

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">TRUSTEES OF THE BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN</p> <p style="color: blue;">6525 CENTURION DR LANSING, MI 48917-9275</p>	<p>3b Administrator's EIN 94-6805674</p> <p>3c Administrator's telephone number 517-321-7502</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 3071</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 3071</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 3035</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 100</p>
<p>c Other retired or separated participants entitled to future benefits.....</p>	<p>6c</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 3135</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 3135</p>
<p>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</p>	<p>6g</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7 50</p>
<p>8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:</p>	
<p>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p> <p style="color: blue;">4U</p>	
<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
<p>10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)</p>	
<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning **10/01/2014** and ending **09/30/2015**

A Name of plan INTERNATIONAL BROTHERHOOD OF BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN	D Employer Identification Number (EIN) 94-6805674	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

KILBANE AND WISE CPAS

21851 CENTER RIDGE RD 207
ROCKY RIVER, OH 44116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TIC INTERNATIONAL

6525 CENTURIAN
LANSING, MI 48917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13		25200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **10/01/2014** and ending **09/30/2015**

A Name of plan INTERNATIONAL BROTHERHOOD OF BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF THE BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN	D Employer Identification Number (EIN) 94-6805674

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1) 86400	54892
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) 3577926	4168770
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	206	1194
f Total assets (add all amounts in lines 1a through 1e).....	1f	3664532	4224856

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h	31324	15399
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	31324	15399

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	3633208	4209457
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1015169	
(B) Participants.....	2a(1)(B)		
(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)		1015169
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	31688	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1046857
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	416658	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		416658
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	12130	
(2) Contract administrator fees.....	2i(2)	25200	
(3) Investment advisory and management fees	2i(3)	9741	
(4) Other	2i(4)	6879	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		53950
j Total expenses. Add all expense amounts in column (b) and enter total	2j		470608
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		576249
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: KILBANE AND WISE CPAS

(2) EIN: 34-1297961

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
OHIO VALLEY REGION RETIREE
WELFARE PLAN**

AUDITED FINANCIAL REPORT

SEPTEMBER 30, 2015 & 2014

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
OHIO VALLEY REGION RETIREE WELFARE PLAN**

**AUDITED FINANCIAL REPORT
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FOR THE YEAR ENDED SEPTEMBER 30, 2015 & 2014

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KILBANE & WISE COMPANY, INC.
CERTIFIED PUBLIC ACCOUNTANTS

21851 Center Ridge Road
Rocky River, Ohio 44116
Telephone: (440) 356-2020
Fax: (440) 356-4811

INDEPENDENT AUDITOR'S REPORT

**To The Board of Trustees of the International Brotherhood
of Boilermakers Ohio Valley Region Retiree Welfare Plan**

Report on the Financial Statements

We have audited the accompanying financial statements of International Brotherhood of Boilermakers Ohio Valley Region Retiree Welfare Plan, which comprise the statements of net assets available for benefits as of September 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. 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 involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

KILBANE & WISE COMPANY, INC.
CERTIFIED PUBLIC ACCOUNTANTS

21851 Center Ridge Road
Rocky River, Ohio 44116
Telephone: (440) 356-2020
Fax: (440) 356-4811

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of International Brotherhood of Boilermakers Ohio Valley Region Retiree Welfare Plan as of September 30, 2015 and 2014, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at year end, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Kilbane and Wise, CPAS



Rocky River, OH

July 14, 2016

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
OHIO VALLEY REGION
RETIREE WELFARE PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2015 & 2014**

ASSETS	<u>September 30, 2015</u>	<u>September 30, 2014</u>
Investments		
Certificates of Deposit-Negotiable-Local 40	\$ 1,520,000	\$ 1,245,000
Certificates of Deposit-Negotiable-Local 105	840,000	745,000
Certificates of Deposit-Negotiable-Local 667	<u>1,605,000</u>	<u>1,163,000</u>
Total Investments	3,965,000	3,153,000
Receivables:		
Contributions receivable	\$ 54,892	\$ 86,400
Investment income receivable	983	781
Total Receivables	<u>55,875</u>	<u>87,181</u>
Cash and Equivalents		
Cash and Equivalents-Local 40	\$ 106,816	\$ 110,454
Cash and Equivalents-Local 105	26,993	47,623
Cash and Equivalents-Local 667	69,961	262,934
Cash and Equivalents-Unallocated funds	-	3,134
Total Cash and Equivalents	<u>203,770</u>	<u>424,145</u>
Other Assets:		
Prepaid Expenses	\$ 211	\$ 206
Total Other Assets	<u>211</u>	<u>206</u>
TOTAL ASSETS	<u>\$ 4,224,856</u>	<u>\$ 3,664,532</u>
LIABILITIES		
Accounts payable	\$ 15,399	\$ 31,324
TOTAL LIABILITIES	<u>15,399</u>	<u>31,324</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 4,209,457</u>	<u>\$ 3,633,208</u>

See Accountant's Audit Report and Accompanying Notes

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
OHIO VALLEY REGION
RETIREE WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED
SEPTEMBER 30, 2015 & 2014**

	Year Ended September 30, 2015	Year Ended September 30, 2014
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Contributions:		
Participating Employers	\$ 1,015,169	\$ 1,038,695
Investment Income:		
Interest Income	31,688	20,614
TOTAL ADDITIONS	\$ 1,046,857	\$ 1,059,309
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Payments for Health Benefits	\$ 416,658	\$ 438,380
Administrative Expenses		
Legal Fees	4,630	6,894
Plan Manager's Fee	25,200	25,200
Audit Fee	7,500	7,500
Summary Plan & Printing Expenses	290	417
Room and Other Meeting Expenses	4,057	1,000
Insurance Expense	2,532	2,462
Investment Fees	9,741	8,271
TOTAL DEDUCTIONS	\$ 470,608	\$ 490,124
NET INCREASE IN ASSETS DURING YEAR	\$ 576,249	\$ 569,185
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	3,633,208	3,064,023
NET ASSETS AVAILABLE FOR BENEFITS END OF YEAR	\$ 4,209,457	\$ 3,633,208

See Accountant's Audit Report and Accompanying Notes

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
OHIO VALLEY REGION RETIREE WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2015 & 2014**

1. DESCRIPTION OF PLAN

The following description of the International Brotherhood of Boilermakers Ohio Valley Region Retiree Welfare Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan was established October 2009, is effective October 1, 2009 and is a multiemployer welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). It is financed by contributions made by employers at rates specified in collective bargaining agreements between the employers and the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers & Helpers AFL-CIO, ("Union"). The Plan operates as a trust to provide retiree health and welfare benefits to participants who are covered employees of participating employers under contracts with the Union.

BENEFITS & ELIGIBILITY

The Plan provides for the purpose of paying a portion of the premium for retiree medical benefits for Participants and their Dependents. There are specific eligibility requirements (available in plan documents and summary plan descriptions) applicable to each Local Union, and the Board of Trustees, in its sole discretion, will annually determine the amount of the benefit applicable to each Local Union. Benefits are to be paid in future years, where each Local will disclose a benefit to be paid to the eligible participants after annual review.

CONTRIBUTIONS

The plan receives contributions from participating employers based upon each individual Local Union's negotiated percentage of employee hours.

FISCAL YEAR END

The fiscal year end for the Fund is September 30.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The financial statements of the Plan are prepared under the accrual method of accounting.

Cash and Equivalents - Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and so near their maturity that they present insignificant risk of changes in value because of changes in interest rates. Negotiable Certificates of Deposit maturing within 90 days are considered cash and equivalents along with short term money market deposits.

Concentration of Credit Risk

The plan maintains cash deposits at a financial institution in which balances may, at times exceed federally insured limits.

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
OHIO VALLEY REGION RETIREE WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2015 & 2014**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value which is based on the quoted market values on the last business day of the Plan year. The change in the difference between current value and the cost of investments and gain or loss on the sale of investments are reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments, if applicable. Investments as of September 30, 2015 are all Negotiable Certificates of Deposits, FDIC insured, with maturity dates over 90 days.

Fair Value Measurements

FASB ASC 820 provides the 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 ASC 820 are described as follows:

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; and
- 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 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 September 30, 2015 and 2014.

Methodology-Negotiable Certificates of Deposit-Valued at closing price on the active market on which certificates are traded.

**INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
OHIO VALLEY REGION RETIREE WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2015 & 2014**

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The following table sets forth by level, within the fair value hierarchy, the plan's fair value measurements at September 30, 2015 and 2014

Fair Value Measurements at September 30, 2015 and 2014

	<u>9/30/2015</u>	<u>9/30/2014</u>
	Level 2	Level 2
Negotiable Certificates of Deposit	\$ 3,965,000	\$ 3,153,000
Total Assets at Fair Value	<u>\$ 3,965,000</u>	<u>\$ 3,153,000</u>

There are no one individual investment listed aboutve that exceeds 5% of the net assets as 9/30/15.

- **Benefit Payments** — Benefits are recorded when paid.
- **Administrative Expenses** — All expenses of the Plan related to legal, accounting, record keeping and general administration are paid by the Plan, at the Trustee's option.
- **Accounting Estimates** — Management uses estimates and assumptions in preparing financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported amounts of changes in net assets. Actual results could vary from the estimates that were used.

3. PLAN TERMINATION

Although they have not expressed an intent to do so, the Plan has the right, at any time, to terminate the Plan subject to the provisions of ERISA.

4. RISKS AND UNCERTAINTIES

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

5. TAX STATUS

The Plan has received its final determination letter request as of date of these financial statements. The Internal Revenue Service has determined the Plan is exempt under 501 (c)(9) of the Internal Revenue Code. The trust has received a favorable tax determination letter and the Plan Sponsor believes that the trust continues to qualify and to operate as designed.

6. PARTY IN INTEREST TRANSACTIONS

The Plan has an agreement with the Bank of Labor to be the custodian of the Plan's assets and is therefore a party in interest. Brotherhood Bank and Trust-the investment management agent, is a division of the Bank of Labor. Investment fees paid to the Bank of Labor and their investment management agent were \$9,971. in fiscal 2015 and \$8,271. in fiscal 2014.

7. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 14, 2016, the date when the financial statements were available to be issued.

INTERNATIONAL BROTHERHOOD OF BOILERMAKERS OHIO VALLEY REGION
RETIREEE WELFARE PLAN
EIN:94-6805674
FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF PLAN ASSETS
AS OF SEPTEMBER 30, 2015

Schedule of Investment Assets by Local-(See Attached Detail)

All Certificates of Deposit

9/30/2015

40 \$ 1,520,000.00
105 \$ 840,000.00
667 \$ 1,605,000.00

Total **\$ 3,965,000.00**

Asset Detail Section

Statement of Value and Activity

September 1, 2015 - September 30, 2015

Asset Detail

Description	Shares/Par Value Current Price	Market Value % of Mkt. Val.	Cost Basis	Est. Ann. Income Current Yield
Fixed Income - Taxable				
CDS				
Gibraltar Private Bk 0.6% 11/08/15	90,000.00 100.000	\$90,000.00 5.21%	\$90,000.00	\$540.00 0.60%
Severn Savings Bank 0.81% 11/25/15	145,000.00 100.000	\$145,000.00 8.40%	\$145,000.00	\$1,174.50 0.81%
Adams Dairy Bank 0.7% 11/29/15	150,000.00 100.000	\$150,000.00 8.69%	\$150,000.00	\$1,050.00 0.70%
Synchrony Bank 0.92% 12/28/15	90,000.00 100.000	\$90,000.00 5.21%	\$90,000.00	\$828.00 0.92%
CIT Bank 0.9% 4/15/16	50,000.00 100.000	\$50,000.00 2.90%	\$50,000.00	\$450.00 0.90%
CIT Bank 1.2% 6/27/16	35,000.00 100.000	\$35,000.00 2.03%	\$35,000.00	\$420.00 1.20%
Meridian Bank PA 0.915% 7/07/16	90,000.00 100.000	\$90,000.00 5.21%	\$90,000.00	\$823.50 0.91%
Great Southern Bank 0.891% 9/14/16	250,000.00 100.000	\$250,000.00 14.47%	\$250,000.00	\$2,227.50 0.89%
Altera Bank 0.9% 12/15/16	120,000.00 100.000	\$120,000.00 6.95%	\$120,000.00	\$1,080.00 0.90%
Plains State Bank 1.1% 1/28/17	90,000.00 100.000	\$90,000.00 5.21%	\$90,000.00	\$990.00 1.10%
Cfbank NA 0.985% 1/29/17	100,000.00 100.000	\$100,000.00 5.79%	\$100,000.00	\$985.00 0.98%
Bankunited NA 1.15% 3/05/17	30,000.00 100.000	\$30,000.00 1.74%	\$30,000.00	\$345.00 1.15%
Sterling National 1.001% 3/29/17	60,000.00 100.000	\$60,000.00 3.47%	\$60,000.00	\$600.60 1.00%
First Mariner Bank 1.09% 5/18/17	120,000.00 100.000	\$120,000.00 6.95%	\$120,000.00	\$1,308.00 1.09%
Compass Bk Birmingham 1.3% 8/31/17	100,000.00 100.000	\$100,000.00 5.79%	\$100,000.00	\$1,300.00 1.30%
Total Fixed Income - Taxable		\$1,520,000.00 88.02%	\$1,520,000.00	\$14,122.10



Asset Detail Section

Statement of Value and Activity

September 1, 2015 - September 30, 2015

Asset Detail

Description	Shares/Par Value Current Price	Market Value % of Mkt. Val.	Cost Basis	Est. Ann. Income Current Yield
<i>Fixed Income - Taxable</i>				
<i>CDS</i>				
BAC Florida Bank 0.85%	245,000.00	\$245,000.00	\$245,000.00	\$2,082.50
12/05/15	100.000	28.26%		0.85%
Synchrony Bank 0.92%	50,000.00	\$50,000.00	\$50,000.00	\$460.00
12/28/15	100.000	5.77%		0.92%
CIT Bank NA 0.86%	95,000.00	\$95,000.00	\$95,000.00	\$817.00
6/19/16	100.000	10.96%		0.86%
CIT Bank 1.2%	70,000.00	\$70,000.00	\$70,000.00	\$840.00
6/27/16	100.000	8.07%		1.20%
Meridian Bank PA 0.915%	70,000.00	\$70,000.00	\$70,000.00	\$640.50
7/07/16	100.000	8.07%		0.91%
Bank of Hampton Rd 0.9%	75,000.00	\$75,000.00	\$75,000.00	\$675.00
7/09/16	100.000	8.65%		0.90%
Altera Bank 0.9%	80,000.00	\$80,000.00	\$80,000.00	\$720.00
12/15/16	100.000	9.23%		0.90%
Plains State Bank 1.1%	75,000.00	\$75,000.00	\$75,000.00	\$825.00
1/28/17	100.000	8.65%		1.10%
Sterling National 1.001%	60,000.00	\$60,000.00	\$60,000.00	\$600.60
3/29/17	100.000	6.92%		1.00%
First Mariner Bank 1.09%	20,000.00	\$20,000.00	\$20,000.00	\$218.00
5/18/17	100.000	2.31%		1.09%
Total Fixed Income - Taxable		\$840,000.00	\$840,000.00	\$7,678.60
		96.89%		



Asset Detail Section

Statement of Value and Activity

September 1, 2015 - September 30, 2015

Asset Detail

Description	Shares/Par Value Current Price	Market Value % of Mkt. Val.	Cost Basis	Est. Ann. Income Current Yield
Fixed Income - Taxable				
CDS				
Bank Midwest 0.85%	55,000.00	\$55,000.00	\$55,000.00	\$467.50
11/08/15	100.000	3.28%		0.85%
Severn Savings Bank 0.81%	104,000.00	\$104,000.00	\$104,000.00	\$842.40
11/25/15	100.000	6.21%		0.81%
Adams Dairy Bank 0.7%	100,000.00	\$100,000.00	\$100,000.00	\$700.00
11/29/15	100.000	5.97%		0.70%
Homestreet Bank 0.78%	248,000.00	\$248,000.00	\$248,000.00	\$1,934.40
12/04/15	100.000	14.79%		0.78%
Synchrony Bank 0.92%	40,000.00	\$40,000.00	\$40,000.00	\$368.00
12/28/15	100.000	2.39%		0.92%
Customers Bank 0.802%	99,000.00	\$99,000.00	\$99,000.00	\$793.98
3/18/16	100.000	5.91%		0.80%
Oneunited Bank 0.8%	99,000.00	\$99,000.00	\$99,000.00	\$792.00
3/20/16	100.000	5.91%		0.80%
CIT Bank 0.9%	80,000.00	\$80,000.00	\$80,000.00	\$720.00
4/15/16	100.000	4.78%		0.90%
CIT Bank 1.2%	10,000.00	\$10,000.00	\$10,000.00	\$120.00
6/27/16	100.000	0.60%		1.20%
Meridian Bank PA 0.915%	90,000.00	\$90,000.00	\$90,000.00	\$823.50
7/07/16	100.000	5.37%		0.91%
Synergy Bank SSB 0.8%	98,000.00	\$98,000.00	\$98,000.00	\$784.00
9/15/16	100.000	5.85%		0.80%
Geauga Savings Bank 1.07%	100,000.00	\$100,000.00	\$100,000.00	\$1,070.00
10/01/16	100.000	5.97%		1.07%
Plains State Bank 1.1%	82,000.00	\$82,000.00	\$82,000.00	\$902.00
1/28/17	100.000	4.90%		1.10%
Bankunited NA 1.15%	210,000.00	\$210,000.00	\$210,000.00	\$2,415.00
3/05/17	100.000	12.54%		1.15%
Sterling National 1.001%	80,000.00	\$80,000.00	\$80,000.00	\$800.80
3/29/17	100.000	4.78%		1.00%
First Mariner Bank 1.09%	35,000.00	\$35,000.00	\$35,000.00	\$381.50
5/18/17	100.000	2.09%		1.09%
Kansas State Bank 1.1%	75,000.00	\$75,000.00	\$75,000.00	\$825.00
6/04/17	100.000	4.48%		1.10%
Total Fixed Income - Taxable		\$1,605,000.00	\$1,605,000.00	\$14,740.68
		95.82%		

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here:
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:

Part II Basic Plan Information—enter all requested information

1a Name of plan INTERNATIONAL BROTHERHOOD OF BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 10/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF THE BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN	2b Employer Identification Number (EIN) 94-6805674
6525 CENTURION DR LANSING, MI 48917-9275	2c Plan Sponsor's telephone number 517-321-7502
6525 CENTURION DR LANSING, MI 48917-9275	2d Business code (see instructions) 813930

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

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

SIGN HERE	<i>Lawrence J. McManis</i>	2/2/23	Lawrence McManis
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TRUSTEES OF THE BOILERMAKERS OHIO VALLEY REGION RETIREE WELFARE PLAN 6525 CENTURION DR LANSING, MI 48917-9275	3b Administrator's EIN 94-6805674 3c Administrator's telephone number 517-321-7502
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3071
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 3071
a(2) Total number of active participants at the end of the plan year	6a(2) 3035
b Retired or separated participants receiving benefits	6b 100
c Other retired or separated participants entitled to future benefits.....	6c
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 3135
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e.....	6f 3135
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 50
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4U	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)