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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

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
- [X] 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:
- [ ] Form 5558
- [ ] automatic extension
- [X] 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
BUILDING TRADES HEALTH AND WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/06/1950

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)
BUILDING TRADES HEALTH AND WELFARE FUND

650 RIDGE ROAD, STE 300
PITTSBURGH, PA 15205-9503

650 RIDGE ROAD, STE 300
PITTSBURGH, PA 15205-9503

2b Employer Identification Number (EIN)
23-1700500

2c Plan Sponsor's telephone number
412-922-5330

2d Business code (see instructions)
813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	WILLIAM SPROULE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	DAVID D. DAQUELENTE
	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**	1567
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)**	1228
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1183
b Retired or separated participants receiving benefits	**6b**	37
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1220
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**	113

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 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] 4 **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan
BUILDING TRADES HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUILDING TRADES HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-1700500

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
DELTA DENTAL OF PENNSYLVANIA

(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
23-1667011	54798	03207	0	05/01/2021	12/31/2021

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
1215	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

DELAWARE VALLEY HEALTH CARE COALIT.
2980 SOUTHHAMPTON ROAD
PHILADELPHIA, PA 19154

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1215		ESTIMATED COMMISSION	

(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	

(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	

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.	**6d**	

Specify nature of costs ▶

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** [X] 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**	365590
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. Specify nature of costs.			**10b**	

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan
BUILDING TRADES HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUILDING TRADES HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-1700500

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
AVALON 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
76-0801682	12358	00506843	0	05/01/2021	12/31/2021

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	

(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	

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.	**6d**	

Specify nature of costs ▶

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** ☐ 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**	192584
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 ☒ 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan
BUILDING TRADES HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUILDING TRADES HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-1700500

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
CAPITAL ADVANTAGE 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
45-5492167	14411	00506843	0	05/01/2021	12/31/2021

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	

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(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	

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.	**6d**	

Specify nature of costs ▶

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** [X] 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)**	10987960		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	10987960
(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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan
BUILDING TRADES HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUILDING TRADES HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-1700500

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
NATIONAL VISION ADMINISTRATORS LLC

(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
74-3033381	66842	1963	0	05/01/2021	12/31/2021

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	

(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	

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.	**6d**	

Specify nature of costs ▶

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** [X] 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)**	43885		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	43885
(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 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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
BUILDING TRADES HEALTH AND WELFARE FUND	501
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
BUILDING TRADES HEALTH AND WELFARE FUND	23-1700500

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

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

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

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

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

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

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

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)

CAPITAL ADVANTAGE ASSURANCE COMPANY

2500 ELMERTON AVENUE
HARRISBURG, PA 17177

45-5492167

(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?
12	NONE	338275	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXPRESS SCRIPTS

ONE EXPRESS WAY
ST. LOUIS, MO 63121

22-2230703

(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?
12	NONE	150858	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL ADVANTAGE INSURANCE COMPANY

2500 ELMERTON AVENUE
HARRISBURG, PA 17177

23-2195219

(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?
12	NONE	70189	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)

BOYER & RITTER LLC

211 HOUSE AVENUE
CAMP HILL, PA 17011

23-1311005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	60269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCNEES WALLACE & NURICK

100 PINE STREET
HARRISBURG, PA 17101

23-1256003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	28773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANA SCHAEFFER

1718 HEILMANDALE ROAD, STE 400
LEBANON, PA 17046

23-1700500

(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?
14	NONE	22177	Yes ☐ No ☒	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)

DAWN PHILLIPS

1718 HEILMANDALE ROAD, STE 400
LEBANON, PA 17046

23-1700500

(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?
14	NONE	11832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONRAD SIEGEL INC

501 CORPORATE CIRCLE
HARRISBURG, PA 17110

23-1669823

(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?
11	NONE	9054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRA WEINSTOCK PC

800 N 2ND STREET, STE 100
HARRISBURG, PA 17102

23-2080847

(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?
29	NONE	8633	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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 05/01/2021 and ending 04/30/2022

A Name of plan
BUILDING TRADES HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BUILDING TRADES HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
23-1700500

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	558060	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2845526	0
(2) Participant contributions	1b(2)	8055	0
(3) Other	1b(3)	979304	35841
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	170941	0
(2) U.S. Government securities	1c(2)	5985127	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2962983	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9972216	0
(5) Partnership/joint venture interests	1c(5)	5776209	477421
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10809747	0
(15) Other	1c(15)	19299391	

			(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**	1012	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	59368571	513262
	Liabilities			
g	Benefit claims payable	**1g**	1807371	0
h	Operating payables	**1h**	70616	0
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	1877987	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	57490584	513262

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)**	5173813	
	(B) Participants	**2a(1)(B)**	498293	
	(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)**		5672106
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)**	1393345	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1393345
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	618929	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		618929

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7684380
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12118451	
(2) To insurance carriers for the provision of benefits	2e(2)	192584	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12311035
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)	113763	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3867	
(4) Other	2i(4)	306712	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		424342
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12735377
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5050997
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		51926325

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) [ ] DOL Regulation 2520.103-8 (2) [ ] DOL Regulation 2520.103-12(d) (3) [X] 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: HENRY ROSSI & CO., LLP (2) EIN: 25-1698043

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		5000000
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)
GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	23-7007718	501

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 _____.

BUILDING TRADES HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED
APRIL 30, 2022 AND 2021

Henry Rossi & Co., LLP

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CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

Board of Trustees
Building Trades Health and Welfare Fund
Pittsburgh, Pennsylvania

Opinion

We have audited the financial statements of Building Trades Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and the statements of benefit obligations as of April 30, 2022 and the related statement of changes in net assets available for benefits and statement of changes in benefit obligations for the year ended April 30, 2022 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Building Trades Health and Welfare Fund as of April 30, 2022, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended April 30, 2022 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Building Trades Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

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 Building Trades 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 Fund instrument, including all Fund amendments; administering the Fund; and determining that the Fund’s transactions that are presented and disclosed in the financial statements are in conformity with the Fund’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

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 GAAS 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 GAAS, 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 Building Trades 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 Building Trades Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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.

Prior Period Financial Statements

The financial statements of Building Trades Health and Welfare Fund as of April 30, 2021 were audited by other auditors whose report was dated November 30, 2021 and expressed an unmodified opinion on those financial statements.

Other Matter – Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of **(I)** schedule of assets held at end of year and **(II)** 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. 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 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Henry Rossi & Co., LLP

Certified Public Accountants

March 21, 2024
Monroeville, Pennsylvania

BUILDING TRADES HEALTH AND WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	April 30	
	2022	2021
ASSETS:		
Investments - at fair value	$ 477,421	$ 54,976,614
Employer contributions receivable	-	2,398,805
Reciprocal contributions receivable	-	446,721
Self-pay contributions receivable	-	8,055
Formulary refund receivable	-	459,767
Investment income receivable	35,841	-
Due from broker	-	359,374
Prepaid expenses	-	113,859
Accrued interest receivable	-	46,304
Cash	-	558,060
Property and equipment, net	-	1,012
TOTAL ASSETS	513,262	59,368,571
LIABILITIES:		
Accounts payable and other accrued expenses	-	70,616
NET ASSETS AVAILABLE FOR BENEFITS	$ 513,262	$ 59,297,955

See notes to financial statements.

BUILDING TRADES HEALTH AND WELFARE FUND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED APRIL 30, 2022

CONTRIBUTIONS:	
Employer	$ 5,173,813
Self-pay and retiree	498,293
TOTAL CONTRIBUTIONS	5,672,106
INVESTMENT INCOME:	
Interest and dividend income	1,393,345
Net change in fair value of investments	618,929
Investment fees	(3,867)
	2,008,407
TOTAL ADDITIONS	7,680,513
BENEFITS AND INSURANCE PREMIUMS:	
Participants' benefit claims	13,925,822
Stop loss insurance premiums	192,584
	14,118,406
ADMINISTRATIVE EXPENSES:	
Salaries, payroll taxes and benefits	97,820
Miscellaneous expense	152,265
Legal expense	39,990
Actuarial services	13,504
Accounting fees	60,269
Insurance expense	43,715
Rent expense	12,912
	420,475
TOTAL DEDUCTIONS	14,538,881
NET DECREASE	(6,858,368)
TRANSFERS TO GREATER PENNSYLVANIA CARPENTERS' MEDICAL PLAN	(51,926,325)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of period	59,297,955
NET ASSETS AVAILABLE FOR BENEFITS - End of period	$ 513,262

See notes to financial statements.

BUILDING TRADES HEALTH AND WELFARE FUND

STATEMENTS OF BENEFIT OBLIGATIONS

	April 30	
	2022	2021
Amounts currently payable:		
Estimated liability for claims incurred but not paid or reported, self-funded benefits	$ -	$ 952,271
Estimated claims payable and currently due for active and retired participants	-	855,100
	-	1,807,371
Other obligations for current benefit coverage, at present value of estimated amounts:		
Accumulated eligibility credit obligation	-	15,650,720
Post-retirement benefit obligations, net of current amounts payable:		
Fully eligible active and former members	-	2,756,067
Other active members	-	16,589,752
Retired members	-	6,096,520
	-	25,442,339
Total benefit obligations	$ -	$ 42,900,430

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

	Year Ended April 30, 2022
Amounts currently payable:	
Balance at beginning of period	$ 1,807,371
Group insurance claims	439,816
Group insurance claims reported and approved for payment	14,063,312
Claims paid	(13,920,683)
Transferred to GPCMP	(2,389,816)
Balance at end of period	$ -
Other obligations for current benefit coverage, at present value of estimated amounts:	
Balance at beginning of period	$ 15,650,720
Change in accumulated eligibility credit obligation	(7,002,240)
Transferred to GPCMP	(8,648,480)
Balance at end of period	$ -
Post-retirement benefit obligations, net of current amounts payable:	
Balance at beginning of period	$ 25,442,339
Benefits earned and other charges	976,539
Changes in actuarial assumptions	1,222,929
Transferred to GPCMP	(27,641,807)
Balance at end of period	$ -
Total benefit obligations at end of period	$ -

See notes to financial statements.

BUILDING TRADES HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2022 AND 2021

A. General:

The Building Trades Health and Welfare Fund (the Fund) was formed in 1950 under a collective bargaining agreement between the Contractors' Association and the various labor unions. Effective January 1, 2022, the Fund was merged into the Greater Pennsylvania Carpenters' Medical Plan (GPCMP). Because of the merger, all remaining assets and liabilities were transferred to the GPCMP during 2022 and all participants in the Fund became participants in the GPCMP beginning January 1, 2022. A Board of Trustees comprised of an equal number of management and labor representatives administered the Fund. The Fund was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Fund covered union employees of employers working within the jurisdiction of the Fund or non-association employers that have agreed to participate in the Fund. The Fund provided for medical, surgical, eye care, dental, prescription, wellness, death, disability and other similar benefits for eligible employees and dependents of eligible employees. Retirees who retired on or after January 1, 1998 and who were under the age of sixty-five were permitted to purchase coverage under the Fund. The Board of Trustees had the authority and discretion to determine the monthly premium rate. Retirees who retired on or after January 1, 1998 and their eligible spouses who were over the age of sixty-five and who had Medicare Part A and Part B were able to purchase medical supplemental insurance that coordinated with Medicare coverage benefits. The Board of Trustees had the discretion and authority to determine the monthly premium rate. Retirees who retired before January 1, 1998, who were sixty-five and over, who were covered under the Fund or who retired under another plan that merged with the Fund, and who have remained covered under the Fund then in effect, are covered under the self-funded portion of the Fund. Retirees who were covered under this portion of the Fund must have Medicare Part A and Part B that the Fund coordinated with to provide supplemental coverage.

In order to have been eligible to participate, new members had to accumulate a pre-determined required contribution in their Dollar Bank account within six consecutive months. Dollar Bank accounts are "notional" accounts and therefore not a vested benefit. In addition, these accounts are not portable; therefore, members do not receive a distribution of the account balance upon termination. Upon accumulation of the Dollar Bank during a particular work quarter, the member was then eligible for coverage effective for the corresponding eligibility quarter. Members began to accumulate a Dollar Bank with the first hour of covered employment. If a member did not have a sufficient balance at the end of a work quarter to maintain ongoing eligibility, the member was allowed to self-pay to maintain coverage. If the member chose not to make self-payments, they were offered COBRA.

Funding was provided by contributions from employers who have signed collective bargaining agreements with any of the unions participating in the Fund and, in some cases, by covered employees. Employers contributed based on a fixed hourly contribution rate of $8.15 for each hour worked during the years ended April 30, 2022 and 2021. The Board of Trustees were able to permit contributions by covered employees for certain unemployed members.

The Fund was a self-funded plan under ERISA. The funding method for benefits was through an administrative service only plan with Capital Blue Cross. The Fund's dental insurance contract with Delta Dental provided for quarterly refunds of premium deposits after actual claims and deducted an administrative fee of 6.25% of claims paid.

B. Summary of Significant Accounting Policies:

Basis of Accounting - The financial statements of the Fund are prepared on the accrual basis of accounting.

Payment of Benefits - Benefits are recorded when paid by the claims processor. Claims payable are included on the Statements of Benefit Obligations.

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. The net change in fair value of investments consists of the net change in appreciation (depreciation) in fair value and gains and losses on sales of investments. The net appreciation (depreciation) of fair value of investments is determined by the change in fair value from the beginning of the period, if held for the entire period, to the date of sale, or from the date of purchase to the end of the period. Interest and dividend income is recognized on the accrual basis. Fund management determined the valuation policies.

Employer Contributions - Employer contributions are recognized as net asset additions based upon the period the members performed the work. Accordingly, contributions receivable represent amounts collected subsequent to the reporting period but applicable to hours worked during the reporting period.

Formulary Rebates Receivable - Drug manufacturers pay pharmacy benefit organizations for the placement of their medications on the organization’s formulary. The organizations in turn pass on percentages of these rebates to the Fund. The formulary refund receivable represents amounts due from these organizations. These rebates are netted against group insurance premiums on the Statement of Changes in Net Assets Available for Benefits.

Allowance for Doubtful Accounts - The Fund provides an allowance for doubtful accounts based on Fund management’s evaluation of period-end contributions receivable. No allowance was deemed necessary at April 30, 2022 and 2021.

Estimated Liability for Claims Incurred but not Paid or Reported, Self-Funded Benefits - The estimated liability for claims incurred but not paid or reported, self-funded benefits is an amount computed by the Fund's consulting actuary on the basis of the historical experience relative to the time lag between incurrence of the claim and the reporting of such claim for payment.

Estimated Liability for Future Benefits - The Fund has received contributions that provide participants with coverage in periods subsequent to the end of its reporting period. The estimated cost of this coverage, computed by the Fund's consulting actuary on the basis of earned future eligibility, is recognized on the Statements of Benefit Obligations.

Stop Loss Insurance – The Fund also utilized a supplemental stop loss policy for claims over $375,000 per member (with a $500,000 and $600,000 laser for certain individuals) and $85,000 deductible per contract period. There were no stop loss claim refunds for the years ended April 30, 2022 and 2021.

Fund Expenses – The Fund pays administrative expenses that consist primarily of administrative fees, professional fees and insurance. These expenses are reported on the Statement of Changes in Net Assets Available for Benefits.

B. Summary of Significant Accounting Policies (continued):

Adoption of New Accounting Standards – In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). The new guidance amends current disclosure requirements relating to valuation processes for Level 3 fair value measurements, policy for timing of transfers between levels of the fair value hierarchy, and changes in unrealized gains and losses included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period. ASU 2018-13 is effective for all entities for periods beginning after December 15, 2019, with early adoption permitted. Certain changes are to be implemented retrospectively while others are to be implemented prospectively. The adoption of this pronouncement on May 1, 2020 did not have a material effect on the Fund's financial statements. The Fund has fully adopted the provisions set forth in this ASU.

In July 2019, the American Institute of Certified Public Accountants' (AICPA) Auditing Standards Board (ASB) issued Statement of Auditing Standards (SAS) No. 136, *"Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA"*. This standard prescribes certain new performance requirements for an audit of financial statements of employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA) and changes the form and content of the related auditor's report. The standard is effective for periods ending on or after December 15, 2021. The adoption of this standard did not have a material effect on the Fund's financial statements. The Fund has fully adopted the provisions set forth in this standard.

Reciprocal Agreements – The Fund had reciprocal agreements with other unions when participants performed work for other unions. The contribution rates were based on the applicable union contract. The agreements required that the contributions followed the employee. Reciprocal payments received are reported as a separate component of contributions on the Statement of Changes in Net Assets Available for Benefits. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction to the reciprocal contributions payable account on the Statements of Net Assets Available for Benefits and are not included on the Statement of Changes in Net Assets Available for Benefits as they do not represent an expense of the Fund.

Depreciation – Office equipment and furniture is stated at cost. Depreciation is recorded using the straight-line method over estimated useful lives of five to ten years.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results inevitably will differ from those estimates, and such differences may be material to the financial statements.

C. Fair Value Measurements:

The Fund has adopted the provisions of FASB ASC 820-10, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. FASB ASC 820-10 describes a fair value hierarchy based on three levels of inputs of which the first two are considered observable and the last is considered unobservable. The levels are defined as:

Level 1 – Quoted prices in active markets for identical assets.

Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets; quoted prices in markets that are not active; or inputs other than quoted prices that are observable.

Level 3 – Unobservable inputs that are supported by little or no market activity.

The following table represents the Fund's fair value hierarchy of investments held at April 30, 2022:

	Level 1	Level 2	Level 3	Total
Limited partnerships	$ -	$ -	$ -	$ -
Interest bearing cash	-	-	-	-
Mutual funds	-	-	-	-
	-	-	-	-
Investments at NAV	-	-	-	477,421
Investments at fair value	$ -	$ -	$ -	$ 477,421

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Fund evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers between fair value levels during the years ended April 30, 2022 and 2021.

The following table sets forth a summary of certain changes in the fair value of the Fund's Level 3 assets for the year ended April 30, 2022:

	Partnerships
Purchases	$ 285,000
Issuances	-
Transfers in	-
Transfers out	-

C. Fair Value Measurements (continued):

The following table represents the Fund's fair value hierarchy of investments held at April 30, 2021:

	Level 1	Level 2	Level 3	Total
Limited partnerships	$ -	$ 2,644,094	$ 3,132,115	$ 5,776,209
Exchange traded funds	19,299,391	-	-	19,299,391
Interest bearing cash	170,941	-	-	170,941
Common stocks	9,972,216	-	-	9,972,216
Mutual funds	4,675,429	6,134,318	-	10,809,747
U.S. Government securities	-	5,985,127	-	5,985,127
Corporate debt	-	2,962,983	-	2,962,983
Investments at fair value	$ 34,117,977	$17,726,522	$ 3,132,115	$ 54,976,614

The following table sets forth a summary of certain changes in the fair value of the Fund's Level 3 assets for the year ended April 30, 2021:

	Partnerships
Purchases	$1,215,000
Issuances	-
Transfers in	-
Transfers out	-

Common stocks are valued at closing price reported on the active market on which the individual securities are traded. Corporate debt is valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds and exchange traded funds are valued at the daily closing price as reported by the investment. U.S. Government securities are valued using pricing models maximizing the use of observable inputs for similar securities. The Fund held a number of investments that invested in holdings which are not traded on an exchange and whose fair value is determined by the investments' trustees based on a variety of methods. The investments usually provide the investment's managers and accountants varying levels of flexibility in determining methods used to value the Fund's assets. The investment's managers and accountants are charged with determining methods which are consistent and best reflect the fair value of the underlying investments.

In addition, the investments are valued based on predetermined valuation dates which can occur periodically, monthly or yearly. Individuals valuing these investments may be faced with a conflict of interest as such values may determine their compensation.

C. Fair Value Measurements (continued):

Ceres Tactical Commodity LP, Ceres Tactical Global LP, Emerging CTA Portfolio LP, Abbey Capital Managed Futures:

Ceres Managed Futures, LLC, a wholly owned subsidiary of an entity owned by Morgan Stanley Smith Barney, LLC is the general partner and commodity pool operator of each of these Morgan Stanley Smith Barney Managed Futures partnerships. These limited partnerships engage directly or indirectly in the speculative trading of diversified portfolio of commodity interests including futures, options, swaps and forward contracts on United States exchanges and certain foreign exchanges. These investments are valued based on the underlying securities owned by the partnerships as determined by the investment manager using observable inputs. Monthly redemptions may be requested of the general partner provided there is three business days notice. No fees are associated with the redemptions. There are no unfunded commitments as of April 30, 2022 and 2021, respectively. The Fund has determined the partnerships to be Level 2 investments.

CCA Longevity Fund VI, LP and CCA Longevity Fund III, LLC:

These limited partnerships primary investments consist of in-force non-variable universal life insurance policies insuring the lives of individuals of at least seventy years of age who have a life expectancy as of the date of purchase of between two and nine years at a price greater than the cash surrender value offered by the life insurance companies but less than the face amount of or the death benefit payable under such policies.

A management fee of 1.25%-1.50% of the limited partner’s commitments is charged annually. There is also a fee of 15%-20% of the distributed profits of the partnership after the limited partners have received an amount equal to 100% of their capital contributions and a preferred return of 6% per annum, compounded annually. The investments are classified as a Level 3 investments. There are no unfunded commitments as of April 30, 2022 and 2021, respectively.

The following table summarizes the quantitative inputs and assumptions used.

Instrument	Fair Value 4/30/22	Fair Value 4/30/21	Principal Valuation Technique	Significant Unobservable Inputs	2021/2020 Range of Significant Input Values	2021/2020 Weighted Average
CCA Longevity Fund VI, LP	$ -	$1,820,964	Forward looking projection of cash flows	Life expectancy of insured	2015 VBT/ 2015 VBT	N/A
CCA Longevity Fund III, LLC	$ -	$1,311,151		Discount rate	11.50%/12.50%	10.50%-12.50%/ 11.65%-13.50%

C. Fair Value Measurements (continued):

Fair value of investments that calculate at NAV:

OHA Credit Solutions Fund, LP:

The Fund holds an investment in OHA Credit Solutions Fund, LP. The partnership invests substantially all of its assets in the OHA Credit Solutions ICAV. OHA Credit Solutions ICAV invests in debt instruments and other securities and/or obligations of North American and European issuers. The fair value of this investment was $477,421 and $370,566 at April 30, 2022 and 2021, respectively. Monthly redemptions may be requested and require a three day redemption notice period. There are no unfunded commitments at April 30, 2022 and 2021. This investment was recorded as a Level 2 investment at April 30, 2021.

D. Investments:

The composition of the investments held by the Fund is as follows:

	April 30, 2022	
	Current Value	Cost
Limited partnerships	$ 477,421	$ 477,421

	April 30, 2021	
	Current Value	Cost
Limited partnerships	$ 5,776,209	$ 5,011,522
Exchange traded funds	19,299,391	13,316,293
Interest bearing cash	170,941	170,941
Common stocks	9,972,216	7,891,163
Mutual funds	10,809,747	10,429,860
U.S. Government securities	5,985,127	6,032,981
Corporate debt	2,962,983	2,794,362
	$54,976,614	$45,647,122

E. Income Tax Status:

The Internal Revenue Service has determined that the Fund is qualified under Section 501(c)(9) of the Internal Revenue Code and is exempt from income tax under Section 501(a) of the Code. The Fund Administrator and the Fund's legal counsel believe that the Fund is currently designed and being appreciated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Fund Administrator has analyzed the tax positions taken by the Fund, and has concluded that there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

F. Post-retirement Benefit Obligation:

The final actuarial valuation for the Fund was prepared as of December 31, 2021. All liabilities and obligations were transferred on January 1, 2022.

At December 31, 2021, a post-retirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Fund to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees. The obligations represent the amounts that are expected to be funded by contributions and from existing assets of the Fund. Post-retirement benefits include future benefits expected to be paid to or for (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service.

The actuarial present value of the expected post-retirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims cost 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.

Retiree contributions vary by the medical plan chosen by the retiree. Retirees in the plans paid 100% of the combined Medical, Dental, Vision, and Prescription Drug COBRA rate for the applicable plan. Future contributions were expected to increase at the same rate as the health care cost trend rate.

F. Post-retirement Benefit Obligation (continued):

For measurement purposes, a 5.5% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2021 through 2023. Rates were expected to decrease from 5.4% in 2024 to 4.0% in 2075 and later based on the Society of Actuaries Long-Run Medical Cost Trend Model.

The Medicare Prescription Drug Subsidy was considered in these post-retirement benefits. The Fund was assumed to receive the subsidy indefinitely for all actives and retirees. It was assumed that no retirees elected Medicare Part D coverage. The 2021 subsidy was assumed to equal $375 per person and was assumed to increase with the health care cost trend rate.

The actuary determined the accumulated post-retirement benefit obligation of the Fund, using the following significant actuarial assumptions as of December 31, 2021:

Discount rate	2.75%
Post-retirement mortality rates:	PRI-2012 Blue Collar Mortality Table including rates for contingent survivors. Incorporated into the table are rates projected generationally using scale MP-2021 to reflect mortality improvement.

The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported in the Statement of Changes in Benefit Obligations. If the assumed rates increased by one percentage point it would increase the post-retirement benefit obligation as of December 31, 2021 by $5,191,940. If the assumed rates decreased by one percentage point it would decrease the post-retirement benefit obligation as of December 31, 2021 by $4,052,651.

The above assumptions are based on the presumption that the Fund would continue. However, as stated in Note A, the Fund merged into the Greater Pennsylvania Carpenters' Medical Plan on January 1, 2022.

G. Multi-employer Pension Plan:

For the years ended April 30, 2022 and 2021, the Fund participated in a multi-employer pension plan which covers substantially all full time employees. The risks of participating in a multi-employer plan is different from single employer plans in several ways:

- Assets contributed to a multi-employer plan by one company may be used to provide benefits to employees of other participating companies.

G. Multi-employer Pension Plan (continued):

- If a participating company stops contributions to the plan, the unfunded obligations of the plan may be borne by the remaining participating companies.
- If the Fund stopped participating in its multi-employer plan, it could be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the plan. The Fund was merged into the Greater Pennsylvania Carpenters' Medical Plan and was not assessed a withdrawal liability.

The Fund's participation in its multi-employer plan is outlined in the table following. The "EIN/Pension Plan Number" column provides the EIN and the three-digit plan number. Based on an actuary's certified information, the Fund received the zone status information for the plan to identify the various zones for each plan. Plans in the red zone are generally less than 65% funded, plans in the yellow and orange zones are less than 80% funded and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement or a rehabilitation plan is either pending or has been implemented.

The following table is to comply with FASB Standard 715-80 for entities participating in multi-employer pension plans:

Pension Plan	Expiration of Collective Bargaining Agreement	EIN/Pension Plan Number	Pension Protection Act Zone Status 2021	Pension Protection Act Zone Status 2020
Greater PA Carpenters' Pension Fund	05/31/2026	25-6135570/001	Yellow	Yellow

Pension Plan	FIP/RP Status Pending/ Implemented	Contributions Year Ended 4/30/22	Contributions Year Ended 4/30/21	Surcharge Imposed
Greater PA Carpenters' Pension Fund	Implemented 1/1/2013	$ 21,587	$ 32,257	No

The Fund did not contribute more than 5% of total contributions to the plan in 2022, 2021 or 2020.

H. Office Lease:

The Fund leased its office space from Carpenters Joint Apprenticeship and Training Fund. The lease commenced on November 1, 2017 and was for a period of five years. This lease was terminated on December 31, 2021.

I. Risks and Uncertainties:

The Fund invested in various investment securities. Investment securities were exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities would have occurred in the near term and that such changes could have materially affected the amounts reported on the Statements of Net Assets Available for Benefits. In addition, the Fund had substantial investments in securities where valuations were based on unobservable inputs. Therefore, it was possible that the valuation methods used to value these investments may not have properly reflected fair value or that the investments did not timely alter their assumptions as a result of changes in market conditions and the resulting differences could have been material to the financial statements.

The actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, 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 could have been material to the financial statements.

Cash consisted of checking accounts the Fund maintained with reputable financial institutions that were significantly in excess of federally insured limits.

J. Party-in-Interest Transactions:

The Fund’s investments were generally held in brokerage accounts of Morgan Stanley Smith Barney, LLC as custodian, who in turn used various investment managers to oversee portions of the overall portfolio based on the investment policies of the Fund established by the Trustees. These party-in-interest transactions are not considered to be ERISA prohibited transactions.

K. Management Evaluation of Subsequent Events:

Management’s representations and estimates include evaluations of subsequent events through March 21, 2024, the date which the financial statements were available to be issued.

L. Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of the Form 5500:

	April 30 2021
Net assets available for benefits per the financial statements	$ 59,297,955
Estimated claims payable and currently due for active and retired participants	(855,100)
Estimated liability for claims incurred but not paid or reported, self-funded benefits	(952,271)
Net assets available for benefits per Schedule H of the Form 5500	$ 57,490,584

The following is a reconciliation of participants' benefits per the financial statements to Schedule H of the Form 5500:

	April 30 2022	April 30 2021
Participants' benefit claims per the financial statements	$ 13,925,822	$ 18,913,662
Claims payable and incurred at 4/30/21	(1,807,371)	1,807,371
Claims payable and incurred at 4/30/20	-	(2,554,692)
Participants' benefit claims per the Form 5500	$ 12,118,451	$ 18,166,341

The following is a reconciliation of net income per the financial statements to Schedule H of the Form 5500:

	April 30 2022	April 30 2021
Net (decrease) increase per the financial statements	$ (6,858,368)	$ 7,987,134
Claims payable and incurred at 4/30/21	1,807,371	(1,807,371)
Claims payable and incurred at 4/30/20	-	2,554,692
Net (decrease) increase per Schedule H of the Form 5500	$ (5,050,997)	$ 8,734,455

Claims and premiums that have not been paid, and claims incurred but not reported, are not considered liabilities under GAAP. Therefore, claims and premiums are not presented as liabilities or claims and premiums paid in the financial statements but are recorded on the Form 5500 as a liability.

M. Coronavirus (COVID-19):

The Coronavirus and its impact on trade, customer demand, travel, employee productivity, and other economic activities has had, and may continue to have, a significant effect on financial markets and business activities. The Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief and Economic Security (CARES) Act were enacted in March 2020 in response to the Coronavirus outbreak, which among other things contained numerous tax, funding and other provisions that affected health care benefits. The Coronavirus did not have a significant negative impact on the Fund's performance for the fixed periods presented in these financial statements.

N. Merger:

On September 28, 2021, the Fund entered into a merger agreement to transfer all assets and liabilities of the Fund to the Greater Pennsylvania Carpenters' Medical Plan as of January 1, 2022, including amounts receivable for, and payable by the Fund anytime thereafter. The fair value of the assets transferred on December 31, 2021 was $44,297,927. Additional assets of $7,628,398 were transferred between January 1, 2022 and April 30, 2022. The remaining $513,262 in assets was transferred between May 1, 2022 and December 31, 2022. The liabilities and obligations were transferred on January 1, 2022. The amount of the liabilities was $1,879,804 and the Dollar Bank balances of merged participants was $7,811,767. All participants of the Fund also became participants in the Greater Pennsylvania Carpenters' Medical Plan on January 1, 2022.

SUPPLEMENTAL INFORMATION

BUILDING TRADES HEALTH AND WELFARE FUND

EIN 23-1700500 – PLAN NO. 501

SCHEDULE I – ASSETS HELD AT END OF YEAR

APRIL 30, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a.)	(b.) Identity of Issue, Borrower or Similar Party	(c.) Description of Investments	(e.) Fair Value
	OHA Credit Solutions Fund, LP	Limited Partnership	$ 477,421
			$ 477,421

See independent auditor's report.

BUILDING TRADES HEALTH AND WELFARE FUND

EIN 23-1700500 – PLAN NO. 501

SCHEDULE II – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED APRIL 30, 2022

Schedule H, line 4j - Schedule of Reportable Transactions

(a.) Identity of Party Involved	(b.) Description of Asset	(c.) Purchase Price	(d.) Selling Price	(g.) Cost of Asset	(h.) Fair Value of Asset on Transaction Date	(i.) Net Gain or (Loss)
Category (a) - a single Transaction within the Trust year in excess of 5% of the current value of Trust assets:						
IShares Core S&P U.S. Value	Mutual Fund	$ -	$ 9,056,777	$ 6,198,301	$ 9,056,777	$2,858,476
IShares Core S&P U.S. Growth	Mutual Fund	$ -	$ 7,332,963	$ 3,606,268	$ 7,332,963	$3,726,695
Western Assets Smash Series	Mutual Fund	$ -	$ 4,401,755	$ 4,343,717	$ 4,401,755	$ 58,038
Asset transferred in merger	Various Investments	$ -	$52,439,587	$52,439,587	$52,439,587	$ -
Category (b) - a series of combined transactions involving securities in excess of 5% of combined Trust assets:						
None						

See independent auditor’s report.

BUILDING TRADES HEALTH AND WELFARE FUND

EIN 23-1700500 – PLAN NO. 501

SCHEDULE I – ASSETS HELD AT END OF YEAR

APRIL 30, 2022

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a.)	(b.) Identity of Issue, Borrower or Similar Party	(c.) Description of Investments	(e.) Fair Value
	OHA Credit Solutions Fund, LP	Limited Partnership	$ 477,421
			$ 477,421

See independent auditor's report.

BUILDING TRADES HEALTH AND WELFARE FUND

EIN 23-1700500 – PLAN NO. 501

SCHEDULE II – SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED APRIL 30, 2022

Schedule H, line 4j - Schedule of Reportable Transactions

(a.) Identity of Party Involved	(b.) Description of Asset	(c.) Purchase Price	(d.) Selling Price	(g.) Cost of Asset	(h.) Fair Value of Asset on Transaction Date	(i.) Net Gain or (Loss)
Category (a) - a single Transaction within the Trust year in excess of 5% of the current value of Trust assets:						
IShares Core S&P U.S. Value	Mutual Fund	$ -	$ 9,056,777	$ 6,198,301	$ 9,056,777	$2,858,476
IShares Core S&P U.S. Growth	Mutual Fund	$ -	$ 7,332,963	$ 3,606,268	$ 7,332,963	$3,726,695
Western Assets Smash Series	Mutual Fund	$ -	$ 4,401,755	$ 4,343,717	$ 4,401,755	$ 58,038
Asset transferred in merger	Various Investments	$ -	$52,439,587	$52,439,587	$52,439,587	$ -
Category (b) - a series of combined transactions involving securities in excess of 5% of combined Trust assets:						
None						

See independent auditor’s report.