

**SUMMARY ANNUAL REPORT FOR  
PIPE FITTERS' WELFARE FUND, LOCAL 597**

This is a summary of the annual report for Pipe Fitters' Welfare Fund, Local 597, EIN 36-2141703, for the year ended December 31, 2024. The annual report has been filed with the Employee Benefit Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Trustees of Pipe Fitters' Welfare Fund, Local 597 have committed themselves to pay certain claims incurred under the terms of the plan.

**Insurance Information**

The plan has a contract with Dearborn Life Insurance Company to pay life insurance benefits incurred under the terms of the plan. The total premiums paid for the policy year ending December 31, 2024 were \$2,154,569.

The plan also has a contract with Berkshire Hathaway Specialty Insurance to pay stop loss claims incurred under the terms of the plan for certain participants. The total premiums paid for the policy year ending December 31, 2024 were \$462,356.

The plan also has a contract with Humana to pay Medicare retiree medical and prescription drug benefits incurred under the terms of the plan. Total premiums paid for the policy year ending December 31, 2024 were \$4,352,250.

**Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$325,000,807 as of December 31, 2024 compared to \$308,384,500 as of January 1, 2024. During the plan year, the plan experienced an increase in its net assets of \$16,616,307. This increase includes realized and unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$211,154,121, including employer contributions of \$158,481,273, participant contributions of \$11,906,912, realized losses of \$31,156 from the sale of assets, earnings from investments of \$32,970,181 and other income of \$7,826,911.

Plan expenses were \$194,537,814. These expenses included \$3,994,537 in administrative expenses and \$190,543,277 in benefits paid to participants and beneficiaries.

**Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The items listed below are included in that report:

an accountant's report;

insurance information;

financial information and information on payments to service providers;

information regarding any common or collective trusts in which the plan participates;

assets held for investment; and

transactions in excess of 5 percent of plan assets.

To obtain a copy of the full annual report, or any part thereof, write or call Nichole Linhardt, who is the plan administrator, at 45 North Ogden Avenue, Chicago, IL 60607; (312) 633-0597. The charge to cover copying costs will be \$43.50 for the full annual report or \$.25 per page for any part thereof. You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover the copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at 45 North Ogden Avenue, Chicago, IL 60607 and the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N1513, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)