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 07/01/2022 and ending 06/30/2023

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/1970

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)
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

CENTRAL DATA SERVICES, INC.

232 WISE ROAD, STE 220
HARMONY, PA 16037

2b Employer Identification Number (EIN)
23-7169770

2c Plan Sponsor's telephone number
412-431-4710

2d Business code (see instructions)
238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2024	JEFFREY A WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/11/2024	KEVIN A WITUCKY
	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

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	1132
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)**	761
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	802
b	Retired or separated participants receiving benefits	**6b**	330
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1132
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants 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**	94

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4F 4L

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-7169770

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0136061		01/01/2022	12/31/2022

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

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

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

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

BUCK GLOBAL LLC
PO BOX 207640
DALLAS, TX 75320

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ ACCIDENTAL DEATH AND DISMEMBERMENT

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	44029
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

NO INFORMATION 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-7169770

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

1 Coverage Information:

(a) Name of insurance carrier
SIERRA HEALTH AND LIFE (UNITED HEALTHCARE)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001		01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-7169770

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

1 Coverage Information:

(a) Name of insurance carrier
MEDICAL MUTUAL

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
34-0648820	29076			07/01/2022	06/30/2023

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] 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
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ STOP LOSS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1286863
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

NO INFORMATION PROVIDED

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan	**B** Three-digit plan number (PN) ▶
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND	501

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND	23-7169770

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

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

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

CENTRAL DATA SERVICES

25-1352803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	N/A	162806	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MACALA & PIATT, LLC

34-1933033

(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?
22	N/A	79890	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACKER THOMAS

34-1667340

(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	N/A	34350	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

ANDCO CONSULTING, LLC

59-3676225

(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?
27	N/A	13500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WEX HEALTH

82 HOPMEADOW STREET STE 220
SIMSBURY, CT 06089

06-1593514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	N/A	5462	Yes [ ] No [ ]	Yes [ ] No [ ]	0	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?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-7169770

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	9177598	13785059
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1151343	1070320
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1153080	1307918
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1170231	1213576
(2) U.S. Government securities	1c(2)	3032011	3350796
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4018123	3706027
(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)	19138035	20458319
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	27566	2127

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	38867987	44894142
Liabilities			
g Benefit claims payable	1g	1739833	1882072
h Operating payables	1h	69023	76956
i Acquisition indebtedness	1i		
j Other liabilities	1j	4173535	4258452
k Total liabilities (add all amounts in lines 1g through1j)	1k	5982391	6217480
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32885596	38676662

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)	18045383	
(B) Participants	2a(1)(B)	2071809	
(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)		20117192
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	6926539	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7530266	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-603727
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1205251	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1205251

		(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)		773413
c Other income	2c		1217176
d Total income. Add all **income** amounts in column (b) and enter total	2d		22709305
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13233810	
(2) To insurance carriers for the provision of benefits	2e(2)	2982071	
(3) Other	2e(3)	257909	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16473790
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)	209640	
(2) Contract administrator fees	2i(2)	162806	
(3) Investment advisory and management fees	2i(3)	13500	
(4) Other	2i(4)	58503	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		444449
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16918239
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5791066
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) [X] 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) [X] 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: PACKER THOMAS **(2)** EIN: 34-1667340

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:

		Yes	No	Amount
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.)	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 _____.

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Certified Public Accountants & Business Consultants

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OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND

AUDIT OF FINANCIAL STATEMENTS

Years ended June 30, 2023 and 2022

CONTENTS

PACKER · THOMAS
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REPORT OF INDEPENDENT AUDITORS

TO BOARD OF TRUSTEES OF
OHIO STATE PLUMBERS & PIPEFITTERS
HEALTH & WELFARE FUND

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Ohio State Plumbers & Pipefitters Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of June 30, 2023 and 2022, 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, having determined it is permissible in the circumstances, has elected to have the audits of Ohio State Plumbers & Pipefitters Health and Welfare Fund's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for years ended June 30, 2023 and 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Ohio State Plumbers & Pipefitters Health and Welfare Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Ohio State Plumbers & Pipefitters Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ohio State Plumbers & Pipefitters Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ohio State Plumbers & Pipefitters Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Also included are Schedules of Administrative Expenses which are supplemental schedules not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Canfield, Ohio
April 4, 2023

Ohio State Plumbers & Pipefitters Health and Welfare Fund

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	June 30, 2023	June 30, 2022
ASSETS		
Cash	**$ 13,785,059**	$ 9,177,598
Investments at fair value	**28,728,718**	27,358,400
Receivables:		
Employer contributions	**1,070,320**	1,151,343
Reciprocity	**563,309**	694,311
Prescription rebates	**679,357**	413,019
Interest	**50,403**	45,750
Refunds	**14,849**	-
Total receivables	**2,378,238**	2,304,423
Prepaid expenses	**2,127**	27,566
TOTAL ASSETS	**44,894,142**	38,867,987
LIABILITIES		
Reciprocity payable	**19,254**	30,841
Accounts payable	**57,702**	38,182
Claims payable	**837,272**	209,433
MRA liability	**4,258,452**	4,173,535
TOTAL LIABILITIES	**5,172,680**	4,451,991
NET ASSETS AVAILABLE FOR BENEFITS	**$ 39,721,462**	$ 34,415,996

The accompanying notes are an integral part of these financial statements.

Ohio State Plumbers & Pipefitters Health and Welfare Fund

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years ended June 30,	
	2023	2022
ADDITIONS		
Investment income:		
Net realized and unrealized appreciation (depreciation)		
in fair value of investments	**$ 601,524**	$ (3,147,252)
Interest and dividends	**773,413**	610,047
Total investment income (loss)	**1,374,937**	(2,537,205)
Employer contributions	**14,185,586**	15,355,431
Participant contributions	**2,071,809**	2,160,333
Reciprocity received	**3,859,797**	2,785,394
Prescription rebates	**902,012**	1,002,048
Subrogation recovery	**578**	15,739
Stop-loss reimbursement	**286,136**	735,192
Settlement	**28,450**	-
TOTAL ADDITIONS	**22,709,305**	19,516,932
DEDUCTIONS		
Benefit claims paid	**13,719,410**	14,284,400
Insurance premiums	**2,982,071**	3,204,842
Reciprocity paid	**257,909**	917,723
Administrative expenses	**444,449**	416,319
TOTAL DEDUCTIONS	**17,403,839**	18,823,284
NET CHANGE	**5,305,466**	693,648
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	**34,415,996**	33,722,348
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	**$ 39,721,462**	$ 34,415,996

The accompanying notes are an integral part of these financial statements.

NOTE A - DESCRIPTION OF PLAN

The following description of Ohio State Plumbers & Pipefitters Health and Welfare Fund (the "Plan") provides only general information. Participants should refer to the Summary Plan Description and/or Plan Document relating to their respective local union (or office and supervision classification) for a more complete description of the Plan's provisions.

General
The Plan is a multi-employer health and welfare plan providing medical, dental, vision, disability and life insurance benefits to eligible members and dependents of eligible members of participating local unions of the Plumbers & Pipefitters Union primarily located in Ohio. Effective July 1, 2017, the Board of Trustees issued a restated Plan Document and Summary Plan Description. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended. The Plan and related Trust were established pursuant to various collective bargaining agreements.

Contributions
The Plan agreement provides for contributions to be paid monthly based on the following rates in effect at June 30, 2023 and 2022:

a) Contractors employing members of participating Ohio State Plumbers & Pipefitters Union Locals (MES) - $8.25 for 2023 and 2022 per hour worked.

b) Office and Salary - $1,400 for 2023 and 2022 per month.

c) Local No. 168 - $10.03 for 2023 and $9.93 for 2022 per hour paid.

d) Local No. 495 - $10.05 for 2023 and 2022 per hour paid.

Retirees may contribute specified amounts, determined periodically by the Plan’s actuary, to extend coverage to eligible dependents. The costs of the postretirement benefit plan are shared by the Plan’s participating employers and retirees. In addition to deductibles and copayments, retiree contributions are 71% and 67% for 2023 and 2022, respectively, of the estimated cost of providing their postretirement benefits.

Benefits
The Plan provides benefits to members and eligible dependents of participating local unions who meet certain eligibility requirements based upon hours worked. In addition, members who stop working may continue to be eligible for up to eighteen months subject to certain plan provisions. Participants should refer to supplements to the Plan Document for more detailed information.

The Plan also provides health benefits to certain retired participants at a monthly cost, determined by the Board of Trustees, ranging from $150 to $1,994 per month for 2023 and 2022, to the participant depending on the retiree’s age and dependent coverage. The Plan has also contracted with an insurance company to provide supplementary medical benefits for retirees over the age of sixty-five.

Medical and disability claims of active and retired participants, dependents and beneficiaries are processed by the third-party administrators, but the responsibility for payments to participants and providers is retained by the Plan.

NOTE A - DESCRIPTION OF PLAN (continued)

Reciprocity
The Trustees of the Plan have entered into various reciprocity agreements whereby a participant who transfers employment between signatories to such agreements will not lose certain benefits. Reciprocity contributions are received when participants of the Plan work in the jurisdiction of other signatories. Reciprocity payments are made when participants of other signatories work within the jurisdiction of the Plan.

Plan Termination
The Trustees have the authority to terminate the Plan. In the event the Plan is terminated, the Trustees shall liquidate the Trust's assets in the following order:

a) Pay the unpaid expenses and expenses involved in terminating the Trust.

b) Pay premiums on existing outstanding insurance policies to provide Plan benefits.

c) Pay outstanding self-insured Plan benefits.

d) Continue to pay existing Plan benefits whether insured or self-insured based upon remaining assets in the Trust.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates
The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative Expenses
Substantially all administrative fees are paid by the Plan.

Employer Contributions Receivable
Employer contributions for hours worked by participants during a particular month are required to be submitted to the Plan the following month. Accordingly, there are approximately one month's contributions outstanding at the end of each month. The Plan believes all accounts are collectable as of June 30, 2023 and 2022.

Medical Reimbursement Account Liability
The medical reimbursement account (MRA) liability represents funds held on behalf of participants. These funds can be used for medical reimbursements.

Postretirement Benefit Obligations
The amount reported as the postretirement benefit obligation in Note F represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future on behalf of current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired members and their beneficiaries and dependents and (2) active members and their beneficiaries and dependents after retirement from service with participating employers. These liabilities have been determined by the Plan's actuary, Segal Consulting. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers, retirees and from existing plan assets. Prior to an active member's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that member's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary, and is the amount that results from applying actuarial assumptions to historical premiums and claims cost data to estimate future annual incurred costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The following were other significant assumptions used in the valuations as of June 30, 2023 and 2022:

Mortality Rates:	
Healthy	95% of the PRI-2012 Healthy Retiree Blue Collar Headcount-weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021 for 2023 and 2022
Disabled	PRI-2012 Disabled Retiree Headcount-weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021 for 2023 and 2022
Discount Rate	5.00% for 2023 and 4.50% for 2022
Health Trend Rate:	
Non-Medicare Medical and Prescription Drugs	7.25% graded to 4.50% over 11 years for 2023 7.50% graded to 4.50% over 12 years for 2022
Medicare Medical and Prescription Drugs	6.25% graded to 4.50% over 7 years for 2023 and 2022
Average Retirement Age	Normal retirement, the rates assume 5.00% at age 55 increasing to 100% at age 70
Actuarial Cost Method	Projected Unit Credit Method

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Other Plan Benefits
Participants may remain eligible for benefits following cessation of employment by either making self-payments or utilizing the hours accumulated in their reserve hour banks. The liability for accumulated eligibility credits has been estimated by Segal Consulting at June 30, 2023 and 2022, based upon hours accumulated in a participant's reserve hour bank and the current average cost of providing benefits.

The liability for claims incurred but not reported as of June 30, 2023 and 2022 has also been estimated by the Plan's actuary based on historical experience and certain other factors. Such estimated amounts are reported in Note F. Because these liabilities are estimates, it is at least reasonably possible that a change in these estimates will occur in the near term.

NOTE C - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

Substantially all investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at June 30, 2023 and 2022 and net change in investment income and expenses for the years ended June 30, 2023 and 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Plan's trustee KeyBank National Association (KeyBank, N.A.).

NOTE D - FAIR VALUE MEASUREMENTS

Financial accounting standards establish 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 are described as follows:

Level 1 fair values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2 fair value inputs are based on inputs other than quoted prices within Level 1 that are observable for the asset, either directly or indirectly. Observable inputs include quoted market prices in active markets for similar assets, quoted prices in markets that are not active for identical or similar assets and other market observable inputs such as interest rate, credit spread and foreign currency exchange rates observable in the marketplace or derived from market transactions.

Level 3 fair values are based on at least one significant unobservable input for the asset. Level 3 securities contain unobservable market inputs and as a result considerable judgment may be used in determining the fair values.

Certain investments are measured at fair value using the net asset value (NAV) per share, or its equivalent, as a practical expedient. These investments include commingled funds which may include money market funds, common collective trusts and pooled separate accounts which are typically valued using the NAV provided by the administrator of the fund. The Plan assets include money market funds. In accordance with accounting guidance, these investments have not been classified in the fair value hierarchy.

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 June 30, 2023 and 2022:

Mutual funds: Valued at quoted market prices on the last business day of the Plan year.

Corporate bonds: Valued using pricing models using observable inputs for similar securities. This includes basing value on yields available on comparable securities of issuers with similar credit ratings.

Certificate of Deposit: Recorded at cost which approximates fair value.

U.S. government securities, U.S. government mortgage back securities, corporate mortgage back securities, foreign bonds and municipal bonds: Valued using pricing models using observable inputs for similar securities.

Money Market: As a practical expedient, valued at the NAV of shares held by the Plan at year end.

NOTE D - FAIR VALUE MEASUREMENTS (continued)

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 management 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2023 and 2022:

	Assets Measured at Fair Value at June 30, 2023 on a Recurring Basis			
	Level 1	Level 2	Level 3	Total
Investments measured at fair value:				
Mutual funds	$ 20,458,319	$ -	$ -	$ 20,458,319
Certificate of deposit	-	106,428	-	106,428
Bonds:				
Municipal bonds	-	269,117	-	269,117
Corporate bonds	-	3,071,140	-	3,071,140
Corporate mortgage back securities	-	267,838	-	267,838
Foreign bonds	-	97,932	-	97,932
Total bonds	-	3,706,027	-	3,706,027
U.S. government securities:				
Fannie Mae	-	295,028	-	295,028
U.S. Treasury Notes	-	2,177,646	-	2,177,646
Total U.S. government securities	-	2,472,674	-	2,472,674
U.S. government mortgage back securities:				
Fannie Mae	-	195,510	-	195,510
Freddie Mac	-	627,872	-	627,872
Freddie Mac Gold	-	54,740	-	54,740
Total U.S. government mortgage back securities	-	878,122	-	878,122
Subtotal investments at fair value	$ 20,458,319	$ 7,163,251	$ -	$ 27,621,570
Investments at net asset value:				
Money market				1,107,148
Total				$ 28,728,718

NOTE D - FAIR VALUE MEASUREMENTS (continued)

	Assets Measured at Fair Value at June 30, 2022 on a Recurring Basis			
	Level 1	Level 2	Level 3	Total
Investments measured at fair value:				
Mutual funds	$ 19,138,035	$ -	$ -	$ 19,138,035
Certificate of deposit	-	106,398	-	106,398
Bonds:				
Municipal bonds	-	451,019	-	451,019
Corporate bonds	-	3,134,216	-	3,134,216
Corporate mortgage back securities	-	216,210	-	216,210
Foreign bonds	-	216,678	-	216,678
Total bonds	-	4,018,123	-	4,018,123
U.S. government securities:				
Fannie Mae	-	311,207	-	311,207
U.S. Treasury Notes	-	2,058,446	-	2,058,446
Total U.S. government securities	-	2,369,653	-	2,369,653
U.S. government mortgage back securities:				
Fannie Mae	-	153,423	-	153,423
Freddie Mac	-	435,152	-	435,152
Freddie Mac Gold	-	73,783	-	73,783
Total U.S. government mortgage back securities	-	662,358	-	662,358
Subtotal investments at fair value	$19,138,035	$7,156,532	$ -	$26,294,567
Investments at net asset value:				
Money market				1,063,833
Total				$ 27,358,400

NOTE E - TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the Plan sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with the applicable provisions of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE F - BENEFIT OBLIGATIONS AND CHANGES IN BENEFIT OBLIGATIONS

The Plan's deficiency of net assets over benefit obligations at June 30, 2023 and 2022 relates primarily to the participants' accumulated eligibility and the postretirement benefit obligations, funding of which is not covered by the contribution rate provided by the current collective bargaining agreements. The Plan is not obligated to pre-fund such benefits and funds these benefits during the participants' retirement, and not necessarily during the participants' active employment. Changes to the contribution rates or plan of benefits are implemented based on the Trustees' periodic review of projected expenses and asset requirements.

The Plan's benefit obligations at June 30 for the health claims incurred by participants, but not reported at that date, and accumulated eligibility credits, respectively, have been estimated based on historical claims experience and eligible service during the year. Postretirement benefit obligations and accumulated eligibility credits have been calculated by the Plan's actuary in accordance with accepted actuarial principles.

The weighted-average healthcare cost-trend rate assumption has a significant effect on the amounts reported in the following discussion of postretirement benefit obligations. If the assumed rates increased by one percentage point, it would increase the obligations as of June 30, 2023 by $3,817,742.

Benefit obligations are as follows:

	June 30,	
	2023	2022
Amounts currently payable:		
Claims payable, claims incurred but not reported, and premiums due to insurers	**$ 1,044,800**	$ 1,530,400
Accumulated eligibility credits	**6,364,100**	5,273,500
Postretirement benefit obligations, net of amounts currently payable:		
Current retirees and beneficiaries	**7,611,938**	12,416,543
Other participants fully eligible for benefits	**9,371,064**	10,372,540
Participants not yet fully eligible for benefits	**9,639,024**	12,352,566
	26,622,026	35,141,649
TOTAL BENEFIT OBLIGATIONS	**$ 34,030,926**	$ 41,945,549

NOTE F - BENEFIT OBLIGATIONS AND CHANGES IN BENEFIT OBLIGATIONS (continued)

Changes in benefit obligations are as follows:

	Years ended June 30,	
	2023	2022
Amounts currently payable:		
Balance at beginning of year	**$ 1,530,400**	$ 1,688,900
Claims reported and approved for payment, including benefits reclassified from benefit obligations and premiums to insurers	**16,215,881**	17,330,742
Claims and insurance premiums paid	**(16,701,481)**	(17,489,242)
BALANCE AT END OF YEAR	**1,044,800**	1,530,400
Accumulated eligibility credits:		
Balance at beginning of year	**5,273,500**	5,533,800
Increase/(decrease) during the year	**1,090,600**	(260,300)
BALANCE AT END OF YEAR	**6,364,100**	5,273,500
Postretirement benefit obligations:		
Balance at beginning of year	**35,141,649**	62,937,164
Increase (decrease) in postretirement benefits attributable to:		
Actuarial experience loss	**-**	(6,721,283)
Changes in actuarial assumptions	**(9,763,324)**	(22,960,384)
Benefits earned net of benefits paid	**1,243,701**	1,886,152
BALANCE AT END OF YEAR	**26,622,026**	35,141,649
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	**$ 34,030,926**	$ 41,945,549

NOTE G - PAYMENT OF CLAIMS

The Plan's administrator processes and pays dental, vision and disability claims from plan assets. Medical, prescription, life and accidental death benefits are provided through insurance contracts.

The following is a schedule of insurance premiums expense:

	Years ended June 30,	
	2023	2022
Medicare supplement	**$ 1,642,384**	$ 1,781,751
Stop loss	**1,286,863**	1,367,865
Life/disability	**42,527**	45,034
Errors and omissions bond premium	**10,297**	10,192
TOTALS	**$ 2,982,071**	$ 3,204,842

NOTE H - CONCENTRATIONS

For the year ended June 30, 2023, one employer remitted contributions in excess of 10% of total employer contributions. For the year ended June 30, 2022, two employers remitted contributions in excess of 10% of total employer contributions.

NOTE I - PARTY-IN-INTEREST

Certain parties provide services or have fiduciary responsibilities to the Plan, including the Plan Sponsor. These services are parties-in-interest transactions. The Plan also invested in certain mutual funds which are owned and managed by the Trustee. These transactions also qualify as party-in-interest transactions.

NOTE J - RISKS AND UNCERTAINTIES

The Plan provides various investment options which are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with investments, it is at least reasonably possible that changes in the values of the investments 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.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, healthcare inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

The Plan maintains its cash and cash equivalents and money market funds in financial institutions. Accounts at these institutions are guaranteed by the Federal Deposit Insurance Corporation (FDIC) and the Securities Investor Protection Corporation (SIPC) up to $250,000 per institution. Financial Accounting Standards require disclosure of all deposit balances in excess of insured limits. On occasion, the Plan maintains cash and cash equivalents and money market fund balances at financial institutions in excess of insured limits.

NOTE K - RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at June 30, 2023 and 2022:

	June 30,	
	2023	2022
Net assets per financial statements	**$ 39,721,462**	$ 34,415,996
Claims payable, claims incurred but not reported, and premiums due to insurers	**(1,044,800)**	(1,530,400)
NET ASSETS PER FORM 5500	**$ 38,676,662**	$ 32,885,596

NOTE K - RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of benefits paid to participants or to insurance carriers per the financial statements to the Form 5500 for the years ended June 30, 2023 and 2022:

	Years ended June 30,	
	2023	2022
Benefits paid to participants or to insurance carriers for the provision of benefits per the financial statements	**$ 16,701,481**	$ 17,489,242
Add benefit obligation currently payable at end of year	**1,044,800**	1,530,400
Less benefit obligations currently payable at beginning of year	**(1,530,400)**	(1,688,900)
BENEFITS PAID TO PARTICIPANTS OR TO INSURANCE CARRIERS PER SCHEDULE H OF FORM 5500	**$ 16,215,881**	$ 17,330,742

Amounts currently payable to or for participants or to insurance carriers are recorded on Schedule H of Form 5500 for benefit claims or premiums that have been processed and approved for payment prior to June 30 but not yet paid as of that date.

NOTE L - SUBSEQUENT EVENTS

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through April 4, 2024 which is the date the financial statements were available to be issued.

Ohio State Plumbers & Pipefitters Health and Welfare Fund

SCHEDULES OF ADMINISTRATIVE EXPENSES

	Years ended June 30,	
	2023	2022
Administrative	**$ 162,806**	$ 159,752
Audit - annual	**28,500**	26,775
Audit - claims review	**184**	310
Audit - payroll	**5,850**	5,250
Bank charges	**30,692**	31,534
Consulting	**95,216**	76,231
Disability, FICA, and unemployment tax	**2,136**	2,420
Dues	**1,145**	-
Investment advisor	**13,500**	18,000
Legal	**79,890**	60,524
National reciprocity	**1,410**	1,410
PCORI	**5,081**	5,086
Printing and postage	**7,623**	13,286
Trustees' meetings and seminars	**4,954**	9,853
Wex Health	**5,462**	5,888
TOTAL ADMINISTRATIVE EXPENSES	**$ 444,449**	$ 416,319

Ohio State Plumbers & Pipefitters Health and Welfare Fund

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 23-7169700

Plan Number: 001

June 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Abbott Laboratories	Note 3.750% 11/30/2026	$ 68,286	$ 58,497
	Adobe Inc	Note 2.150% 02/01/2027	31,316	27,557
	Air Products & Chemicals Inc	Note 4.800% 03/03/2033	30,382	30,270
	Air Products & Chemicals Inc	Note 1.850% 05/15/2027	29,882	26,984
	Allstate Corp	Note 0.750% 12/15/2025	39,742	35,825
	Amazon.com	Note 3.150% 08/22/2027	68,916	61,156
	American Express Co	Note 3.375% 05/03/2024	64,737	63,731
	American Water Capital Corp	Note 3.400% 03/01/2025	48,287	43,515
	Amphenol Corp	Note 4.750% 03/30/2026	45,073	44,462
	Analog Devices Inc	Note 2.950% 04/01/2025	59,789	52,856
	Anheuser-Busch Inbev Worldwide Inc	Note 4.750% 01/23/2029	54,343	49,783
	Apple Inc	Note 2.050% 09/11/2026	62,662	55,289
	Arizona Public Service Co	Note 3.350% 06/15/2024	67,279	63,354
	AT&T Inc	Note 2.300% 06/01/2027	60,851	58,458
	Automatic Data Processing Inc	Note 1.700% 05/15/2028	50,292	43,887
	Avery Dennison Corp	Note 4.875% 12/06/2028	58,203	53,868
	Bank of America Corp	Note 3.824% 01/20/2028	40,077	33,094
	Brown-Forman Corp	Note 4.750% 04/15/2033	35,201	35,131
	Caterpillar Inc	Note 4.350% 05/15/2026	34,871	34,455
	CBOE Global Markets	Note 1.625% 12/15/2030	44,391	35,347
	Cincinnati Gas & Elec Co	Note 6.900% 06/01/2025	50,260	40,682
	Cintas Corp	Note 3.700% 04/01/2027	64,331	57,818
	Citigroup Inc	Note 3.200% 10/21/2026	33,246	32,761
	CMS Energy Corp	Note 3.875% 03/01/2024	63,205	59,145
	Comcast Corp	Note 4.250% 10/15/2030	63,370	62,594
	Connecticut Light and Power	Note 0.750% 12/01/2025	29,988	26,851
	Cummins Inc	Note 0.750% 09/01/2025	29,969	27,312
	Delmarva Power and Light Co	Note 3.500% 11/15/2023	62,991	59,471
	Dicks Sporting Goods Inc	Note 3.150% 01/15/2032	20,024	16,388
	Discovery Communications LLC	Note 3.800% 03/13/2024	38,196	34,494
	Dominion Energy Inc	Note 2.250% 08/15/2031	43,416	36,254
	Eaton Corp	Note 4.150% 03/15/2033	42,879	42,738
	Emerson Electric Co	Note 1.800% 10/15/2027	40,598	35,441
	Estee Lauder Co Inc	Note 4.650% 05/15/2033	19,662	19,664
	Evergy Inc	Note 2.450% 09/15/2024	72,013	67,055
	Exxon Mobil Corp	Note 2.440% 08/16/2029	59,929	53,238
	General Motors Financial Co	Note 1.250% 01/08/2026	59,781	53,533
	Georgia Pac Corp	Note 7.375% 12/01/2025	59,791	52,193
	Georgia Power Co	Note 4.650% 05/16/2028	50,067	48,989
	Hershey Co	Note 3.200% 08/21/2025	60,075	52,878
	Hormel Foods Corp	Note 0.650% 06/03/2024	30,007	28,688
	Illinois Tool Works Inc	Note 2.650% 11/15/2026	64,879	60,849
	Intel Corp	Note 3.750% 08/05/2027	44,992	43,025
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	KLA-Tencor Corp	Note 4.465% 11/01/2024	52,549	49,373
	Lowes Cos Inc	Note 3.125% 09/15/2024	74,986	67,862
	Martin Marietta Materials Inc	Note 4.250% 07/02/2024	58,138	54,336
	Moody's Corp	Note 4.875% 02/15/2024	40,464	35,805
	National Rural Utilities Cooperative Finance Corp	Note 2.400% 03/15/2030	47,705	42,203
	Norfolk Southern Corp	Note 4.450% 03/01/2033	19,884	19,137
	O Reilly Automotive Inc	Note 3.900% 06/01/2029	47,535	46,915
	Oracle Corp	Note 6.150% 11/09/2029	36,105	36,455
	Paccar Financial Corp	Note 0.350% 02/02/2024	29,807	29,103
	Pepsico Inc	Note 2.750% 03/19/2030	65,820	58,459
	PG&E Energy Recovery Fund	Note 1.460% 07/15/2033	39,606	34,207
	Phillips 66	Note 3.900% 03/15/2028	16,031	14,220

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Progressive Corp	Note 4.000% 03/01/2029	38,600	33,501
	Public Service Co of Colorado	Note 2.900% 05/15/2025	35,487	33,315
	Public Service Co of Colorado	Note 4.100% 06/01/2032	25,115	23,228
	Public Service Electric & Gas Co	Note 3.050% 11/15/2024	52,004	48,289
	Quanta Services Inc	Note 0.950% 10/01/2024	23,252	23,492
	Roper Technologies Inc	Note 3.650% 09/15/2023	45,899	44,802
	T-Mobile USA	Note 3.500% 04/15/2025	38,128	33,650
	Transcontinental Gas Pipe Line	Note 4.000% 03/15/2028	21,789	18,824
	United Parcel Service Inc	Note 4.875% 03/03/2033	35,572	35,369
	United Parcel Service Inc	Note 3.940% 03/15/2029	21,185	18,870
	Visa Inc	Note 3.150% 12/14/2025	53,939	47,927
	Waste Management Inc	Note 3.500% 05/15/2024	56,849	54,028
	Wells Fargo & Co	Note 3.000% 04/22/2026	22,889	23,508
	Wisconsin Electric Power Co	Note 3.100% 06/01/2025	71,672	66,649
	WW Grainger Inc	Note 1.850% 02/15/2025	70,999	66,461
		TOTAL CORPORATE BONDS	3,341,007	3,071,140
	Capital One Multi-Asset	Note 2.800% 03/15/2027	44,997	43,072
	Continental Airlines Inc	Note 4.000% 10/29/2024	35,689	33,168
	Daimler Trucks Retail Trust	Note 5.070% 09/16/2024	19,534	19,484
	Delta Air Lines Inc	Note 3.204% 04/25/2024	45,420	44,095
	John Deere Owner Trust	Note 5.180% 03/15/2028	14,996	14,974
	John Deere Owner Trust	Note 3.730% 06/15/2025	20,418	20,263
	Union Pacific RR Co	Note 3.227% 05/14/2026	59,963	55,146
	Verizon Owner Trust	Note 0.990% 04/20/2028	39,994	37,636
		TOTAL CORPORATE MORTGAGE BACK SECURITIES	281,012	267,838
	Fannie Mae	Note 4.000% 07/01/2037	35,918	35,220
	Fannie Mae	Note 3.000% 11/01/2029	13,956	12,776
	Fannie Mae	Note 5.000% 05/01/2038	33,808	33,380
	Fannie Mae	Note 3.500% 06/01/2037	30,913	29,195
	Fannie Mae	Note 4.000% 07/01/2037	48,132	46,143
	Fannie Mae	Note 6.000% 08/01/2037	5,998	4,204
	Fannie Mae	Note 5.000% 10/01/2037	35,041	34,592
	Freddie Mac	Note 3.064% 08/25/2024	67,036	65,831
	Freddie Mac	Note FL RT% 08/25/2025	43,164	38,678
	Freddie Mac	Note FL RT% 08/25/2023	22,462	21,968
	Freddie Mac	Note 5.000% 03/01/2038	58,835	58,471
	Freddie Mac	Note 3.062% 12/25/2024	54,760	48,344
	Freddie Mac	Note 2.995% 12/25/2025	39,288	38,108
	Freddie Mac	Note 2.500% 04/01/2037	55,517	54,664
	Freddie Mac	Note 2.673% 03/25/2026	35,717	32,966
	Freddie Mac	Note FL RT% 06/25/2032	45,052	44,235
	Freddie Mac	Note 4.500% 09/01/2037	52,010	50,326
	Freddie Mac	Note 3.303% 07/25/2024	34,122	34,228
	Freddie Mac	Note 4.000% 09/01/2037	47,895	46,266
	Freddie Mac	Note 4.500% 09/01/2037	95,445	93,787
	Freddie Mac Gold	Note 3.000% 10/01/2029	25,471	23,415
	Freddie Mac Gold	Note 3.000% 12/01/2030	15,573	14,230
	Freddie Mac Gold	Note 2.500% 07/01/2029	18,308	17,095
		TOTAL U.S. GOVERNMENT MORTGAGE BACK SECURITIES	914,421	878,122
	Colorado Housing & Finance Authority	Note 4.515% 11/01/2027	40,000	38,795
	Dallas-Fort Worth Texas International Airport	Note 2.256% 11/01/2026	35,000	32,106
	Honolulu Hawaii City & County Wastewater	Note 2.316% 07/01/2025	30,000	28,381
	Metro Wasterwater Reclamation District Colorado	Note 2.363% 04/01/2027	35,000	32,138
	Nebraska Public Power Distribution	Note 2.421% 01/01/2026	20,000	18,657
	New York State Urban Development Corporation	Note 3.270% 03/15/2028	48,931	46,579
	North Texas Tollway Authority	Note 0.920% 01/01/2024	40,000	39,085

Ohio State Plumbers & Pipefitters Health and Welfare Fund

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

EIN: 23-7169700

Plan Number: 001

June 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Prince George County Maryland	Note 0.844% 09/15/2024	20,000	18,979
	University California	Note 0.833% 05/15/2024	15,000	14,397
		TOTAL MUNICIPAL BONDS	283,931	269,117
	United States Treasury Notes	Note 2.750% 11/15/2023	138,147	133,750
	United States Treasury Notes	Note 2.250% 11/15/2025	51,467	47,239
	United States Treasury Notes	Note 2.000% 11/15/2026	142,097	134,119
	United States Treasury Notes	Note 2.250% 11/15/2027	119,989	101,316
	United States Treasury Notes	Note 3.125% 11/15/2028	79,887	76,210
	United States Treasury Notes	Note 4.125% 11/15/2032	108,157	107,297
	United States Treasury Notes	Note 2.000% 02/15/2025	63,952	61,872
	United States Treasury Notes	Note 2.750% 02/15/2028	235,894	211,457
	United States Treasury Notes	Note 1.500% 02/15/2030	120,739	107,060
	United States Treasury Notes	Note 1.125% 02/15/2031	158,306	135,686
	United States Treasury Notes	Note 2.375% 05/15/2029	223,151	191,461
	United States Treasury Notes	Note 3.375% 05/15/2033	141,081	139,835
	United States Treasury Notes	Note 2.375% 08/15/2024	113,925	106,447
	United States Treasury Notes	Note 1.500% 08/15/2026	159,066	155,383
	United States Treasury Notes	Note 0.625% 08/15/2030	188,382	155,353
	United States Treasury Notes	Note 1.250% 08/15/2031	162,117	143,610
	United States Treasury Notes	Note 2.750% 08/15/2032	104,082	105,427
	United States Treasury Notes	Note 1.625% 08/15/2032	72,245	64,124
	Fannie Mae	Note 6.625% 11/15/2030	116,497	110,225
	Fannie Mae	Note 0.375% 08/25/2025	74,750	68,246
	Fannie Mae	Note 0.875% 08/05/2030	137,720	116,557
		TOTAL U.S. GOVERNMENT SECURITIES	2,711,651	2,472,674
	Canadian National Railway Co	Note 6.900% 07/15/2028	64,925	54,473
	Nvent Finance	Note 4.550% 04/15/2028	22,469	18,708
	Shell International Finance	Note 0.375% 09/15/2023	24,966	24,751
		TOTAL FOREIGN BONDS	112,360	97,932
	Federated Government Obligations Institutional Shares	Money Market	1,107,148	1,107,148
		TOTAL MONEY MARKET ACCOUNTS	1,107,148	1,107,148
	Baird	Short-Term Bond Fund	9,397,568	8,998,985
	Western Asset	Intermediate Bond Fund	2,724,077	2,267,388
	Blackrock	Multi- Asset Income Fund	2,422,452	2,136,698
	Fidelity	Total Market Index Fund	6,584,218	7,055,248
		TOTAL MUTUAL FUNDS	21,128,315	20,458,319
*	Fifth Third Bank	CD 0.010% 07/06/2024	106,428	106,428
		TOTAL CERTIFICATES OF DEPOSIT	106,428	106,428
		TOTAL INVESTMENTS	$ 29,986,273	$ 28,728,718

* **Party-in-interest**

Ohio State Plumbers & Pipefitters Health and Welfare Fund

SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 23-7169770

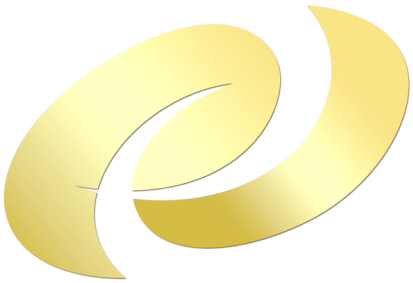
Plan Number: 001

June 30, 2023

	(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Number of Purchases Number of Sales	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 1: Single transaction exceeding 5%								
*	KeyBank, N.A.	Western Asset Intermediate Bond Fund						
		Sale	-	2,000,000	-	2,463,802	2,000,000	(463,802)
Category 3: Series of transactions in same security exceeding 5%								
*	KeyBank, N.A.	Federated Government Obligations Institutional Shares						
		118 Purchases	3,134,817	-	-	3,134,817	3,134,817	-
		60 Sales	-	3,091,502	-	3,091,502	3,091,502	-
*	KeyBank, N.A.	Baird Short-Term Bond Fund						
		14 Purchases	2,234,711	-	-	2,234,711	2,234,711	-
		No Sales	-	-	-	-	-	-
*	KeyBank, N.A.	Western Asset Intermediate Bond Fund						
		12 Purchases	84,780	-	-	84,780	84,780	-
		1 Sale	-	2,000,000	-	2,463,802	2,000,000	(463,802)

There were no Category 2 or 4 transactions during the year.

* **Party-in-interest**



PACKER · THOMAS

Certified Public Accountants & Business Consultants

PROVEN TRUE.

1-800-943-4278
www.packerthomas.com

Ohio State Plumbers & Pipefitters Health and Welfare Fund

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 23-7169700

Plan Number: 001

June 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
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	PG&E Energy Recovery Fund	Note 1.460% 07/15/2033	39,606	34,207
	Phillips 66	Note 3.900% 03/15/2028	16,031	14,220

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Progressive Corp	Note 4.000% 03/01/2029	38,600	33,501
	Public Service Co of Colorado	Note 2.900% 05/15/2025	35,487	33,315
	Public Service Co of Colorado	Note 4.100% 06/01/2032	25,115	23,228
	Public Service Electric & Gas Co	Note 3.050% 11/15/2024	52,004	48,289
	Quanta Services Inc	Note 0.950% 10/01/2024	23,252	23,492
	Roper Technologies Inc	Note 3.650% 09/15/2023	45,899	44,802
	T-Mobile USA	Note 3.500% 04/15/2025	38,128	33,650
	Transcontinental Gas Pipe Line	Note 4.000% 03/15/2028	21,789	18,824
	United Parcel Service Inc	Note 4.875% 03/03/2033	35,572	35,369
	United Parcel Service Inc	Note 3.940% 03/15/2029	21,185	18,870
	Visa Inc	Note 3.150% 12/14/2025	53,939	47,927
	Waste Management Inc	Note 3.500% 05/15/2024	56,849	54,028
	Wells Fargo & Co	Note 3.000% 04/22/2026	22,889	23,508
	Wisconsin Electric Power Co	Note 3.100% 06/01/2025	71,672	66,649
	WW Grainger Inc	Note 1.850% 02/15/2025	70,999	66,461
		TOTAL CORPORATE BONDS	3,341,007	3,071,140
	Capital One Multi-Asset	Note 2.800% 03/15/2027	44,997	43,072
	Continental Airlines Inc	Note 4.000% 10/29/2024	35,689	33,168
	Daimler Trucks Retail Trust	Note 5.070% 09/16/2024	19,534	19,484
	Delta Air Lines Inc	Note 3.204% 04/25/2024	45,420	44,095
	John Deere Owner Trust	Note 5.180% 03/15/2028	14,996	14,974
	John Deere Owner Trust	Note 3.730% 06/15/2025	20,418	20,263
	Union Pacific RR Co	Note 3.227% 05/14/2026	59,963	55,146
	Verizon Owner Trust	Note 0.990% 04/20/2028	39,994	37,636
		TOTAL CORPORATE MORTGAGE BACK SECURITIES	281,012	267,838
	Fannie Mae	Note 4.000% 07/01/2037	35,918	35,220
	Fannie Mae	Note 3.000% 11/01/2029	13,956	12,776
	Fannie Mae	Note 5.000% 05/01/2038	33,808	33,380
	Fannie Mae	Note 3.500% 06/01/2037	30,913	29,195
	Fannie Mae	Note 4.000% 07/01/2037	48,132	46,143
	Fannie Mae	Note 6.000% 08/01/2037	5,998	4,204
	Fannie Mae	Note 5.000% 10/01/2037	35,041	34,592
	Freddie Mac	Note 3.064% 08/25/2024	67,036	65,831
	Freddie Mac	Note FL RT% 08/25/2025	43,164	38,678
	Freddie Mac	Note FL RT% 08/25/2023	22,462	21,968
	Freddie Mac	Note 5.000% 03/01/2038	58,835	58,471
	Freddie Mac	Note 3.062% 12/25/2024	54,760	48,344
	Freddie Mac	Note 2.995% 12/25/2025	39,288	38,108
	Freddie Mac	Note 2.500% 04/01/2037	55,517	54,664
	Freddie Mac	Note 2.673% 03/25/2026	35,717	32,966
	Freddie Mac	Note FL RT% 06/25/2032	45,052	44,235
	Freddie Mac	Note 4.500% 09/01/2037	52,010	50,326
	Freddie Mac	Note 3.303% 07/25/2024	34,122	34,228
	Freddie Mac	Note 4.000% 09/01/2037	47,895	46,266
	Freddie Mac	Note 4.500% 09/01/2037	95,445	93,787
	Freddie Mac Gold	Note 3.000% 10/01/2029	25,471	23,415
	Freddie Mac Gold	Note 3.000% 12/01/2030	15,573	14,230
	Freddie Mac Gold	Note 2.500% 07/01/2029	18,308	17,095
		TOTAL U.S. GOVERNMENT MORTGAGE BACK SECURITIES	914,421	878,122
	Colorado Housing & Finance Authority	Note 4.515% 11/01/2027	40,000	38,795
	Dallas-Fort Worth Texas International Airport	Note 2.256% 11/01/2026	35,000	32,106
	Honolulu Hawaii City & County Wastewater	Note 2.316% 07/01/2025	30,000	28,381
	Metro Wasterwater Reclamation District Colorado	Note 2.363% 04/01/2027	35,000	32,138
	Nebraska Public Power Distribution	Note 2.421% 01/01/2026	20,000	18,657
	New York State Urban Development Corporation	Note 3.270% 03/15/2028	48,931	46,579
	North Texas Tollway Authority	Note 0.920% 01/01/2024	40,000	39,085

Ohio State Plumbers & Pipefitters Health and Welfare Fund

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

EIN: 23-7169700

Plan Number: 001

June 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Prince George County Maryland	Note 0.844% 09/15/2024	20,000	18,979
	University California	Note 0.833% 05/15/2024	15,000	14,397
		TOTAL MUNICIPAL BONDS	283,931	269,117
	United States Treasury Notes	Note 2.750% 11/15/2023	138,147	133,750
	United States Treasury Notes	Note 2.250% 11/15/2025	51,467	47,239
	United States Treasury Notes	Note 2.000% 11/15/2026	142,097	134,119
	United States Treasury Notes	Note 2.250% 11/15/2027	119,989	101,316
	United States Treasury Notes	Note 3.125% 11/15/2028	79,887	76,210
	United States Treasury Notes	Note 4.125% 11/15/2032	108,157	107,297
	United States Treasury Notes	Note 2.000% 02/15/2025	63,952	61,872
	United States Treasury Notes	Note 2.750% 02/15/2028	235,894	211,457
	United States Treasury Notes	Note 1.500% 02/15/2030	120,739	107,060
	United States Treasury Notes	Note 1.125% 02/15/2031	158,306	135,686
	United States Treasury Notes	Note 2.375% 05/15/2029	223,151	191,461
	United States Treasury Notes	Note 3.375% 05/15/2033	141,081	139,835
	United States Treasury Notes	Note 2.375% 08/15/2024	113,925	106,447
	United States Treasury Notes	Note 1.500% 08/15/2026	159,066	155,383
	United States Treasury Notes	Note 0.625% 08/15/2030	188,382	155,353
	United States Treasury Notes	Note 1.250% 08/15/2031	162,117	143,610
	United States Treasury Notes	Note 2.750% 08/15/2032	104,082	105,427
	United States Treasury Notes	Note 1.625% 08/15/2032	72,245	64,124
	Fannie Mae	Note 6.625% 11/15/2030	116,497	110,225
	Fannie Mae	Note 0.375% 08/25/2025	74,750	68,246
	Fannie Mae	Note 0.875% 08/05/2030	137,720	116,557
		TOTAL U.S. GOVERNMENT SECURITIES	2,711,651	2,472,674
	Canadian National Railway Co	Note 6.900% 07/15/2028	64,925	54,473
	Nvent Finance	Note 4.550% 04/15/2028	22,469	18,708
	Shell International Finance	Note 0.375% 09/15/2023	24,966	24,751
		TOTAL FOREIGN BONDS	112,360	97,932
	Federated Government Obligations Institutional Shares	Money Market	1,107,148	1,107,148
		TOTAL MONEY MARKET ACCOUNTS	1,107,148	1,107,148
	Baird	Short-Term Bond Fund	9,397,568	8,998,985
	Western Asset	Intermediate Bond Fund	2,724,077	2,267,388
	Blackrock	Multi- Asset Income Fund	2,422,452	2,136,698
	Fidelity	Total Market Index Fund	6,584,218	7,055,248
		TOTAL MUTUAL FUNDS	21,128,315	20,458,319
*	Fifth Third Bank	CD 0.010% 07/06/2024	106,428	106,428
		TOTAL CERTIFICATES OF DEPOSIT	106,428	106,428
		TOTAL INVESTMENTS	$ 29,986,273	$ 28,728,718

* **Party-in-interest**

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 07/01/2022 and ending 06/30/2023

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] 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 ▶ [X]

D Check box if filing under: [X] 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
OHIO STATE PLUMBERS & PIPEFITTERS
HEALTH AND WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 07/01/1970

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)
OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFAR

CENTRAL DATA SERVICES, INC.
232 WISE ROAD, STE 220

HARMONY PA 16037

2b Employer Identification Number (EIN) 23-7169770

2c Plan Sponsor's telephone number 412-431-4710

2d Business code (see instructions) 238220

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	Jeffrey A. White	4/10/2024	JEFFREY A WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Kevin Witucky	4/10/2024	KEVIN A WITUCKY
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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	1,132
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)	761
a (2) Total number of active participants at the end of the plan year	6a(2)	802
b Retired or separated participants receiving benefits	6b	330
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,132
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants 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	94

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

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

a Pension Schedules

(1) [ ] R (Retirement Plan Information)
(2) [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] H (Financial Information)
(2) [ ] I (Financial Information - Small Plan)
(3) [X] 3 A (Insurance Information)
(4) [X] C (Service Provider Information)
(5) [ ] D (DFE/Participating Plan Information)
(6) [ ] G (Financial Transaction Schedules)

Ohio State Plumbers & Pipefitters Health and Welfare Fund

SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 23-7169770

Plan Number: 001

June 30, 2023

	(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Number of Purchases Number of Sales	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category 1: Single transaction exceeding 5%								
*	KeyBank, N.A.	Western Asset Intermediate Bond Fund						
		Sale	-	2,000,000	-	2,463,802	2,000,000	(463,802)
Category 3: Series of transactions in same security exceeding 5%								
*	KeyBank, N.A.	Federated Government Obligations Institutional Shares						
		118 Purchases	3,134,817	-	-	3,134,817	3,134,817	-
		60 Sales	-	3,091,502	-	3,091,502	3,091,502	-
*	KeyBank, N.A.	Baird Short-Term Bond Fund						
		14 Purchases	2,234,711	-	-	2,234,711	2,234,711	-
		No Sales	-	-	-	-	-	-
*	KeyBank, N.A.	Western Asset Intermediate Bond Fund						
		12 Purchases	84,780	-	-	84,780	84,780	-
		1 Sale	-	2,000,000	-	2,463,802	2,000,000	(463,802)

There were no Category 2 or 4 transactions during the year.

* **Party-in-interest**