ed annuity			
	(3) other (specify)				
	f If contract purchased, in whole or in part, to distribute benefits from a termi	nating plan	check here		
7 (Contracts With Unallocated Funds (Do not include portions of these contracts managed and the contract of the c	aintained ir	separate accounts)		
			ation guarantee		
	(3) guaranteed investment (4) other	•			
١	Balance at the end of the previous year			. 7b	0
(Additions: (1) Contributions deposited during the year			1	
	(2) Dividends and credits	- 4-1			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	<u> </u>			
	(5) Other (specify below)	7c(5)			
	•			i ji vi.	
	(6)Total additions			7c(6)	0
	d Total of balance and additions (add b and c(6))			. 7d	0
	e Deductions:			<u>. 1947</u>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	. 7e(2)			
	(3) Transferred to separate account				
	(4) Other (specify below)	7e(4)	L		
	•				
	(5) Total deductions			7e(5)	0
1	Balance at the end of the current year (subtract e(5) from d)			7f	0

Dago	Δ
rauc	-

a e	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) Stop loss (large deductible) Other (specify)		c [Vision Supplemental unen	······································	d Life insurance
a e	Health (other than dental or vision) Temporary disability (accident and sickness) Stop loss (large deductible) Other (specify)	b Dental f Long-term disal	bility g	Supplemental unen		h Prescription drug
e	Temporary disability (accident and sickness) Stop loss (large deductible) Other (specify)	f Long-term disal	bility g	Supplemental unen		h Prescription drug
i	Stop loss (large deductible) Other (specify)	=			nployment	
m ☐ (Other (specify)	j X HMO contract	k [PPO contract		1 □
9 Experie						I Indemnity contract
						_
a Pre	ence-rated contracts:				·	
	emiums: (1) Amount received					
(2)	Increase (decrease) in amount due but unpaid	d				
	Increase (decrease) in unearned premium res					
_	Earned ((1) + (2) - (3))				. 9a(4)	0
	enefit charges (1) Claims paid		***************************************			
	Increase (decrease) in claim reserves		<u> </u>			
	Incurred claims (add (1) and (2))				9b(3)	0
	Claims charged(1) Behavioral to the control of the control o		•••••	••••••	. 9b(4)	
C Re	emainder of premium: (1) Retention charges (o		0-(1)(0)			
	(A) Commissions(B) Administrative service or other fees					
	(C) Other specific acquisition costs		- 1111-1			
	(D) Other expenses					
	(E) Taxes					
	(F) Charges for risks or other contingencies		4 4 4 4 4 4			
	(G) Other retention charges					
	(H) Total retention				9c(1)(H)	0
(2)	Dividends or retroactive rate refunds. (These	_	_			
	atus of policyholder reserves at end of year: (1				9d(1)	
	Claim reserves	•			9d(2)	
(3)	Other reserves	***************************************			9d(3)	
e Div	vidends or retroactive rate refunds due. (Do no	ot include amount enter	ed in c(2) .)		9e	
10 Nonex	perience-rated contracts:					
a To	tal premiums or subscription charges paid to c	arrier			10a	109923
b If the ret	he carrier, service, or other organization incurr	ed any specific costs in	connection wit	h the acquisition or		

Part IV	Provision of Information		
11 Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Y	X No

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

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	10 or fiscal p	lan year beginning 01/01	1/2010	and er	nding 12/	31/201	.0	
A Name of plan STEELWORKERS F	HEALTH A	ND WELFARE FUND			e-digit number (PN))	501	
C Plan sponsor's name a	s shown on I	ine 2a of Form 5500.		D Emplo	yer Identification I	Number (F	=IN)	
				23-131		Tamber (E	-114)	
Steelworkers F		welfare Fund rning Insurance Contract	ct Coverage Fees a			de inform:	ation for each contract	
on a separate	e Schedule A	A. Individual contracts grouped	as a unit in Parts II and III	can be repo	orted on a single S	Schedule /	A.	
1 Coverage Information:								
(a) Name of insurance car	rier							
DAVISVISION/H	IGHMARK							
() 1110		(d) Contract or	(e) Approximate nu	mber of	Policy or co		ntract year	
(b) EIN	(c) NAIC code	identification number		persons covered at end of policy or contract year			(g) To	
06-1041332	93440	USW-001,C01	22560		01/01/20	010	12/31/2010	
2 Insurance fee and common descending order of the	nission inforr amount paid	nation. Enter the total fees and	total commissions paid. Lis	st in item 3	the agents, broke	rs, and ot	her persons in	
(a) Total a	mount of cor	nmissions paid		(b) To	tal amount of fees	paid		
			0				33961	
3 Persons receiving comm	nissions and	fees. (Complete as many entri	es as needed to report all p	ersons).				
HIGHMARK LIFE INS	(a) Name	and address of the agent, broke	er, or other person to whom	commissi	ons or fees were p	paid		
PO 1840	ORANCE	COMPANI						
HARTFORD	C	CT 06144-1840)					
(b) Amount of sales and	d base	F	ees and other commission	s paid				
commissions paid	1	(c) Amount	(d) Purpose				(e) Organization code	
	0	33961	INSU	RANCE F	EES		3	
	(a) Name	and address of the agent, broke	er or other person to whom	commissio	one or fees were n	naid		
		and additional of the again, prom	si, or ourse person to whom	001111110010	one or rece were p	iaid		
(b) Amount of sales and	d base	F	ees and other commissions	s paid				
commissions paid		(c) Amount	(0	d) Purpose			(e) Organization code	

Schedule A (Form 5500	0) 2010	Page 2-	
(a) N	ame and address of the agent, brok	ker, 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
(a) N	ame and address of the agent, brok	er, or other person to whom commissions or fees were paid	
		Food and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
	(2)	(a) · aiposo	3330
(a) N	ame and address of the agent, brok	er, 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	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	ame 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
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(4)	and discussion and agent, protection	ary or during person to whom commissions or rees were puld	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

Page	3

P	art l	Investment and Annuity Contract Information	•			
	1.	Where individual contracts are provided, the entire group of such ind	ividual cont	racts with each carrier m	ay be treate	ed as a unit for purposes of
4		this report.				
		rent value of plan's interest under this contract in the general account at year				
		ent value of plan's interest under this contract in separate accounts at year tracts With Allocated Funds:	ena	***************************************	5	
U	a	State the basis of premium rates				
	u	State the basis of premium rates.				
	b	Premiums paid to carrier			6b	1
	c	Premiums due but unpaid at the end of the year				
	d	If the carrier, service, or other organization incurred any specific costs in or				
	_	retention of the contract or policy, enter amount		war are acquisition of	6d	
		Specify nature of costs			*	
	е	Type of contract: (1) individual policies (2) group deferred	ed annuity			
		(3) other (specify)	·			
		(c) [] const (effect))				
	f	If contract numbered in tubels or in part to distribute here the format to the				
7		If contract purchased, in whole or in part, to distribute benefits from a termi				
,		tracts 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	
	C	Additions: (1) Contributions deposited during the year				
		(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)			
		>				
			17.5			
			1 2, 17			
		(6)Total additions			7c(6)	0
	d	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	7e(1)			
		(2) Administration charge made by carrier	. 7e(2)			
		(3) Transferred to separate account				
		(4) Other (specify below)	7e(4)			[문화] 고속한음력
)			· Wiles .	
		45) -				
		(5) Total deductions			. 7e(5)	0
	f	Balance at the end of the current year (subtract e(5) from d)		***************************************	. 7f	0

Schedule	A	Form	5500)	2010
Juliedaic	~ '	(1 01111	3300)	2010

Page	4
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_		Wolfers Panelit Contract Informat							
P	art	Welfare Benefit Contract Informatiful finore than one contract covers the same g	roup	of employees of the	same employ	ver(s) or members of t	he same em	nlove	e organization(s) the
	1	information may be combined for reporting p	urpos	es if such contracts	are experien	ce-rated as a unit. Wi	nere contrac	ts cov	er individual employees,
		the entire group of such individual contracts		each carrier may be	treated as a u	unit for purposes of thi	s report.		
8	Ber	nefit and contract type (check all applicable boxes)	_	_	_	_			
	а	Health (other than dental or vision)	b	Dental	c	Vision		d X	Life insurance
	е	Temporary disability (accident and sickness)	f	Long-term disabil	lity g	Supplemental unem	ployment	h∏	Prescription drug
	i	Stop loss (large deductible)	j	HMO contract	k [PPO contract	. ,	ıÏ	Indemnity contract
	m	Other (specify)			L	_		- Ш	
9	Exp	erience-rated contracts:							
	а	Premiums: (1) Amount received		***************************************	9a(1)			7.	
		(2) Increase (decrease) in amount due but unpaid	i	••••••				7	
		(3) Increase (decrease) in unearned premium res	erve.		9a(3)				
		(4) Earned ((1) + (2) - (3))					9a(4)		0
	b	Benefit charges (1) Claims paid			9b(1)			3.5	
		(2) Increase (decrease) in claim reserves			9b(2)				
		(3) Incurred claims (add (1) and (2))					9b(3)	:	0
		(4) Claims charged					9b(4)		
	С	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			9c(1)(C)		***************************************		
		(D) Other expenses			9c(1)(D)				
		(E) Taxes		•••••	9c(1)(E)				
		(F) Charges for risks or other contingencies	· · · · · · · · ·	••••••	9c(1)(F)			_ Լ	
		(G) Other retention charges					·		
		(H) Total retention		_			9c(1)(H)		0
		(2) Dividends or retroactive rate refunds. (These	amo	unts were 📗 paid ir	n cash, or ∐ d	credited.)	9c(2)		
	d	Status of policyholder reserves at end of year: (1)	Amo	ount held to provide	benefits after	retirement	9d(1)		
		(2) Claim reserves					9d(2)		
		(3) Other reserves					9d(3)		
	е	Dividends or retroactive rate refunds due. (Do no	t incl	ude amount entered	d in c(2) .)		9e		
10	No	nexperience-rated contracts:							
	а	Total premiums or subscription charges paid to ca					10a	<u> </u>	754698
	b	If the carrier, service, or other organization incurre		, ,			405		
	٠.	retention of the contract or policy, other than repo	пеа	n Part I, Item 2 abo	ve, report amo	ount	10b	.l	
	Þ	ecify nature of costs							

Par	t IV	Provision of Information			
11	Did the	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

SCHEDULE A

(Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2010

		pursuant to	ERISA section 103(a)(2).			Inspection
For calendar plan year 20	10 or fiscal pla	an year beginning 01/01/	['] 2010	and ending	12/31/20	
A Name of plan	ווה אד חיוו א			B Three-digit		E01
SIEELWORKERS .	HEALTH AN	ID WELFARE FUND	_	plan numb	er (PN)	501
C Plan sponsor's name a	as shown on lir	ne 2a of Form 5500.		D Employer Ide	entification Number (EIN)
Steelworkers	Health &	Welfare Fund		23-131740	9	
Part I Informati	on Concer	ning Insurance Contract Individual contracts grouped as	Coverage, Fees, an	d Commiss	ions Provide inform	ation for each contract
1 Coverage Information:	e Concado A.	marviadar contracts grouped as	s a unit in r arts it and in ca	ir be reported o	in a single scriedule	Α.
(a) Name of insurance ca	rrier					
		LTH PLANS INC.				
	(a) NAIC	(d) Contract of	(e) Approximate num	ber of	Policy or co	ntract vear
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered at e	nd of	(f) From	(g) To
94-1340523	00000	9170	87	1	0/01/2009	09/30/2010
2 Insurance fee and com descending order of the	mission inform	ation. Enter the total fees and to	tal commissions paid. List	in item 3 the ag	gents, brokers, and o	ther persons in
(a) Total amount of commissions paid (b) Total amount of fees paid						
3 Persons receiving com		ees. (Complete as many entries				
	(a) Name a	and address of the agent, broker,	, or other person to whom o	commissions or	fees were paid	
/I.		Fag	es and other commissions	naid		
(b) Amount of sales ar commissions pai		(c) Amount		Purpose		(e) Organization code
	(a) Name a	and address of the agent, broker,	or other person to whom o	ommissions or	fees were paid	
		me according to the agong or oner,	, or ourse porson to union c	01111110010110 01	icos were para	
		MARKET PLANTS CONTROL OF THE PROPERTY OF THE P				
(b) Amount of sales an			es and other commissions			
commissions paid	d	(c) Amount	(d)	Purpose		(e) Organization code
	ı	i			Į.	

Schedule A (Form 5500	0) 2010	Page 2-	
(a) N	ame and address of the agent, b	roker, or other person to whom commissions or fees were paid	1
	and and addition of the agenty of	nonce, or outer person to whom commissions or rees were party	
(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, b	roker, 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
(a) N	ame and address of the agent, br	oker, or other person to whom commissions or fees were paid	
	I		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
		(a) Furpose	code
(a) Na	ame and address of the agent, bro	oker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base commissions paid	(-) A	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, bro	oker, 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

P	art	Where individual contracts are provided, the entire group of such indi	ividual cont	racts with each carrier ma	y be treate	ed as a unit for purposes of
<u></u>	C	this report.			A	
5		rent value of plan's interest under this contract in the general account at year rent value of plan's interest under this contract in separate accounts at year				,
-		ntracts With Allocated Funds:	enu			
Ŭ	a	State the basis of premium rates				
	b	Premiums paid to carrier			. 6b	
	C	Premiums due but unpaid at the end of the year		***************************************	. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in co			6d	
		retention of the contract or policy, enter amount	••••••			
		Specify nature of costs				
	_					
	е	Type of contract: (1) individual policies (2) group deferre	ed annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termi	nating plan	check here		
7	Cor	tracts With Unallocated Funds (Do not include portions of these contracts ma	aintained ir	separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedi	ate particip	ation guarantee		
		(3) guaranteed investment (4) other	•			
		_				
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)	<u> </u>	***************************************	
		•				
					g Jake	
		(6)Total additions			7c(6)	0
		Total of balance and additions (add b and c(6)).			7d	0
	е	Deductions:	7. (4)		1.1431	
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)		<u>_</u>	
		(3) Transferred to separate account	7e(3) 7e(4)			
		(4) Other (specify below)	76(4)	<u>l</u> Massacher Beigen aus Alege	* F1 - 1 - 1 - 1	
		•				
	,	(5) Total deductions			7e(5)	0
	Ť	Balance at the end of the current year (subtract e(5) from d)			7f	0

Schedule A (Form 5500) 2010		Page	4	
Part III Welfare Benefit Contract Informati If more than one contract covers the same gro information may be combined for reporting put the entire group of such individual contracts w	oup of employees of the sarposes if such contracts ar	e experienc	e-rated as a unit. Where contract	nployee organization(s), the cts cover individual employees,
8 Benefit and contract type (check all applicable boxes)				
a X Health (other than dental or vision)	b Dental	с	Vision	d Life insurance
e Temporary disability (accident and sickness)	f Long-term disability	g∏	Supplemental unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k ∏	PPO contract	I Indemnity contract
m ☐ Other (specify) ▶	·			
9 Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unpaid.		9a(2)		
(3) Increase (decrease) in unearned premium rese	rve	9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	!
(4) Claims charged	***************************************		9b(4)	
c Remainder of premium: (1) Retention charges (on	an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees		9c(1)(B)		
(C) Other specific acquisition costs		9c(1)(C)		

	e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	9e	
10	Nonexperience-rated contracts:		
	Total premiums or subscription charges paid to carrier	10a	45004
	b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	10b	

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves.....

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....

9c(1)(D)

9c(1)(E)

9c(1)(F)

9c(2)

9d(1)

9d(2) 9d(3)

Specify nature of costs

Part	IV Provision of Information			
11 [oid the insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

(D) Other expenses.....

(E) Taxes.....

(F) Charges for risks or other contingencies

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Service Provider Information

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

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and ending 12/31/2010				
A Name of plan	B Three-digit				
		01			
STEELWORKERS HEALTH AND WELFARE FUND		-			
		· .			
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)				
Steelworkers Health & Welfare Fund	23-1317409				
	20 1017100				
Part I Service Provider Information (see instructions)					
You must complete this Part, in accordance with the instructions, to report the information or more in total compensation (i.e., money or anything else of monetary value) in connection plan during the plan year. If a person received only eligible indirect compensation for which answer line 1 but are not required to include that person when completing the remainder of	on with services rendered to the plan or the person's po th the plan received the required disclosures, you are r	osition with the			
1 Information on Persons Receiving Only Eligible Indirect Compensa	tion				
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of					
indirect compensation for which the plan received the required disclosures (see instruction	s for definitions and conditions)	Yes X No			
b If you answered line 1a "Yes," enter the name and EIN or address of each person providir received only eligible indirect compensation. Complete as many entries as needed (see in		10			
(b) Enter name and EIN or address of person who provided you d	sclosures on eligible indirect compensation				
(b) Enter name and EIN or address of person who provided you d	sclosure on eligible indirect compensation				
(b) Enter name and EIN or address of person who provided you di	sclosures on eligible indirect compensation				
(b) Enter name and EIN or address of person who provided you dis	sclosures on eligible indirect compensation				

Schedule C (Form 5500) 2010	Page 2-
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address	of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of	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

answere	d "yes" to line 1a above	e, complete as many	entries as needed to list ea	or Indirect Compensation ach person receiving, directly on the plan or their position with the	r indirectly, \$5,000 or more in	total compensation
			(a) Enter name and EIN o	or address (see instructions)		
CENTRA	L DATA SERVICE			25-1352803		
(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		(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	
	NONE	804215	Yes No 🛛	Yes No No		Yes No
			(a) Enter name and EiN o	r address (see instructions)		-
(b) Service Code(s)		by the plan. If none,	(e) Did service provider receive indirect compensation? (sources	(f) Did indirect compensation include eligible indirect compensation, for which the	(g) Enter total indirect compensation received by service provider excluding	(h) Did the service provider give you a formula instead of
13	person known to be a party-in-interest	enter -0	other than plan or plan sponsor)	plan received the required disclosures?	eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	an amount or estimated amount
	NONE	142657	Yes No X	Yes No		Yes No
			a) Enter name and EIN or	address (see instructions)		
MARGARE'	T STOUT			23-1317409		
(b) Service Code(s)	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?
	NONE		Yes No X	Yes No		Yes No

64400

	Schedule C (Form 55	500) 2010		Page 4-		
			(a) Enter name and EIN o	r address (see instructions)		
DIANE	PICKLE			23-1317409		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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?
	NONE	64400	Yes No 🗓	Yes No		Yes No
			a) Enter name and FIN or	r address (see instructions)		
ELIZABE	TH LOHNER		ay Enter Harris and Ent of	25-1317409		
(b) Service Code(s)	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?
	NONE	52800	Yes No 🗵	Yes 📗 No 📗		Yes No
		(1	a) Enter name and EIN or	address (see instructions)		
JOANNE	M. MOROCCO			25-1317409		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	52426	Yes No 🗓	Yes No		Yes No

	Schedule C (Form 55	00) 2010		Page 4-		

			(a) Enter name and EIN o	r address (see instructions)		
RICHMO	ND CAPITAL MA	NAGEMENT		54-1288566		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none	(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	(h) Did the service provider give you a formula instead of an amount or usestimated amount?
27			, ,		answered "Yes" to element (f). If none, enter -0	
28 19	NONE					
50		40641	Yes No 🛚	Yes 🗍 No 🗍		Yes No
			a) Enter name and EIN or	address (see instructions)		·
KATHRYN	J WAT.T.	,	•	23-1317409		
(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	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	Did the service provider give you a formula instead of an amount or
					(f). If none, enter -0	
	NONE	38459	Yes No 🗓	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
BREDHOE	F & KAISER			52-0969534		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE				(f). If none, enter -0	
		37430	Yes No 🛚	Yes No		Yes No

	Schedule C (Form 55	00) 2010		Page 4-		
						
		W	(a) Enter name and EIN o	r address (see instructions)		
INNOVE	ST PORTFOLIO	SOLUTIONS		84-1612955		
(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	
50						
51 70	NONE	36781	Yes No 🛚	Yes No		Yes No
		1	(a) Enter name and EIN or	r address (see instructions)		<u></u>
MODELLIAN	NEY & ASSOCIAT		(a) Enter hame and Envio	38-3806684		
(b) Service	(c) Relationship to	(d)	(e)	(f)	(g)	(h)
Code(s)	employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	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	Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	24000	Yes No 🗵	Yes No		Yes No
	-	(a) Enter name and EIN or	address (see instructions)		
THE SEC	AL COMPANY			13-1975125		
(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?
	NONE	14118	Yes 🏻 No 🗍	Yes 📗 No 🗓	5280	Yes No X

	Schedule C (Form 55	00) 2010		Page 4-	····	
			(a) Enter name and EIN or	r address (see instructions)		
AMERIS	ERV TRUST & F	INANCIAL		25-0851535		
(b) Service Code(s) 28	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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 formula instead an amount or estimated amoun
50	NONE	12023	Yes No 🛚	Yes [] No []		Yes No
			a) Enter name and EIN or	address (see instructions)		
			,			
(b) Service Code(s)	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?	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 formula instead o an amount or estimated amoun
			Yes 🗍 No 🗍	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	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 or an amount or estimated amount

D-41 lo : D : : : : : : : : : : : : : : : : :			
Part I Service Provider Information (control of you reported on line 2 receipt of indirect compensation or provides contract administrator, consulting, custodial questions for (a) each source from whom the service purposition of your provider gave you a formula used to determine the indimany entries as needed to report the required information.	n, other than eligible indirect comper I, investment advisory, investment m rovider received \$1,000 or more in in rect compensation instead of an amo	anagement, broker, or recordkeepii	ng services, answer the following
(a) Enter service provider name as	s it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirec
		11 16	
THE SEGAL COMPANY			5280
(d) Enter name and EIN (address) of sour	rce of indirect compensation	formula used to determin	compensation, including any e the service provider's eligibility the indirect compensation.
FEDERAL INSURANCE COMPANY 15 MOUNTAINVIEW ROAD WARREN NJ 07059	13-1963496	FIDUCIARY INSURAN	CE COMMISSIONS
(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 sour	ce of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as	it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
	ce of indirect compensation	(e) Describe the indirect	

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Schedule C (Form 5500) 2010

Schedule	С	(Form	5500)	2010
Concadio	•	(1 01111	0000	, 2010

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Part II Service Providers Who Fail or Refuse to	Provide Infor	mation
4 Provide, to the extent possible, the following information for exthis Schedule.	ach service provide	er 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 of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service	(C) Describe the information that the service provider failed or refused to provide
	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 instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)				
а	Name:	b EIN:		
С	Position:			
d	Address:	e Telephone:		
E	xplanation:			
a	Name:	b EIN:		
_ C	Position:			
d	Address:	e Telephone:		
Ex	xplanation:			
а	Name:	b EIN:		
C	Position:			
d	Address:	e Telephone:		
Ex	planation:			
а	Name:	b ein;		
С	Position:			
d	Address:	e Telephone:		
Exp	planation:			
а	Name:	b EIN;		
С	Position:			
d	Address:	e Telephone:		
Exp	planation:			

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).

2010

OMB No. 1210-0110

File as an attachment to Form 5500.

This Form is Open to Public

Pension Benefit Guaranty Corporation		Inspection	on
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and ending	12/31/2010	
A Name of plan STEELWORKERS HEALTH AND WELFARE FUND	B Three-dig plan num	, .	501
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer	Identification Number (E	- INI
Steelworkers Health & Welfare Fund	23-131740	(-114)

Part I Asset and Liability Statement

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

Assets	Ţ.	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	689009	1054361
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1584852	803874
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4121233	3960474
(2) U.S. Government securities	1c(2)	4218541	2957771
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6795803	6453631
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19347287	24607497
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	43353

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e	76658	74636
f	Total assets (add all amounts in lines 1a through 1e)	1f	36833383	39955597
	Liabilities			
g	Benefit claims payable	1g	198481	0
h	Operating payables	1h	753410	356098
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	575458	644583
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1527349	1000681
	Net Assets			
ı	Net assets (subtract line 1k from line 1f)	11	35306034	38954916

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		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	. 2a(1)(A)	449270087	
	(B) Participants	2a(1)(B)	7076827	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	. 2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		456346914
þ	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3374	
	(B) U.S. Government securities	2b(1)(B)	177983	
	(C) Corporate debt instruments	2b(1)(C)	383995	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	126	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		565478
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	167185	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		167185
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9054443	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8788840	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		265603

			(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	185527	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		185527
(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	9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(1	Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2450579
c 0	Other income			526329
d T	otal income. Add all income amounts in column (b) and enter total	2d		460507615
	Expenses			
e B	enefit payment and payments to provide benefits:			
	Directly to participants or beneficiaries, including direct rollovers	2e(1)		
	2) To insurance carriers for the provision of benefits	2e(2)	455218928	
	3) Other	2e(3)		
(4	I) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	-	455218928
	orrective distributions (see instructions)	2f		
	ertain deemed distributions of participant loans (see instructions)	2g		
	iterest expense	2h		
i A	dministrative expenses: (1) Professional fees	2i(1)	218205	
(2	2) Contract administrator fees	2i(2)	804215	
	Investment advisory and management fees	2i(3)	89446	
	i) Other	2i(4)	527939	
	i) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1639805
_	otal expenses. Add all expense amounts in column (b) and enter total	2j		456858733
-	Net Income and Reconciliation			
k N	et income (loss). Subtract line 2j from line 2d	2k		3648882
_	ransfers of assets:			
(1) To this plan	21(1)		
) From this plan	21(2)		
Part				
Coi atta	mplete lines 3a through 3c if the opinion of an independent qualified public ac ached.	countant is	attached to this Form 5500. Compl	lete line 3d if an opinion is not
	e attached opinion of an independent qualified public accountant for this plan	is (see instr	ructions):	
	(1) X Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
b Did	the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-		3-12(d)?	Yes X No
	er the name and EIN of the accountant (or accounting firm) below:	- and/or ro	or region to be a few free free free	
	(1) Name: MCELHANEY & ASSOCIATES, LLC		(2) EIN: 38-3806684	
d The	opinion of an independent qualified public accountant is not attached becau		ext Form 5500 pursuant to 29 CFR	2520.104-50
<u>.</u>	(-, ()			

Schedule H	(Form	5500)	⊦2010

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Pa	rt IV	Compliance Questions					
4	CCTs 103-1	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,	4m, 4n, oı	r 5.	
	During	g the plan year:		Yes	No	A	mount
а	period	here a failure to transmit to the plan any participant contributions within the time d 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 secure	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 ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b	-	x		
С	Were	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.)	4c	7	Х		
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		x		
е	Was tl	his plan covered by a fidelity bond?	4e	х			500000
f	Did the	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		300000
g	Did the	e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?			X		
h	Did the	e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4g		X		*
i	Did the	e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4h 4i	X	^		
j	value (any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j	X			
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k	-	X		
1	Has th	e plan failed to provide any benefit when due under the plan?	41		Х		***************************************
m	If this i	s an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m	_ 4	½ 		
n	If 4m v	vas answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		1.14.1.1.1		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	⊠ No	Amou	nt:	
5b	lf, durir transfe	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), rred. (See instructions.)	ident	fy the pla	n(s) to wh	nich assets or lia	ibilities were
	5b(1) N	Name of plan(s)			5b(2) EIN	l(s)	5b(3) PN(s)
				•			

Certified Public Accountants
1725 Washington Road • Suite 602 • 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, 2010 and 2009, 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, 2010 and 2009 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 America.

McElhaney & Associates, LLC

Pittsburgh, Pennsylvania July 15, 2011

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

<u>ASSETS</u>	<u>2010</u>	<u>2009</u>
INVESTMENTS AT FAIR VALUE		
Cash Equivalents	\$ 174,639	\$ 273,169
U.S. Government	2,957,771	4,218,541
Corporate Debt	6,453,631	6,795,803
Mutual Funds	24,607,497	19,347,287
Other Debt (Municipal Obligations)	43,353	15,347,207
Other Bost (manicipal Obligations)	34,236,891	30,634,800
Accrued Interest	88,725	110,570
ASSETS HELD FOR INVESTMENTS	34,325,616	30,745,370
AGGETG HELD FOR HAVES IMENTS	34,323,010	30,743,370
SEGREGATED FUNDS	214,999	221,984
CASH	3,570,836	3,626,080
RECEIVABLES		
Participating Employers' Contributions	1,064,361	699,009
Self Pay Contributions	161,035	388,592
Retiree Drug Subsidy	334,256	•
ARRA Subsidy	212,858	621,481
Report Fee Receivable		459,209
Nopoli ree Receivable	7,000 1,779,510	<u>5,000</u> 2,173,291
Allowance for Doubtful Accounts		
Allowance for Doubtful Accounts	(<u>10,000)</u> 1,769,510	(<u>10,000)</u> 2,163,291
OTHER ASSETS	1,709,510	2,163,291
Furnishings and Equipment (Net of Depreciation)	2.424	4 267
Prepaid Expenses	2,431	4,367
Insurance Deposit	22,205 50,000	22,291
insulance Deposit		<u>50,000</u>
	<u>74,636</u>	<u>76,658</u>
TOTAL ASSETS	39,955,597	36,833,383
LIABILITIES		
Contributions Received in Advance - Others	420 594	252 474
Contribution Received in Advance (Escrowed)	429,584 214,999	353,474
Accounts Payable - Administrative Expenses		221,984
Accounts rayable - Authinistrative Expenses	<u>356,098</u>	<u>753,410</u>
TOTAL LIABILITIES	<u>1,000,681</u>	1,328,868
NET ASSETS AVAILABLE FOR BENEFITS	\$ 38,954,916	<u>\$ 35,504,515</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:	<u>2010</u>	2009
CONTRIBUTIONS		
Participating Employers	\$ 449,270,087	\$ 430,534,914
Self Pay Contributions	5,446,888	5,264,894
•	454,716,975	435,799,808
INVESTMENT INCOME		
Investment Income	732,663	779,942
Net Appreciation (Depreciation)	2,901,709	5,422,266
Investment Fees	(89 446)	(94,991)
	3,544,926	6,107,217
OTHER INCOME		
Miscellaneous Income	21,669	26,629
Report Fee	12,000	12,000
Medicare Subsidy	492,660	219,880
Cobra Subsidy	1,629,939	<u>905,372</u>
	<u>2,156,268</u>	1,163,881
TOTAL ADDITIONS	460,418,169	443,070,906
BENEFITS		
Insurance Premiums Paid for Life Insurance	276,079	282,422
Insurance Premiums Paid for Health Benefits	<u>455,141,330</u>	436,460,759
	455,417,409	436,743,181
ADMINISTRATIVE EXPENSES (page 12)	<u>1,550,359</u>	1,540,198
TOTAL DEDUCTIONS	_456,967,768	438,283,379
NET INCREASE (DECREASE) DURING YEAR	3,450,401	4,787,527
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>35,504,515</u>	30,716,988
End of Year	<u>\$ 38,954,916</u>	<u>\$ 35,504,515</u>

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

AMOUNTS CURRENTLY PAYABLE	<u>2010</u>	2009
Claims Payable Premiums Due to Insurers	\$ - 	\$ - 198,481
	-	198,481
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>

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

	<u>2010</u>	<u>2009</u>
AMOUNTS CURRENTLY PAYABLE		
Balance at Beginning of Year Claims Reported and Approved for	\$ 198,481	\$ 1,782,546
Payment	455,218,928	435,159,116
Claims Paid	(455,417,409)	(436,743,181)
Balance at End of Year	•	198,481
POSTEMPLOYEMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYALBE	-	-
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE	<u> </u>	
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ _	<u>\$ 198,481</u>

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NOTES TO FINANCIAL STATEMENTS DECEMBER 2010 AND 2009

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 2010 AND 2009

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:

	<u>Decemb</u>	<u>er 31, 2010</u>	<u>December 31, 2009</u>
	<u>Income</u>	<u>Appreciation</u>	Income Appreciation
Cash Equivalents	\$ 3,374	\$ -	\$ 12,111 \$ -
U.S. Government	177,983	98,038	234,808 (17,553)
Corporate Debt	383,995	208,285	340,571 533,638
Municipal Debt	126	2,361	- (7,856)
Mutual Funds	167,185	2,593,025	192,452 4,914,037
	\$ 732,663	\$ 2,901,709	\$ 779,942 \$ 5,422,266

Investments that represent more than 5% of net assets:

		<u>December 31, 2010</u>		<u>Decembe</u>	r 31, 2009	
		Cost	Market	Cost	Market	
American Funds-Europacif	ic Mutual Fund	\$ 3,435,815	\$ 4,624,404	\$ 4,352,632	\$ 5,459,016	
Dodge&Cox Stock Fund	Mutual Fund	4,479,013	4,556,794	5,200,694	4,716,515	
Allianz Growth	Mutual Fund	3,965,548	4,730,611	5,182,586	5,546,269	
Luther King Small Cap	Mutual Fund	3,727,968	3,964,608	4,533,498	3,625,488	
Absolute Strategies	Mutual Fund	2,000,000	2,028,064		•	
Fidelity Floating High	Mutual Fund	2,514,818	2,561,700	-	-	

STEELWORKERS HEALTH AND WELFARE FUND NOTES TO FINANCIAL STATEMENTS DECEMBER 2010 AND 2009

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, 2010 and 2009:

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, 2010 AND 2009

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, 2010:

	•	Fair value Measurements at Reporting Date Using:				
		Quoted Prices		Significant		
		In Active Markets	Significant Other	Unobservable		
		For Identical Assets	Observable Inputs	Inputs		
<u>Description</u>	<u>12/31/2010</u>	(Level 1)	(Level 2)	(Level 3)		
Cash Equivalents	\$ 174,639	\$ 174,639	\$ -	\$ -		
U.S. Gov't Securities	2,957,771	•	2,957,771	•		
Corporate Bonds	6,453,631	•	6,453,631	-		
Other Debt	43,353	•	43,353			
Mutual Funds	24,607,497	_24,607,497		•		
	\$ 34,236,891	\$ 24,782,136	\$ 9,454,755	\$ -		

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

		g Date Using:		
		Quoted Prices		Significant
		In Active Markets	Significant Other	Unobservable
		For Identical Asset	ts Observable Inputs	inputs
<u>Description</u>	12/31/2009	(Level 1)	(Level 2)	(Level 3)
Cash Equivalents	\$ 273,169	\$ 273,169	\$ -	\$ -
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		-
	<u>\$ 30,634,800</u>	\$ 19,620,456	\$ 11,014,344	\$ -

NOTE 5 - SEGREGATED FUNDS

As a result of settlement agreements with two former employers, 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:

	2010		2009	
	MARKET	COST	MARKET	COST
Cash/Money Market	<u>\$ 214,999</u>	\$ 214,999	\$ 221,984	\$ 221,984

STEELWORKERS HEALTH AND WELFARE FUND NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

NOTE 6 - FURNISHINGS AND EQUIPMENT

Equipment consists of computer equipment, as	follows: <u>2010</u>	<u>2009</u>
Furniture & Fixtures	\$ 12,939	\$ 12,939
Equipment	<u> 1,207</u>	1,207
	14,146	14,146
Less: Accumulated Depreciation	<u> 11,715</u>	<u>9,779</u>
NET	\$ 2,431	\$ 4,367

Depreciation expense is \$ 1,936 and \$ 2,089 for the years ended December 31, 2010 and 2009. 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 \$ 71,714 for the year ended December 31, 2010.

Minimum required future rental payments under this operating lease as of December 31, 2010 are:

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 2010 and 2009 financial statements to the Form 5500.

Net Assets Available for Benefits per Form 5500	<u>Dec. 31, 2010</u> \$ 38,954,916	Dec. 31, 2009 \$ 35,306,034
Benefit Obligations Currently Payable Adoption of SOP 92-6	-	198, <u>481</u>
Net Assets Available for Benefits Per Financial Statements	<u>\$ 38,954,916</u>	<u>\$ 35,504,515</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	\$ 455,417,409	\$ 436,743,181
Add: Amounts Payable at End of Year	-	198,481
Less: Amounts Payable at Beginning of Year	(198,481)	<u>(1,782,546</u>)
Benefits Paid for Participants Per Form 5500.	\$ 455,218,928	<u>\$ 435,159,116</u>

STEELWORKERS HEALTH AND WELFARE FUND NOTES TO FINANCIAL STATEMENTS DECEMBER 2010 AND 2009

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 2010 and 2009 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 to extend the period for involuntary terminations through February 13, 2012.

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

ADMINISTRATIVE EXPENSES	<u>2010</u>	2009
Administrative Fee	\$ 804,215	\$ 785,516
Audit Fee	24,000	24,000
Insurance	37,613	38,417
Legal Expense	37,430	37,674
Office Supplies And Miscellaneous Expense	41,304	25,719
Payroll	272,921	305,720
Payroll Taxes	22,961	25,738
Employee Fringe Benefits	71,490	78,691
Depreciation	1,936	2,089
Rent	71,714	70,956
Actuarial Consultants	14,118	7,882
Report Expense	8,000	6,000
Payroll - Reimbursed To United Steelworkers	131,068	119,390
Travel - Reimbursed To United Steelworkers	<u>11,589</u>	12,406
TOTAL ADMINISTRATIVE EXPENSES	<u>\$ 1,550,359</u>	<u>\$ 1,540,198</u>

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

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

(a) (b) Identity of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Share or Maturit Value		(e) Current <u>Value</u>
Interest - bearing cash: Goldman Sachs #462 Goldman Sachs #462	Money Market Money Market SUBTOTAL	N/A N/A	N/A N/A	variable variable	129,149 45,490	129,149 <u>45,490</u> 174,639	129,149 45,490 174,639
U.S. Government Securities: (See attached pages 15 - 17)						2,827,827	2,957,771
<u>Corporate Debt - Other:</u> (See attached pages - 18 - 22)						6,081,568	6,453,631
Other Debt - Municipal New Jersey TPK	Municipal Bond	N/A	1/1/41	7.102%	40,000	40,992	43,353
Mutual Funds							
American Funds - Europacific	Mutual Fund	N/A	N/A	N/A	111,944	3,435,816	4,624,404
Dodge& Cox Stock Fund	Mutual Fund	N/A	N/A	N/A	42,287	4,479,013	4,556,794
Luther King Small Cap	Mutual Fund	N/A	N/A	N/A	184,486	3,727,968	3,964,608
Allianz Growth RCM Large	Mutual Fund	N/A	N/A	N/A	344,546	3,965,548	4,730,611
Absolute Strategies	Mutual Fund	N/A	N/A	N/A	187,091	2,000,000	2,028,064
Fidelity Floating High	Mutual Fund	N/A	N/A	N/A	261,665	2,514,818	2,561,700
Gateway Fund Y	Mutual Fund	N/A	N/A	N/A	23,870	605,877	622,045
Pimco Commodity	Mutual Fund	N/A	N/A	N/A	112,360	900,000	1.043.820
Rydex Ser Funds	Mutual Fund	N/A	N/A	N/A	18,443	450,000	475,451
	SUBTOTAL					22,079,040	24,607,497
	TOTALS				4	31,204,066	\$ 34,236,891

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

	FORM 5500, SC	HEDULE H. PART IV, QUESTION I		Plan
		(b&c)		
<u>(a)</u>	lde	ntity & Description U.S. GOVERNMENT SECURITIES	(e)	(d)
	27 105 470) FHLMC POOL #A15829		
	27/103.470	5.5% DUE 11/1/33	29,122.66	27,410.42
	47,907.630	FEDERAL HOME LN MTG CORP	51,742.16	46 250 64
		5.5% DUE 6/1/2035	51,/42.10	46,350.64
	44,389.660	FHLMC POOL #A47333	46,860.83	41,865.01
		5.00% DUE 10/01/35	10,000.63	4T,000.0T
	53,150.220	FHLMC POOL #A47371	56,109.09	50,891.32
		5.000% DUE 10/01/2035	20,200103	30,032.32
	15,120.930		16,309.28	15,678.51
		POOL #B10916	-•	
		5.5% DUE 11/1/2018		
	14,789.830	FEDERAL HOME LOAN MORTGAGE CO	15,781.19	15,282.03
		POOL #B12164 5% DUE 2/1/19		
	13,387.110	FEDERAL HOME LN MTG CORP	14,439.20	13,981.13
	2 007 210	5.5% DUE 2/1/2019		
	3,967.310	FHLMC POOL #C01371	4,523.09	4,176.84
	12 464 040	7% DUE 6/1/2032 FHLMC #C01428 GOLD		
	12,203.010	5.5% DUE 11/01/2032	13,383.76	12,619.83
	15.342.280	FHLMC #C0 C01491	16 961 01	16 001 70
		6.000000% 2/1/33	16,861.01	16,001.52
	28,318.150	FEDERAL HOME LOAN MORTGAGE CO	30,425.59	28,738.47
		5.5% DUE 11/1/33	307 123.33	20,730.37
	18,095.640	FEDERAL HOME LOAN MORTGAGE CO	19,886.93	18,488.64
		POOL #C01726	•	,
		6% DUE 12/1/2033		
	8,150.840		8,957.69	8,466.99
		POOL #C76726		
	20 205 070	6% DUE 2/1/2033		
	20,205.070	FEDERAL HOME LOAN MORTGAGE CO POOL #C77937	22,205.17	20,858.58
		6% DUE 2/1/2033		
	4.048.390	FEDERAL HOME LOAN MORTGAGE CORP	4 602 54	4 444 44
	-,	GOLD POOL #C80334	4,623.54	4,348.23
		7.5% DUE 8/1/2025		
	41,611.980	FEDERAL HOME LN MTG CORP	45,675.81	43,439.12
		6.00 DUE 8/1/2024	10,0,0,0	10,109.12
		POOL #C90847		
		FHLMC #E01311	27,471.92	26,588.53
	19,376.750	FEDERAL HOME LOAN MORTGAGE CO	20,898.02	19,912.63
		5.5% DUE 11/1/18		
	37,945.410	FEDERAL HOME LOAN MORTGAGE CO	40,454.74	39,261.64
		POOL #E01590 5% DUE 2/1/2019		,
	9,511.670	FEDERAL HOME LOAN MORTGAGE CO	10,143.34	9,879.50
		POOL #E92829		
	12 006 600	5% DUE 12/1/2017		
	12,086.690	FEDERAL HOME LOAN MORTGAGE CORP	13,590.52	12,620.68
		GOLD #G01444 6.5% DUE 8/1/2032		
	16.141.450	DATED 7/1/2002 FEDERAL HOME LOAN MORTGAGE CO		
	~~/~~~*********************************	6% DUE 12/1/32	17,738.00	16,693.80
		POOL #G01477		
		··		

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

	FORM 5500, SCH	HEDULE H. PART IV, QUESTION I		Plan
<u>(a)</u>	ldei	(b&c) ntity & Description	(a)	(4)
7=1	174,379,420	FEDERAL HOME LN MTG CORP	(e) 183,759.29	(d) 166,272.74
		POOL #G01887	100//09.49	100,575,75
		5% DUE 8/1/2035		
	76,496.850	FEDERAL HOME LOAN MORTGAGE CO	82,117.84	75,779.69
	•	5.5% DUE 12/1/35	04/11.04	15,779.09
	50,523.270	FEDERAL HOME LOAN MORTGAGE CO	53,335.90	49,039.14
	•	#G02581	55,555.56	45,055.14
		5% DUE 9/1/2035		
	23,013.200	FEDERAL HOME LOAN MORTGAGE CO	25,183.34	23,807.86
		6% DUE 8/1/34	,	20,000
	3,786.770	FHLMC POOL #G11431	4,125.80	3,920.49
		6% DUE 2/1/2018		
	60,097.450	FEDERAL HOME LN MTG CORP	64,313.89	59,562.24
		5% DUE 4/1/2020	·	•
	305,801.050	FEDERAL HOME MORTGAGE CORP POOL	321,473.35	323,719.09
		#G13833 4.5000% 5/1/2025		
	84,146.550	FEDERAL HOME LOAN MORTGAGE CORP POOL	86,308.27	88,196.09
		#A93763 4.50000% 9/1/2040		
	182,264.830	FEDERAL HOME LOAN MORTGAGE CORP	186,947.21	190,993.61
		POOL #A93614 4.5% DUE 8/1/2040		
	89,595.110	FEDERAL HOME LOAN MORTGAGE CORP	94,649.17	91,988.99
	20 545 400	POOL #G13174 5% DUE 6/1/2023		
	29,717.400	FEDERAL HOME LN MTG CORP	30,294.21	29,148.58
	14 001 000	4.375% DUE 4/15/2015 FEDERAL HOME LN MTG CORP		
	TT, 001.330	4.75% DUE 7/15/2015	14,180.06	13,717.67
	13.334.540	FNMA 254003	44 542 05	
		6.000000% 10/1/16	14,515.85	14,034.61
	3,199.840	FNMA #254263	3,597.96	3,349.34
	-	6.5% DUE 4/1/32	5,557150	3,343.34
	20,626.870	FEDERAL NATL MTG ASSN	22,543.52	21,368.16
		POOL #255342 DTD 6/1/04	,	,
		6.00% DUE 6/1/2024		
	4,083.530	FNMA POOL #535933	4,591.60	4,274.94
		6.5% DUE 5/1/2031	•	-,
	12,472.000	FEDERAL NATL MTG ASSN	14,023.77	13,066.36
		POOL #545759		
		6.5% DUE 7/1/2032		
	28,670.660	FEDERAL NATIONAL MORTGAGE ASSOC	30,904.10	29,358.32
		POOL #688328		
		5.5% DUE 3/1/2033		
	29,499.110	FEDERAL NATL MTG ASSN	30,794.42	28,374.46
		POOL #727436		
	70 653 300	4% DUE 7/1/2018		
	70,053.280	FEDERAL NATL MTG ASSN	76,598.75	72,019.41
	23.004.440	POOL #763798 5.5% DUE 3/1/2034 FEDERAL NATL MTG ASSN GTD MTG PASS	04 04	
	,	THRU POOL #770080	24,345.14	23,288.34
		LNG 30 YEAR 5% DUE 3/1/3034		
	17,825.710	FEDERAL NATL MTG ASSN	18,831.08	17 004 00
	-	POOL #770415	40,034.00	17,004.06
		5% DUE 4/1/2034		
		• •		

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

FORM 5500, SCH	Plan		
ldon	(b&c) tity & Description		
		(e)	(d)
20,480.790	FEDERAL NATL MTG ASSN POOL #799982	28,535.43	26,861.47
	5.5% DUE 12/1/2034		
28,855,090	FEDERAL NATL MTG ASSN	21 002 06	20 000 00
-0,000.000	POOL #800747	31,093.96	28,990.33
	5.5% DUE 10/1/2034		
	DATED 10/1/2004		
110,678.080	FEDERAL NATL MTGE ASSN POOL #AC5849	117,128.40	116 177 40
	5% DUE 5/1/2040	11/,120.90	116,177.40
58,409.160		62,813.21	E7 071 00
	POOL #735897	04,013.21	57,971.09
	5.5% DUE 10/1/2035		
36.084.950	FEDERAL NATL MTG ASSN	20 120 14	25 500 40
	POOL #773381	38,120.14	35,780.48
	5% DUE 5/1/2034		
35,064.680	FEDERAL NATL MTG ASSN	38,627.25	36,042.65
	POOL #783793	50,027.25	30,042.03
	6% DUE 7/1/2034		
15,516.590	FNMA POOL #804644	16,720.52	15,719.01
	5.5% DUE 12/1/2034	20,,20102	20,725.02
38,873.760	FEDERAL NATL MTG ASSN	42,144.99	39,323.24
	POOL #805475		00,00000
	5.5% DUE 12/1/2034		
22,291.690	federal natl mtg assn	23,548.94	22,107.09
	POOL #806690	•	,
	5% DUE 12/1/2034		
39,554.460		42,947.44	38,877.70
	THRU CTF POOL NBR 0828434		•
	INT 15 YEAR		
	5.50% DUE 6/1/20		
203,432.150		223,020.63	200,682.61
	POOL #938440		
	6% DUE 7/1/37		
10,548.830		11,647.07	11,040.03
	POOL #487108		
	6% DUB 4/15/2029		
2 224 442	DTD 4/1/1999		
2,201.410		2,499.33	2,328.00
22 065 274	6.5% DUE 12/15/2031		
33,865.370	GNMA POOL #565165 6% DUE 10/15/33	37,655.58	34,976.59
7,475.740			
7,475.740	GNMA POOL #622669 6% DUE 11/15/2033	8,312.42	7,786.47
235,000.000	UNITED STATES TREAS BDS	050 550 45	
255,000.000		252,552.15	249,833.83
50,000.000	4.75% DUE 2/15/37 UNITED STATES TREAS BDS	CE = CE = C	en 444 w-
20,000,000	DTD 02/15/1997 0.000% 02/15/2027	05,765.50	67,490.57
	010 02/15/155/ 0.000% 02/15/2027		
		2 057 771 00	0 007 007 04
		2,957,771.02	4,041,820.8L

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

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

	FORM 5500. SCHE	EDULE H. PART IV, QUESTION I		Plan No.	
		(b&c)			
<u>(a)</u>	Ident	ity & Description	(e)	(d)	
		CORPORATE DEBT - OTHER			
		ACE INA HLDG INC 5.6000% 5/15/2015	110,191.00	108,585.00	
		AFLAC INC 8.5000% 5/15/2019	55,642.05	47,121.75	
	55,000.000	ALLSTATE CORP	66,750.75	65,395.55	
		7.45% DUE 5/16/2019			
	100,000.000		109,859.00	99,491.00	
		5.50% DUE 9/12/16			
	40,000.000		45,074.40	40,034.800	
		8/20/2013			
	40,000.000		45,415.60	41,736.000	
		DTD 12/16/1997 6.750% 12/15/2027			
	30,000.000		29,149.20	30,168.60 ⁰	
		5.1% DUE 9/1/2040			
		CALLABLE 3/1/2040			
	35,000.000	ARCHER DANIELS MIDLAND CO	43,426.95	42,990.500	
		DTD 03/18/1997 7.5% 03/15/2027			
	30,000.000	ARCHER DANIELS MIDLAND CO	37,744.20	37,329.600	
		8.375% DUE 4/15/2017	-	•	
	15,000.000	AT&T BROADBAND CORP 9.4550%	20,753.70	18,208.955	
		11/15/2022		•	
	20,000.000	ATLANTIC RICHFIELD CO	24,023.80	28,754.00 ⁰	
		DEB DTD 08/01/1991 9.125% 08/01/2031	•	• -	
	125,000.000	BANC AMER COML MTG INC	129,347.50	121,484.388	
		2005-3 COML MTG PASSTHRU CTF A-3A		-	
		07/10/2043			
		4.621% DUE 7/10/2043			
	70,000.000	BANK NEW YORK	76,894.30	69,909.00 ⁰	
		5.45% DUE 5/15/2019			
	25,000.000	BB&T CORP	26,377.50	25,010.755	
		SUB NT 4.750% 10/01/2012			
	55,000.000	BB&T CORP	57,200.55	51,227.00 ⁰	
		SUB NT 4.900% 06/30/2017			
	60,000.000		64,519.80	57,339.00	
		SUB NT 5.200% 12/23/2015	04/313.00	37,339.00	
	25,000.000	BECTON DICKINSON & CO	30,269.25	30,068.50	
	•	DTD 7/28/1997 7% 8/1/2027	30,203.23	30,000.50	
	45,000.000	BELLSOUTH CORP	49,126.05	46,119.15	
		NT 5.200% 09/15/2014	49,120.05	40,113.15	
	45,000.000	BERKSHIRE HATHAWAY FIN CORP	49,367.70	47 710 06	
	• • • • • • • • • • • • • • • • • • • •	5.4% DUE 5/15/2018	49,301.10	47,712.86	
	25,000.000	BESTFOODS NOTES	29,338.25	20 114 05	
		DTD 3/24/1998	49,330.45	28,114.25	
		6.625% DUE 4/15/2028			
	40,000.000	BOKING CO	40 500 40	45 107 50	
		7.25% DUE 6/15/2025	48,528.40	45,107.50	
		DTD 7/7/1993			
	35,000.000	BURLINGTON NORTHN SANTA FE CORP	37,630.60	33,497.45	
		DEB 6.150% 05/01/2037	37,030.00	JJ; TJ / . TJ	
	135,000.000		143,927.55	145 550 50	
	,		143,341.55	145,559.70	

5.875% DUE 11/30/2012 115,000.000 CAPITAL ONE FINL CORP 5.7000%

DTD 07/20/1998 6.625%

9/15/2011

DUE 07/15/2028

25,000.000 CATERPILLAR INC

118,715.65

29,127.25

119,902.45

28,223.50

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

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

	(b&c)		
	ity & Description	<u>(e)</u>	(d)
15,000.000	· · · · · · · · · · · · · · · · · · ·	19,305.90	19,781.
	12/15/2018		
35,000.000	CHUBB CORP	40,126.80	37,718.
	DTD 11/20/2001 6.800% 11/15/2031		
55,000.000	CITIGROUP INC	57,693.35	58,553.
	6% DUE 2/21/2012		
110,000.000		116,715.50	106,576.
	GLOBAL SR NT 5.125% 05/05/2014		
60,000.000		82,650.60	78,313.
	8.5% DUE 2/1/2022		
100,000.000		113,961.00	110,168.
100,000.000		113,851.00	112,964.
50,000.000		56,967.00	50,741.
	3/15/2017		
90,000.000		96,803.10	86,343.
	CORP 2005-C6 COML MTG PASSTHRU CTF		
	CL A-4 5.230% 12/15/2040		
45,000.000		47,745.90	48,677.
	NT 6.3% DUE 3/15/2012		
25,000.000		33,666.50	32,569.
	DTD 05/01/2000 8.100% 05/15/2030		
90,000.000		110,072.70	105,870.
	11/15/2018		
35,000.000		38,778.60	36,567.
25,000.000		31,291.50	30,927.
	7.65% DUE 11/15/2029		
40,000.000	,,,	43,150.00	45,313.
40,000.000		44,812.40	38,150.
	NT 5.375% 10/15/2017		
35,000.000	EQUITABLE COS INC	35,229.95	36,555.
	7% DUE 4/1/2028		
40,000.000	FEDERAL EXPRESS CORP	44,722.40	51,138.
	NT DTD 06/25/1992 9.650% 06/15/2012		
15,000.000		16,038.45	14,651.
	NTS BOOK ENTRY TRANCHE # TR 00655		
	DTD 09/17/04 4.750% 09/15/2014		
50,000.000		53,439.00	53,789.0
	5.25% DUE 10/19/2012		
L70,000.000		181,731.70	173,196.0
05 000 000	NTS 6% DUE 6/15/2012		
25,000.000	GENERAL ELEC CAP CORP	28,303.00	27,973.2
	NTS		
	DTD 03/20/02 6.750% 03/15/2032		
25,000.000	GENERAL DYNAMICS CORP	26,869.75	23,530.0
	4.25% DUE 5/15/2013		
70,000.000	GOLDMAN SACHS GROUP INC FOR FUTURE	74,020.80	63,233.9
	EQUITY USE 38143U SUB NT 5.625%		
	01/15/2017		
65,000.000	GOLDMAN SACHS GROUP INC	70,242.90	65,729.9
	6% DUE 6/15/2020		
	GREENWICH CAP COML FDG CORP	57,124.68	54,161.6

2005-GG3 COML MTG PASSTERU A-2

4.305% 08/10/2042

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

	(b&c)			
ldent	ity & Description	(e)	(d)	
48,095.020	GREENWICH CAP COML FDG CORP 2003-C2 MTG PASSTHRU CTF CL A-3 4.533% 01/05/2036	49,372.90	47,644.1	
80,000.000	HALLIBURTON CO 5.9000% 9/15/2018	90,222.40	81,023.20	
40,000.000	HARTFORD FINL SVCS GROUP INC 6.3% DUE 3/15/2018	42,596.80	40,651.20	
30,000.000	HEINZ H J FIN CO NT 6.625% 07/15/2011	30,932.70	34,016.10	
65,000.000	HOME DEPOT INC 5.4% DUE 3/1/2016	72,839.65	64,868.70	
	HONEYWELL INTL INC NT 5.4% DUE 3/15/2016	50,940.90	43,741.35	
5,000.000	INTERNATIONAL BUSINESS MACHS 8.3750% 11/1/2019	6,677.95	6,850.00	
35,000.000	ILLINOIS TOOL WKS INC 6.2500% 4/1/2019	40,770.80	43,083.95	
120,000.000	J P MORGAN CHASE COMMERCIAL MORTGAGE CMO SERIES 2003-ML1A CLASS A2 DTD 4/1/2003 4.767% DUE 3/12/2039 NON CALLABLE	125,960.40	117,018.75	
110,000.000	J P MORGAN CHASE & CO 5.375% 1/15/14	119,674.50	107,965.00	
30,000.000	JPMORGAN CHASE & CO 6.3000% 4/23/2019	34,147.80	32,793.30	
25,000.000	JPMORGAN CHASE & CO 4.2500% 10/15/2020	24,416.25	25,340.00	
135,000.000	KEYCORP MEDIUM TERM NTS BE 6.5000% 5/14/2013	146,572.20	143,005.00	
	KIMBERLY CLARK CORP NT 6.625% DUE 7/30/37	42,022.75	35,022.40	
70,000.000	KRAFT FOODS INC 6.1250% 8/23/2018	80,038.00	68,647.60	
45,000.000	LB-UBS COML MTG TR 2002-C2 MTG PASSTHRU CTF CL A-4 5.594% 06/15/2031	47,088.00	48,004.10	
30,000.000	LINCOLN NATL CORP IND NT 6.2% 12/15/2011	31,421.10	32,666.70	
45,000.000	MELLON FDG CORP NT 5% DUE 12/01/2014	48,643.20	45,073.80	
	MERRILL LYNCH CO INC MTN BE 6.8750% 4/25/2018	32,830.80	30,008.40	
	MERRILL LYNCH & CO INC MEDIUM TERM 5.450% DUE 7/15/2014	99,877.30	94,997.15	
	METLIFE INC NOTE 5.000% 6/15/15	16,245.15	14,453.55	
75,000.000	5% DUE 11/24/2013	81,267.00	74,279.25	
	METLIFE INC 7.717% DUE 2/15/2019	73,663.80	70,338.60	
	MICHIGAN BELL TEL CO DEB DTD 01/15/1992 7.850% 01/15/2022	40,158.65	43,020.60	
140,000.000	MORGAN STANLEY 5.375% DUE 10/15/2015	147,051.80	143,089.80	

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

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	FORM 5500, SCH	EDULE H. PART IV, QUESTION I		Plan N
<u>(a)</u>	lden	(b&c) tity & Description	(e)	(d)
	35,000.000	NATIONAL CITY CORP	37,486.40	35,306.95
		SR NT 4.900% 01/15/2015		
	50,000.000	NEWS AMER HLDGS INC 8.5000% 2/23/2025	61,101.50	47,903.50
	25,000.000	NEW JERSEY BELL TEL CO 7.85% DUE 11/15/2029	26,899.25	29,803.50
	70,000.000	OCCIDENTAL PETE CORP DEL 4.1250% 6/1/2016	75,499.90	68,583.20
	40,000,000	OHIO PWR CO 5.7500% 9/1/2013	43,810.40	30 060 00
	15,000.000	PEPSI BOTTLING GROUP INC	18,448.35	
		NT 7% DUE 3/01/2029	10,440.33	17,559.90
	100,000.000		117,136.00	00 000 00
		6.2% DUE 3/15/2019	117,136.00	99,899.00
	40.000.000	PITNEY BOWES INC	41 E10 00	35 654 00
	20,000,000	DTD 6/25/03 3.875% DUE 6/15/2013	41,519.20	35,654.80
	50.000.000	PITNEY BOWES INC	E0 664 F0	F4 040 00
	30,000.000	5.25% DUE 1/15/2037	50,664.50	51,848.00
	70.000.000	PNC FUNDING CORP 6.7% DUE 6/10/2019	00 502 00	50 305 50
	45,000.000	PROCTER & GAMBLE CO	80,593.80	79,387.70
	20,000.000	DTD 01/10/1996 6.450% 01/15/2026	52,897.95	50,772.15
	30,000,000	PRUDENTIAL FINL INC	22 147 00	30 166 00
	77,000.000		33,147.00	30,166.80
	45 000 000	6.1% DUE 6/15/17		
	45,000.000	SARA LEE CORP	47,072.70	44,243.10
	100 000 000	NOTE 3.875% 6/15/13		
	130,000.000	ST PAUL TRAVELERS COS INC	145,918.50	126,211.80
	22 222 222	SR NT 5.500% 12/01/2015		
	30,000.000	SUNTRUST BKS INC	28,399.50	30,105.00
	BE 000 000	NT DTD 02/15/1996 6% DUE 2/15/2026		
	75,000.000		83,237.25	74,907.75
	30,000.000	TIME WARNER COMPANIES INC 6.6250% 5/15/2029	33,127.20	33,957.00
	50,000.000	UNITED PARCEL SERVICE INC 6.2000%	E0 674 E0	E4 403 00
	30,000.000	1/15/2038	58,674.50	51,493.00
	20,000.000		27 403 40	07 460 40
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEB 8.875% 11/15/2019	27,083.40	27,468.40
	55,000.000		56,828.20	60 006 40
	,	NTS DTD 7/26/01 6.375% DUE 8/1/2011	50,020.20	62,286.40
	65,000.000	VERIZON COMMUNICATIONS INC	71,431.10	60 201 20
		5.5% DUE 2/15/2018	11,231.10	68,381.30
	35,000.000	VIRGINIA ELEC & PWR CO 8.8750%	50,736.70	39,295.49
	•	11/15/2038	50,750.70	37,473.43
	160,000.000	WACHOVIA BK COML MTG TR	168,345.60	1EA 210 11
	,	2004-C10 COML MTG PASSTHRU CTF CL	100,343.00	154,312.11
		A-4 4.748% 02/15/2041		
	135,000.000	WACHOVIA BK COML MTG TR	143 404 00	120 650 06
•		2005-C18 COM MTG PASSTHRU A-4	143,494.20	130,659.96
	120 000 000	4.935% DUE 4/15/2042		
	130,000.000	WACHOVIA BK COML MTG TR	136,520.80	125,587.11
		2002-C2 COML MTG PASSTHRU CTF A-4		
		4.98% 10/15/2012		

STEELWORKERS HEALTH AND WELFARE FUND ASSETS HELD FOR INVESTMENT PURPOSES DECEMBER 31, 2010

Federal I.D. - 23-1317409

	FORM 5500, SCHE	DULE H. PART IV, QUESTION I	Plan No.		
<u>(a)</u>	ldenti	(b&c) ty & Description	(e)	(d)	
	20,000.000	WACHOVIA CORP NEW NT 4.875% 02/15/2014	21,061.60	18,848.20	
	50,000.000	WELLS FARGO & CO NEW SUB NT DTD 09/15/2004 5.125% 9/15/2016	53,347.00	47,068.50	
		TOTAL CORPORATE DEBT-OTHER	6,453,630.78	6,081,568.39	

Certified Public Accountants
1725 Washington Road • Sulte 602 • Pittsburgh, PA 15241
(412) 831-3812 • Fax (412) 831-6139

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, 2010 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.

McElhaney & Associates, LLC

Pittsburgh, Pennsylvania July 15, 2011

STEELWORKERS HEALTH AND WELFARE FUND

REPORTABLE (5%) TRANSACTIONS

YEAR ENDED DECEMBER 31, 2010

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

FORM 5500, Schedule H, Part IV, Question J

I. Individual Transactions:

(a) Identity <u>Party Involved</u>	(b) Description of asse (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses incurred with transaction	107	(h) Current value of asset on <u>transaction date</u>	(i) Net	gain (loss)
Absolute Strate	gies Mutual Fund	\$2,000,000	\$ -	N/A	\$ -	\$2,000,000	\$2,000,000	\$	-
li Sori	os of Transportions								

II. Series of Transactions:

Description of Investment	Total number of purchases	Total number of sales	Total value of purchases	Total value of sales	Net gain or loss
Goldman Sachs (Custody)	8	6	\$ 43	\$ 10,392	\$ -
Goldman Sachs (Richmond)	105	40	\$ 4,300,053	\$ 4,388,234	\$ -
Fidelity Floating High	4	-	\$ 2,514,818	\$ -	\$ -

Certified Public Accountants 1725 Washington Road • Suite 602 • Pittsburgh, PA 15241 (412) 831-3812 • Fax (412) 831-6139

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, 2010 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.

> McElhaney . associates McElhaney & Associates, LLC

Pittsburgh, Pennsylvania July 15, 2011