

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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) <u>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</u></p> <p><u>CENTRAL DATA SERVICES, INC.</u></p> <p><u>201 FRONT STREET</u> <u>MARIETTA, OH 45750</u></p>	<p><b>1c</b> Effective date of plan <u>07/01/1970</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>23-7169770</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>412-431-4710</u></p> <p><b>2d</b> Business code (see instructions) <u>238220</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/04/2025	JEFFREY A WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/14/2025	KEVIN A WITUCKY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1132
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	802
	<b>6a(2)</b>	958
	<b>6b</b>	326
	<b>6c</b>	
	<b>6d</b>	1284
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	88

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

- a Pension Schedules**
- (1)  **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
  - (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  **MEP** (Multiple-Employer Retirement Plan Information)

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

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>23-7169770</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**METROPOLITAN LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-5581829</b>	<b>65978</b>	<b>0136061</b>		<b>01/01/2023</b>	<b>12/31/2023</b>

**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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**BUCK GLOBAL LLC**

**PO BOX 207640  
DALLAS, TX 75320**

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	<b>0</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	<b>0</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

**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)
- |  |  |   |   |
|--|--|---|---|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)                                   | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input checked="" type="checkbox"/> Life insurance |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness)                           | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug         |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)   | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract        |
| <b>m</b> <input checked="" type="checkbox"/> Other (specify) ▶ <b>ACCIDENTAL DEATH AND DISMEMBERMENT</b> |  |   |   |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....	<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....	<b>9b(3)</b>	
(4) Claims charged .....	<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
(G) Other retention charges.....	<b>9c(1)(G)</b>	
(H) Total retention .....	<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....	<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>	
(2) Claim reserves .....	<b>9d(2)</b>	
(3) Other reserves.....	<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>	
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	45246
<b>b</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 .....	<b>10b</b>	

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. ▶

NO INFORMATION PROVIDED

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>23-7169770</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**SIERRA HEALTH AND LIFE (UNITED HEALTHCARE)**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>94-0734860</b>	<b>71420</b>	<b>H2001</b>		<b>01/01/2023</b>	<b>12/31/2023</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
<b>0</b>	<b>0</b>

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

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

**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:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves.....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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 .....	<b>10b</b>	

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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>23-7169770</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**MEDICAL MUTUAL OF OHIO**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>34-0648820</b>	<b>29076</b>		<b>950</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
<b>0</b>	<b>0</b>

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits .....		
(3) Interest credited during the year .....		
(4) Transferred from separate account.....		
(5) Other (specify below) .....		
▶		
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier .....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below) .....	<b>7e(4)</b>	
▶		
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

**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) **▶ STOP LOSS**

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
	(G) Other retention charges.....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves.....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier.....	<b>10a</b>	1320480
<b>b</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 .....	<b>10b</b>	

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. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7169770</b>	

**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

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**(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

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

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

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

CENTRAL DATA SERVICES

25-1352803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	N/A	165168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MACALA & PIATT, LLC

34-1933033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	N/A	92395	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PACKER THOMAS

34-1667340

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	N/A	35500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANDCO CONSULTING, LLC

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	N/A	13500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OHIO STATE PLUMBERS &amp; PIPEFITTERS HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7169770</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	13785059	8516359
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1070320	1096822
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1307918	1381734
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1213576	524530
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	3350796	3461684
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	3706027	4455685
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	20458319	31304744
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	2127	11851

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	44894142	50753409
<b>Liabilities</b>			
g Benefit claims payable .....	1g	1882072	2244318
h Operating payables .....	1h	76956	99840
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	4258452	4283209
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	6217480	6627367
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	38676662	44126042

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	19135632	
(B) Participants .....	2a(1)(B)	1980747	
(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)		21116379
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		
(2) Dividends: (A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....	2b(4)(A)	30737723	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	31597942	
(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)	2751590	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1204082
<b>c</b> Other income .....	<b>2c</b>		1216070
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		25427902

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	16258868	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	2815152	
(3) Other.....	<b>2e(3)</b>	390688	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		19464708
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	165168	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	20250	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	94040	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	234356	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		513814
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		19978522

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5449380
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.) .....		X	
<b>b</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.) .....		X	
<b>c</b> 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.) .....		X	
<b>d</b> 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.) .....		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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? .....		X	
<b>h</b> 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? .....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>j</b> 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.) .....	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>n</b> 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. ....		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.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

OHIO STATE  
PLUMBERS & PIPEFITTERS  
HEALTH AND WELFARE FUND

*AUDIT OF FINANCIAL STATEMENTS*

Years ended June 30, 2024 and 2023



**PACKER · THOMAS**  
Certified Public Accountants & Business Consultants

# CONTENTS

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REPORT OF INDEPENDENT AUDITORS	2-5
FINANCIAL STATEMENTS	
Statements of net assets available for benefits	6
Statements of changes in net assets available for benefits	7
Notes to financial statements	8-18
SUPPLEMENTARY SCHEDULES	
Schedules of administrative expenses	19
Schedule H, line 4i--Schedule of assets (held at end of year)	20-22
Schedule H, line 4j--Schedule of reportable transactions	23



**PACKER · THOMAS**

Certified Public Accountants & Business Consultants

**SINCE 1923**

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## REPORT OF INDEPENDENT AUDITORS

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

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

We have performed audits of the accompanying financial statements of Ohio State Plumbers & Pipefitters Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Ohio State Plumbers & Pipefitters Health and Welfare Fund's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

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

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

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

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

In our opinion—

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

A handwritten signature in black ink that reads "Rachel Thomas". The signature is written in a cursive, flowing style.

Canfield, Ohio  
April 10, 2025

**Ohio State Plumbers & Pipefitters Health and Welfare Fund**  
**STATEMENTS OF NET ASSETS AVAILABLE**  
**FOR BENEFITS**

	June 30,	
	2024	2023
<b>ASSETS</b>		
Cash	\$ 8,516,359	\$ 13,785,059
Investments at fair value	39,746,643	28,728,718
Receivables:		
Employer contributions	1,096,822	1,070,320
Reciprocity	800,696	563,309
Prescription rebates	513,501	679,357
Interest	65,440	50,403
Refunds	2,097	14,849
Total receivables	2,478,556	2,378,238
Prepaid expenses	11,851	2,127
<b>TOTAL ASSETS</b>	<b>50,753,409</b>	<b>44,894,142</b>
<b>LIABILITIES</b>		
Reciprocity payable	43,447	19,254
Accounts payable	56,393	57,702
Claims payable	366,118	837,272
MRA liability	4,283,209	4,258,452
<b>TOTAL LIABILITIES</b>	<b>4,749,167</b>	<b>5,172,680</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 46,004,242</b>	<b>\$ 39,721,462</b>

Ohio State Plumbers & Pipefitters Health and Welfare Fund  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE  
FOR BENEFITS**

	Years ended June 30,	
	2024	2023
<b>ADDITIONS</b>		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	\$ 1,891,371	\$ 601,524
Interest and dividends	1,204,082	773,413
Total investment income	<u>3,095,453</u>	<u>1,374,937</u>
Employer contributions	14,842,118	14,185,586
Participant contributions	1,980,747	2,071,809
Reciprocity received	4,293,514	3,859,797
Prescription rebates	966,573	902,012
Subrogation recovery	29,478	578
Stop-loss reimbursement	219,986	286,136
Settlement	33	28,450
<b>TOTAL ADDITIONS</b>	<b>25,427,902</b>	<b>22,709,305</b>
<b>DEDUCTIONS</b>		
Benefit claims paid	15,425,468	13,719,410
Insurance premiums	2,815,152	2,982,071
Reciprocity paid	390,688	257,909
Administrative expenses	513,814	444,449
<b>TOTAL DEDUCTIONS</b>	<b>19,145,122</b>	<b>17,403,839</b>
<b>NET CHANGE</b>	<b>6,282,780</b>	<b>5,305,466</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR</b>	<b>39,721,462</b>	<b>34,415,996</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR</b>	<b>\$ 46,004,242</b>	<b>\$ 39,721,462</b>

## Ohio State Plumbers & Pipefitters Health and Welfare Fund

# NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

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## NOTE A - DESCRIPTION OF PLAN

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

### General

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

### Contributions

The Plan agreement provides for contributions to be paid monthly based on the following rates in effect at June 30, 2024 and 2023:

- a) Contractors employing members of participating Ohio State Plumbers & Pipefitters Union Locals (MES) - \$9.15 for 2024 and \$8.25 for 2023 per hour worked.
- b) Office and Salary - \$1,589 – High, \$1,530 – Mid, \$1,425 – Low for 2024, and \$1,400 for 2023 per month.
- c) Local No. 168 - \$10.05 for 2024 and \$10.03 for 2023 per hour paid.
- d) Local No. 495 - \$10.05 for 2024 and 2023 per hour paid.

Retirees may contribute specified amounts, determined periodically by the Plan's actuary, to extend coverage to eligible dependents. The costs of the postretirement benefit plan are shared by the Plan's participating employers and retirees. In addition to deductibles and copayments, retiree contributions are 85% and 71% for 2024 and 2023, respectively, of the estimated cost of providing their postretirement benefits.

### Benefits

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

The Plan also provides health benefits to certain retired participants at a monthly cost, determined by the Board of Trustees, ranging from \$150 to \$2,130 per month for 2024 and 2023, to the participant depending on the retiree's age and dependent coverage. The Plan has also contracted with an insurance company to provide supplementary medical benefits for retirees over the age of sixty-five.

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

## NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

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### NOTE A - DESCRIPTION OF PLAN (continued)

#### Reciprocity

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

#### Plan Termination

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

- a) Pay the unpaid expenses and expenses involved in terminating the Trust.
- b) Pay premiums on existing outstanding insurance policies to provide Plan benefits.
- c) Pay outstanding self-insured Plan benefits.
- d) Continue to pay existing Plan benefits whether insured or self-insured based upon remaining assets in the Trust.

### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Basis of Accounting

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

#### Use of Estimates

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

#### Investment Valuation

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

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

## NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

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### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### **Administrative Expenses**

Substantially all administrative fees are paid by the Plan.

#### **Employer Contributions Receivable**

Employer contributions for hours worked by participants during a particular month are required to be submitted to the Plan the following month. Accordingly, there are approximately one month's contributions outstanding at the end of each month. The Plan believes all accounts are collectable as of June 30, 2024 and 2023.

#### **Medical Reimbursement Account Liability**

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

#### **Postretirement Benefit Obligations**

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

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

**NOTES TO FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

The following were other significant assumptions used in the valuations as of June 30, 2024 and 2023:

## Mortality Rates:

Healthy	95% of the PRI-2012 Healthy Retiree Blue Collar Headcount-weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021 for 2024 and 2023
Disabled	PRI-2012 Disabled Retiree Headcount-weighted Mortality Tables, projected generationally from 2012 with Scale MP-2021 for 2024 and 2023
Discount Rate	5.25% for 2024 and 5.00% for 2023

## Health Trend Rate:

Non-Medicare Medical and Prescription Drugs	8.00% graded to 4.50% over 12 years for 2024 7.25% graded to 4.50% over 11 years for 2023
Medicare Medical and Prescription Drugs	45.00%, then 8.5% graded to 4.50% over 12 years for 2024 6.25% graded to 4.50% over 7 years for 2023
Average Retirement Age	Normal retirement, the rates assume 5.00% at age 55 increasing to 100% at age 70
Actuarial Cost Method	Projected Unit Credit Method

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

**Other Plan Benefits**

Participants may remain eligible for benefits following cessation of employment by either making self-payments or utilizing the hours accumulated in their reserve dollar banks. The liability for accumulated eligibility credits has been estimated by Segal Consulting at June 30, 2024 and 2023, based upon dollars accumulated in a participant's reserve bank and the current average cost of providing benefits.

The liability for claims incurred but not reported as of June 30, 2024 and 2023 has also been estimated by the Plan's actuary based on historical experience and certain other factors. Such estimated amounts are reported in Note F. Because these liabilities are estimates, it is at least reasonably possible that a change in these estimates will occur in the near term.

## NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

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### NOTE C - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

Substantially all investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at June 30, 2024 and 2023 and net change in investment income and expenses for the years ended June 30, 2024 and 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Plan's trustee KeyBank National Association (KeyBank, N.A.). The Plan's recordkeeper did not certify the information pertaining to certificates of deposit which were subject to other audit procedures.

### NOTE D - FAIR VALUE MEASUREMENTS

Financial accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023:

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

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

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

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

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

## Ohio State Plumbers &amp; Pipefitters Health and Welfare Fund

**NOTES TO FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**NOTE D - FAIR VALUE MEASUREMENTS (continued)**

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023:

	<b>Assets Measured at Fair Value at June 30, 2024 on a Recurring Basis</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Investments measured at fair value:</b>				
<b>Mutual funds</b>	<b>\$ 31,304,744</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 31,304,744</b>
<b>Certificate of deposit</b>	<b>-</b>	<b>106,430</b>	<b>-</b>	<b>106,430</b>
<b>Bonds:</b>				
<b>Municipal bonds</b>	<b>-</b>	<b>238,189</b>	<b>-</b>	<b>238,189</b>
<b>Corporate bonds</b>	<b>-</b>	<b>3,713,138</b>	<b>-</b>	<b>3,713,138</b>
<b>Corporate mortgage back securities</b>	<b>-</b>	<b>425,856</b>	<b>-</b>	<b>425,856</b>
<b>Foreign bonds</b>	<b>-</b>	<b>78,502</b>	<b>-</b>	<b>78,502</b>
<b>Total bonds</b>	<b>-</b>	<b>4,455,685</b>	<b>-</b>	<b>4,455,685</b>
<b>U.S. government securities:</b>				
<b>Fannie Mae</b>	<b>-</b>	<b>352,425</b>	<b>-</b>	<b>352,425</b>
<b>U.S. Treasury Notes</b>	<b>-</b>	<b>2,124,339</b>	<b>-</b>	<b>2,124,339</b>
<b>Total U.S. government securities</b>	<b>-</b>	<b>2,476,764</b>	<b>-</b>	<b>2,476,764</b>
<b>U.S. government mortgage back securities:</b>				
<b>Fannie Mae</b>	<b>-</b>	<b>334,498</b>	<b>-</b>	<b>334,498</b>
<b>Freddie Mac</b>	<b>-</b>	<b>608,790</b>	<b>-</b>	<b>608,790</b>
<b>Freddie Mac Gold</b>	<b>-</b>	<b>41,632</b>	<b>-</b>	<b>41,632</b>
<b>Total U.S. government mortgage back securities</b>	<b>-</b>	<b>984,920</b>	<b>-</b>	<b>984,920</b>
<b>Subtotal investments at fair value</b>	<b>\$ 31,304,744</b>	<b>\$ 8,023,799</b>	<b>\$ -</b>	<b>\$ 39,328,543</b>
<b>Investments at net asset value:</b>				
<b>Money market</b>				<b>418,100</b>
<b>Total</b>				<b>\$ 39,746,643</b>

## Ohio State Plumbers &amp; Pipefitters Health and Welfare Fund

**NOTES TO FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**NOTE D - FAIR VALUE MEASUREMENTS (continued)**

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

**NOTES TO FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**NOTE E - TAX STATUS**

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

**NOTE F - BENEFIT OBLIGATIONS AND CHANGES IN BENEFIT OBLIGATIONS**

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

The weighted-average healthcare cost-trend rate assumption has a significant effect on the amounts reported in the following discussion of postretirement benefit obligations. If the assumed rates increased by one percentage point, it would increase the obligations as of June 30, 2024 by \$1,965,072.

Benefit obligations are as follows:

	<b>June 30,</b>	
	<b>2024</b>	<b>2023</b>
Amounts currently payable:		
Claims payable, claims incurred but not reported, and premiums due to insurers	<b>\$ 1,878,200</b>	\$ 1,044,800
Accumulated eligibility credits	<b>6,616,300</b>	6,364,100
Postretirement benefit obligations, net of amounts currently payable:		
Current retirees and beneficiaries	<b>3,457,164</b>	7,611,938
Other participants fully eligible for benefits	<b>5,596,237</b>	9,371,064
Participants not yet fully eligible for benefits	<b>6,202,581</b>	9,639,024
	<b>15,255,982</b>	26,622,026
<b>TOTAL BENEFIT OBLIGATIONS</b>	<b>\$ 23,750,482</b>	\$ 34,030,926

**NOTES TO FINANCIAL STATEMENTS**

June 30, 2024 and 2023

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

Changes in benefit obligations are as follows:

	Years ended June 30,	
	2024	2023
Amounts currently payable:		
Balance at beginning of year	\$ 1,044,800	\$ 1,530,400
Claims reported and approved for payment, including benefits reclassified from benefit obligations and premiums to insurers	19,074,020	16,215,881
Claims and insurance premiums paid	(18,240,062)	(16,701,481)
BALANCE AT END OF YEAR	<u>1,878,200</u>	<u>1,044,800</u>
Accumulated eligibility credits:		
Balance at beginning of year	6,364,100	5,273,500
Increase during the year	252,200	1,090,600
BALANCE AT END OF YEAR	<u>6,616,300</u>	<u>6,364,100</u>
Postretirement benefit obligations:		
Balance at beginning of year	26,622,026	35,141,649
Increase (decrease) in postretirement benefits attributable to:		
Actuarial experience loss	225,944	-
Changes in actuarial assumptions	(12,862,644)	(9,763,324)
Plan amendments	470,997	-
Benefits earned net of benefits paid	799,659	1,243,701
BALANCE AT END OF YEAR	<u>15,255,982</u>	<u>26,622,026</u>
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 23,750,482</u>	<u>\$ 34,030,926</u>

**NOTE G - PAYMENT OF CLAIMS**

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

The following is a schedule of insurance premiums expense:

	Years ended June 30,	
	2024	2023
Medicare supplement	\$ 1,470,508	\$ 1,642,384
Stop loss	1,290,480	1,286,863
Life/disability	43,744	42,527
Errors and omissions bond premium	10,420	10,297
TOTALS	<u>\$ 2,815,152</u>	<u>\$ 2,982,071</u>

**NOTES TO FINANCIAL STATEMENTS**

June 30, 2024 and 2023

**NOTE H – CONCENTRATIONS**

For the years ended June 30, 2024 and 2023, one employer remitted contributions in excess of 10% of total employer contributions.

**NOTE I - PARTY-IN-INTEREST**

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

**NOTE J - RISKS AND UNCERTAINTIES**

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

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

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

**NOTE K - RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at June 30, 2024 and 2023:

	<u>June 30,</u>	
	<u>2024</u>	<u>2023</u>
Net assets per financial statements	<b>\$ 46,004,242</b>	\$ 39,721,462
Claims payable, claims incurred but not reported, and premiums due to insurers	<b>(1,878,200)</b>	(1,044,800)
<b>NET ASSETS PER FORM 5500</b>	<b>\$ 44,126,042</b>	<b>\$ 38,676,662</b>

Ohio State Plumbers & Pipefitters Health and Welfare Fund

**NOTES TO FINANCIAL STATEMENTS**

June 30, 2024 and 2023

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

The following is a reconciliation of benefits paid to participants or to insurance carriers per the financial statements to the Form 5500 for the years ended June 30, 2024 and 2023:

	<u>Years ended June 30,</u>	
	<u>2024</u>	<u>2023</u>
Benefits paid to participants or to insurance carriers for the provision of benefits per the financial statements	<b>\$ 18,240,620</b>	\$ 16,701,481
Add benefit obligation currently payable at end of year	<b>1,878,200</b>	1,044,800
Less benefit obligations currently payable at beginning of year	<b>(1,044,800)</b>	(1,530,400)
<hr/>		
BENEFITS PAID TO PARTICIPANTS OR TO INSURANCE CARRIERS PER SCHEDULE H OF FORM 5500	<b>\$ 19,074,020</b>	\$ 16,215,881

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

**NOTE L - SUBSEQUENT EVENTS**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through April 10, 2025 which is the date the financial statements were available to be issued.

**Ohio State Plumbers & Pipefitters Health and Welfare Fund**  
**SCHEDULES OF ADMINISTRATIVE EXPENSES**

	Years ended	
	2024	2023
Administrative	\$ 165,168	\$ 162,806
Audit - annual	28,500	28,500
Audit - claims review	187	184
Audit - payroll	7,000	5,850
Bank charges	37,130	30,692
Consulting	138,179	95,216
Disability, FICA, and unemployment tax	2,607	2,136
Dues	723	1,145
Investment advisor	20,250	13,500
Legal	94,040	79,890
National reciprocity	1,410	1,410
PCORI	5,001	5,081
Printing and postage	11,131	7,623
Trustees' meetings and seminars	(2,422)	4,954
Wex Health	4,910	5,462
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ 513,814</b>	<b>\$ 444,449</b>

Ohio State Plumbers & Pipefitters Health and Welfare Fund  
**SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**

EIN: 23-7169700

Plan Number: 001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Abbott Laboratories	Note 3.750% 11/30/2026	\$ 82,897	\$ 73,152
	Abbvie Inc	Note 4.950% 03/15/2031	54,993	54,857
	Adobe Inc	Note 2.150% 02/01/2027	15,658	13,990
	Adobe Inc	Note 4.800% 04/04/2029	59,761	60,064
	Air Products & Chemicals Inc	Note 4.800% 03/03/2033	20,255	19,675
	Air Products & Chemicals Inc	Note 4.850% 03/03/2034	34,785	34,355
	Allstate Corp	Note 0.750% 12/15/2025	39,742	37,398
	Amazon.com	Note 3.150% 08/22/2027	63,615	56,972
	American Water Capital Corp	Note 3.400% 03/01/2025	16,096	14,781
	Amphenol Corp	Note 4.750% 03/30/2026	69,775	69,418
	Analog Devices Inc	Note 2.950% 04/01/2025	32,612	29,457
	Anheuser-Busch Inbev Worldwide Inc	Note 4.750% 01/23/2029	53,887	49,717
	Apple Inc	Note 2.050% 09/11/2026	62,662	56,405
	Applied Materials Inc	Note 4.800% 06/15/2029	29,902	29,956
	AT&T Inc	Note 2.300% 06/01/2027	60,773	60,128
	Automatic Data Processing Inc	Note 1.700% 05/15/2028	50,292	44,662
	Avery Dennison Corp	Note 4.875% 12/06/2028	72,957	68,931
	Bank of America Corp	Note 3.824% 01/20/2028	28,626	24,096
	Bristol-Myers Squibb Co	Note 5.750% 02/01/2031	61,118	62,294
	Brown-Forman Corp	Note 4.750% 04/15/2033	40,072	39,141
	Caterpillar Inc	Note 4.350% 05/15/2026	64,425	64,125
	CBOE Global Markets	Note 1.625% 12/15/2030	44,391	36,764
	Cincinnati Gas & Elec Co	Note 6.900% 06/01/2025	31,413	25,241
	Cintas Corp	Note 3.700% 04/01/2027	64,331	57,754
	Citigroup Inc	Note 3.200% 10/21/2026	33,252	33,379
	CNH Industrial Cap LLC	Note 5.500% 01/12/2029	29,820	30,319
	Comcast Corp	Note 4.250% 10/15/2030	63,370	62,332
	Connecticut Light and Power	Note 0.750% 12/01/2025	39,056	37,556
	Conoco Inc	Note 6.950% 04/15/2029	60,114	59,615
	Cummins Inc	Note 5.150% 02/20/2034	35,105	35,037
	Dicks Sporting Goods Inc	Note 3.150% 01/15/2032	24,219	21,249
	Duke Energy Carolinas LLC	Note 4.850% 01/15/2034	39,242	38,708
	Eaton Corp	Note 4.150% 03/15/2033	56,962	56,187
	Ecolab Inc	Note 5.250% 01/15/2028	40,441	40,381
	Eli Lilly & Co	Note 4.500% 02/09/2027	59,968	59,479
	Emerson Electric Co	Note 1.800% 10/15/2027	40,598	36,396
	Estee Lauder Co Inc	Note 4.650% 05/15/2033	19,662	19,306
	Evergy Inc	Note 2.450% 09/15/2024	72,013	69,507
	Exxon Mobil Corp	Note 2.440% 08/16/2029	64,396	58,107
	Florida Power & Light Co	Note 5.050% 04/01/2028	69,522	70,257
	General Motors Financial Co	Note 1.250% 01/08/2026	69,119	65,528
	Georgia Pac Corp	Note 7.375% 12/01/2025	70,114	61,606
	Georgia Power Co	Note 4.650% 05/16/2028	54,980	54,150
	HCA Inc	Note 5.875% 02/15/2026	60,176	60,080
	Hershey Co	Note 3.200% 08/21/2025	69,834	63,601
	Home Depot Inc	Note 4.950% 09/30/2026	49,986	49,931
	Home Depot Inc	Note 5.150% 06/25/2026	24,994	25,021
	Illinois Tool Works Inc	Note 2.650% 11/15/2026	74,378	71,325
	Intel Corp	Note 3.750% 08/05/2027	49,870	48,215
	Jacobs Engineering Group Inc	Note 6.350% 08/18/2028	25,068	25,789
	Kenvue Inc	Note 5.350% 03/22/2026	65,053	65,163
	Keurig Dr Pepper Inc	Note 5.200% 03/15/2031	54,456	54,890
	Kimberly Clark Corp	Note 3.950% 11/01/2028	74,537	67,519
	KLA-Tencor Corp	Note 4.465% 11/01/2024	47,294	44,861
	Lockheed Martin Corp	Note 4.500% 02/15/2029	59,880	59,083
	Lowes Cos Inc	Note 3.125% 09/15/2024	74,986	69,618
	Martin Marietta Materials Inc	Note 4.250% 07/02/2024	58,138	54,997
	Mondelez International Inc	Note 2.625% 03/17/2027	65,297	65,608
	National Rural Utilities Cooperative Finance Corp	Note 2.400% 03/15/2030	47,705	43,229
	O'Reilly Automotive Inc	Note 3.900% 06/01/2029	37,957	37,848
	OGE Energy Corp	Note 5.450% 05/15/2029	40,163	40,306
	Oracle Corp	Note 6.150% 11/09/2029	36,105	36,607
	Paccar Financial Corp	Note 5.200% 11/09/2026	29,949	30,110
	Pacific Gas & Electric Co	Note 5.900% 06/15/2032	20,326	20,015

Ohio State Plumbers & Pipefitters Health and Welfare Fund  
**SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR) (CONTINUED)**

EIN: 23-7169700  
Plan Number: 001  
June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Pepsico Inc	Note 2.750% 03/19/2030	65,820	58,225	
PG&E Energy Recovery Fund	Note 1.460% 07/15/2033	34,975	31,006	
Progressive Corp	Note 4.000% 03/01/2029	39,131	39,036	
Public Service Co of Colorado	Note 2.900% 05/15/2025	25,348	24,396	
Public Service Electric & Gas Co	Note 3.050% 11/15/2024	31,203	29,703	
Public Service Electric & Gas Co	Note 5.200% 03/01/2034	40,145	40,016	
Public Storage	Note 5.100% 08/01/2033	29,875	29,753	
Quanta Services Inc	Note 0.950% 10/01/2024	27,968	29,615	
Republic Services Inc	Note 3.950% 05/15/2028	71,629	72,101	
T-Mobile USA	Note 3.500% 04/15/2025	42,979	39,326	
Texas Instruments Inc	Note 4.600% 02/08/2027	34,957	34,771	
Transcontinental Gas Pipe Line	Note 4.000% 03/15/2028	21,789	19,171	
United Parcel Service Inc	Note 4.875% 03/03/2033	45,461	44,308	
Visa Inc	Note 3.150% 12/14/2025	53,939	48,627	
Wells Fargo & Co	Note 3.000% 04/22/2026	32,459	33,555	
Wisconsin Electric Power Co	Note 5.000% 05/15/2029	29,858	30,053	
Wisconsin Electric Power Co	Note 3.100% 06/01/2025	45,933	44,138	
WW Grainger Inc	Note 1.850% 02/15/2025	40,571	39,090	
<b>TOTAL CORPORATE BONDS</b>		<b>3,877,183</b>	<b>3,713,138</b>	
Bank of America Credit Card Trust	Note 4.980% 11/15/2028	54,919	54,960	
Capital One Multi-Asset	Note 2.800% 03/15/2027	44,997	44,149	
Continental Airlines Inc	Note 4.000% 10/29/2024	32,355	31,058	
Daimler Trucks Retail Trust	Note 5.900% 03/15/2027	49,999	50,259	
John Deere Owner Trust	Note 5.060% 11/15/2028	14,999	14,941	
John Deere Owner Trust	Note 5.180% 03/15/2028	14,998	14,967	
John Deere Owner Trust	Note 5.590% 03/15/2028	60,664	60,676	
Union Pacific RR Co	Note 3.227% 05/14/2026	79,008	75,986	
Verizon Owner Trust	Note 0.990% 04/20/2028	79,161	78,860	
<b>TOTAL CORPORATE MORTGAGE BACK SECURITIES</b>		<b>431,100</b>	<b>425,856</b>	
Fannie Mae	Note 4.000% 07/01/2037	31,430	30,705	
Fannie Mae	Note 3.000% 11/01/2029	10,735	9,886	
Fannie Mae	Note 5.500% 04/01/2038	40,183	40,111	
Fannie Mae	Note 5.000% 05/01/2038	27,264	26,864	
Fannie Mae	Note 3.500% 06/01/2037	27,178	25,522	
Fannie Mae	Note 4.000% 07/01/2037	41,232	39,353	
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Fannie Mae	Note 6.000% 08/01/2038	68,677	68,937	
Fannie Mae	Note 5.000% 10/01/2037	29,053	28,620	
Fannie Mae	Note 5.500% 02/01/2038	60,071	60,763	
Freddie Mac	Note 3.064% 08/25/2024	42,521	42,660	
Freddie Mac	Note FL RT% 08/25/2025	40,330	36,561	
Freddie Mac	Note 4.500% 03/01/2038	11,740	11,702	
Freddie Mac	Note 5.000% 03/01/2038	73,411	72,930	
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Freddie Mac	Note 2.995% 12/25/2025	39,288	38,790	
Freddie Mac	Note 5.000% 04/01/2039	61,421	61,245	
Freddie Mac	Note 2.500% 04/01/2037	49,382	48,353	
Freddie Mac	Note 2.673% 03/25/2026	35,717	33,622	
Freddie Mac	Note FL RT% 06/25/2032	45,052	43,878	
Freddie Mac	Note 4.500% 09/01/2037	44,473	42,886	
Freddie Mac	Note 3.303% 07/25/2024	8,322	8,504	
Freddie Mac	Note 4.000% 09/01/2037	41,476	39,912	
Freddie Mac	Note 4.500% 09/01/2037	81,197	79,582	
Freddie Mac Gold	Note 3.000% 10/01/2029	19,374	17,886	
Freddie Mac Gold	Note 3.000% 12/01/2030	12,507	11,435	
Freddie Mac Gold	Note 2.500% 07/01/2029	13,044	12,311	
<b>TOTAL U.S. GOVERNMENT MORTGAGE BACK SECURITIES</b>		<b>1,013,908</b>	<b>984,920</b>	
Colorado Housing & Finance Authority	Note 4.515% 11/01/2027	40,000	39,577	
Dallas-Fort Worth Texas International Airport	Note 2.256% 11/01/2026	35,000	32,788	
Honolulu Hawaii City & County Wastewater	Note 2.316% 07/01/2025	30,000	29,112	
Metro Wasterwater Reclamation District Colorado	Note 2.363% 04/01/2027	35,000	32,901	
Nebraska Public Power Distribution	Note 2.421% 01/01/2026	20,000	19,205	
New York State Urban Development Corporation	Note 3.270% 03/15/2028	48,931	47,415	

**Ohio State Plumbers & Pipefitters Health and Welfare Fund**  
**SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR) (CONTINUED)**

EIN: 23-7169700  
Plan Number: 001  
June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Oregon State Department of Transportation Highway	Note 1.330% 11/15/2028	16,684	17,379
	Prince George County Maryland	Note 0.844% 09/15/2024	20,000	19,812
<b>TOTAL MUNICIPAL BONDS</b>			<b>245,615</b>	<b>238,189</b>
	United States Treasury Notes	Note 2.000% 11/15/2026	117,598	112,922
	United States Treasury Notes	Note 3.125% 11/15/2028	84,291	80,713
	United States Treasury Notes	Note 4.125% 11/15/2032	168,197	162,221
	United States Treasury Notes	Note 4.375% 11/30/2030	121,737	120,098
	United States Treasury Notes	Note 2.000% 02/15/2025	49,194	48,978
	United States Treasury Notes	Note 2.750% 02/15/2028	218,501	197,999
	United States Treasury Notes	Note 1.500% 02/15/2030	120,739	107,285
	United States Treasury Notes	Note 1.125% 02/15/2031	158,306	134,932
	United States Treasury Notes	Note 4.000% 02/15/2034	96,694	97,063
	United States Treasury Notes	Note 2.375% 05/15/2029	183,600	159,810
	United States Treasury Notes	Note 3.375% 05/15/2033	197,269	189,986
	United States Treasury Notes	Note 2.375% 08/15/2024	46,606	44,829
	United States Treasury Notes	Note 1.500% 08/15/2026	102,925	102,936
	United States Treasury Notes	Note 0.625% 08/15/2030	188,382	156,275
	United States Treasury Notes	Note 1.250% 08/15/2031	202,402	182,601
	United States Treasury Notes	Note 2.750% 08/15/2032	161,893	160,178
	United States Treasury Notes	Note 1.625% 09/30/2026	72,245	65,513
	Fannie Mae	Note 6.625% 11/15/2030	116,497	106,181
	Fannie Mae	Note 0.375% 08/25/2025	64,783	61,627
	Fannie Mae	Note 0.875% 08/05/2030	137,720	117,470
	Fannie Mae	Note 6.250% 07/15/2032	69,598	67,147
<b>TOTAL U.S. GOVERNMENT SECURITIES</b>			<b>2,679,177</b>	<b>2,476,764</b>
	Canadian National Railway Co	Note 6.900% 07/15/2028	70,288	59,089
	Nvent Finance	Note 4.550% 04/15/2028	22,469	19,413
<b>TOTAL FOREIGN BONDS</b>			<b>92,757</b>	<b>78,502</b>
	Federated Government Obligations Institutional Shares	Money Market	418,100	418,100
<b>TOTAL MONEY MARKET ACCOUNTS</b>			<b>418,100</b>	<b>418,100</b>
	Baird	Aggregate Bond Fund	7,253,717	7,136,970
	Baird	Short-Term Bond Fund	6,037,169	5,907,160
	Dodge & Cox	Income Fund	7,243,210	7,148,896
	Blackrock	Multi-Asset Income Fund	7,727	7,766
	Fidelity	Total Market Index Fund	8,846,519	11,103,952
<b>TOTAL MUTUAL FUNDS</b>			<b>29,388,342</b>	<b>31,304,744</b>
*	Fifth Third Bank	CD 0.010% 05/06/2025	106,430	106,430
<b>TOTAL CERTIFICATES OF DEPOSIT</b>			<b>106,430</b>	<b>106,430</b>
<b>TOTAL INVESTMENTS</b>			<b>\$ 38,252,612</b>	<b>\$ 39,746,643</b>

\* Party-in-interest

Ohio State Plumbers & Pipefitters Health and Welfare Fund  
**SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS**

EIN: 23-7169770  
 Plan Number: 001  
 June 30, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Number of Purchases Number of Sales	Purchase Price	Selling Price	Expense Incurred	Cost	Current Value of Asset on Transaction Date	Net Gain (Loss)
<b>Category 1: Single transaction exceeding 5%</b>							
* Federated	Government Obligations Institutional Shares Purchase	5,000,000	-	-	5,000,000	5,000,000	-
* Federated	Government Obligations Institutional Shares Purchase	8,562,922	-	-	8,562,922	8,562,922	-
* Baird	Short-Term Bond Fund Sale	-	4,000,000	-	4,085,963	4,000,000	(85,963)
* Western Asset	Intermediate Bond Fund Sale	-	3,073,037	-	3,463,337	3,073,037	(390,300)
* Federated	Government Obligations Institutional Shares Sale	-	13,000,000	-	13,000,000	13,000,000	-
* Baird	Aggregate Bond Fund Purchase	6,500,000	-	-	6,500,000	6,500,000	-
* Dodge & Cox	Income Fund Purchase	6,500,000	-	-	6,500,000	6,500,000	-
<b>Category 3: Series of transactions in same security exceeding 5%</b>							
* Federated	Government Obligations Institutional Shares 120 Purchases 76 Sales	18,908,248 -	- 19,597,296	- -	18,908,248 19,597,296	18,908,248 19,597,296	- -
* Baird	Short-Term Bond Fund 13 Purchases 1 Sale	725,564 -	- 4,000,000	- -	725,564 4,085,963	725,564 -	- (85,963)
* Baird	Aggregate Bond Fund 9 Purchases No Sales	7,253,717 -	- -	- -	7,253,717 -	7,253,717 -	- -
* Western Asset	Intermediate Bond Fund 6 Purchases 1 Sale	739,260 -	- 3,073,037	- -	739,260 3,463,337	739,260 3,073,037	- (390,300)
* Dodge & Cox	Income Fund 4 Purchases No Sales	7,243,210 -	- -	- -	7,243,210 -	7,243,210 -	- -
* Blackrock	Multi-Asset Income Fund 13 Purchases 2 Sales	53,900 -	- 2,189,885	- -	53,900 2,468,625	53,900 -	- (278,740)
* Fidelity	Total Market Index Fund 5 Purchases No Sales	2,262,301 -	- -	- -	2,262,301 -	2,262,301 -	- -

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

\* **Party-in-interest**



**PACKER · THOMAS**  
Certified Public Accountants & Business Consultants

Ohio State Plumbers & Pipefitters Health and Welfare Fund  
**SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR)**

EIN: 23-7169700

Plan Number: 001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Abbott Laboratories	Note 3.750% 11/30/2026	\$ 82,897	\$ 73,152
	Abbvie Inc	Note 4.950% 03/15/2031	54,993	54,857
	Adobe Inc	Note 2.150% 02/01/2027	15,658	13,990
	Adobe Inc	Note 4.800% 04/04/2029	59,761	60,064
	Air Products & Chemicals Inc	Note 4.800% 03/03/2033	20,255	19,675
	Air Products & Chemicals Inc	Note 4.850% 03/03/2034	34,785	34,355
	Allstate Corp	Note 0.750% 12/15/2025	39,742	37,398
	Amazon.com	Note 3.150% 08/22/2027	63,615	56,972
	American Water Capital Corp	Note 3.400% 03/01/2025	16,096	14,781
	Amphenol Corp	Note 4.750% 03/30/2026	69,775	69,418
	Analog Devices Inc	Note 2.950% 04/01/2025	32,612	29,457
	Anheuser-Busch Inbev Worldwide Inc	Note 4.750% 01/23/2029	53,887	49,717
	Apple Inc	Note 2.050% 09/11/2026	62,662	56,405
	Applied Materials Inc	Note 4.800% 06/15/2029	29,902	29,956
	AT&T Inc	Note 2.300% 06/01/2027	60,773	60,128
	Automatic Data Processing Inc	Note 1.700% 05/15/2028	50,292	44,662
	Avery Dennison Corp	Note 4.875% 12/06/2028	72,957	68,931
	Bank of America Corp	Note 3.824% 01/20/2028	28,626	24,096
	Bristol-Myers Squibb Co	Note 5.750% 02/01/2031	61,118	62,294
	Brown-Forman Corp	Note 4.750% 04/15/2033	40,072	39,141
	Caterpillar Inc	Note 4.350% 05/15/2026	64,425	64,125
	CBOE Global Markets	Note 1.625% 12/15/2030	44,391	36,764
	Cincinnati Gas & Elec Co	Note 6.900% 06/01/2025	31,413	25,241
	Cintas Corp	Note 3.700% 04/01/2027	64,331	57,754
	Citigroup Inc	Note 3.200% 10/21/2026	33,252	33,379
	CNH Industrial Cap LLC	Note 5.500% 01/12/2029	29,820	30,319
	Comcast Corp	Note 4.250% 10/15/2030	63,370	62,332
	Connecticut Light and Power	Note 0.750% 12/01/2025	39,056	37,556
	Conoco Inc	Note 6.950% 04/15/2029	60,114	59,615
	Cummins Inc	Note 5.150% 02/20/2034	35,105	35,037
	Dicks Sporting Goods Inc	Note 3.150% 01/15/2032	24,219	21,249
	Duke Energy Carolinas LLC	Note 4.850% 01/15/2034	39,242	38,708
	Eaton Corp	Note 4.150% 03/15/2033	56,962	56,187
	Ecolab Inc	Note 5.250% 01/15/2028	40,441	40,381
	Eli Lilly & Co	Note 4.500% 02/09/2027	59,968	59,479
	Emerson Electric Co	Note 1.800% 10/15/2027	40,598	36,396
	Estee Lauder Co Inc	Note 4.650% 05/15/2033	19,662	19,306
	Evergy Inc	Note 2.450% 09/15/2024	72,013	69,507
	Exxon Mobil Corp	Note 2.440% 08/16/2029	64,396	58,107
	Florida Power & Light Co	Note 5.050% 04/01/2028	69,522	70,257
	General Motors Financial Co	Note 1.250% 01/08/2026	69,119	65,528
	Georgia Pac Corp	Note 7.375% 12/01/2025	70,114	61,606
	Georgia Power Co	Note 4.650% 05/16/2028	54,980	54,150
	HCA Inc	Note 5.875% 02/15/2026	60,176	60,080
	Hershey Co	Note 3.200% 08/21/2025	69,834	63,601
	Home Depot Inc	Note 4.950% 09/30/2026	49,986	49,931
	Home Depot Inc	Note 5.150% 06/25/2026	24,994	25,021
	Illinois Tool Works Inc	Note 2.650% 11/15/2026	74,378	71,325
	Intel Corp	Note 3.750% 08/05/2027	49,870	48,215
	Jacobs Engineering Group Inc	Note 6.350% 08/18/2028	25,068	25,789
	Kenvue Inc	Note 5.350% 03/22/2026	65,053	65,163
	Keurig Dr Pepper Inc	Note 5.200% 03/15/2031	54,456	54,890
	Kimberly Clark Corp	Note 3.950% 11/01/2028	74,537	67,519
	KLA-Tencor Corp	Note 4.465% 11/01/2024	47,294	44,861
	Lockheed Martin Corp	Note 4.500% 02/15/2029	59,880	59,083
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Ohio State Plumbers & Pipefitters Health and Welfare Fund  
**SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR) (CONTINUED)**

EIN: 23-7169700  
Plan Number: 001  
June 30, 2024

(a)	(b)	(c)	(d)	(e)
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	Fannie Mae	Note 5.000% 05/01/2038	27,264	26,864
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	Fannie Mae	Note 6.000% 08/01/2038	68,677	68,937
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	Fannie Mae	Note 5.500% 02/01/2038	60,071	60,763
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	Freddie Mac Gold	Note 2.500% 07/01/2029	13,044	12,311
		<b>TOTAL U.S. GOVERNMENT MORTGAGE BACK SECURITIES</b>	<b>1,013,908</b>	<b>984,920</b>
	Colorado Housing & Finance Authority	Note 4.515% 11/01/2027	40,000	39,577
	Dallas-Fort Worth Texas International Airport	Note 2.256% 11/01/2026	35,000	32,788
	Honolulu Hawaii City & County Wastewater	Note 2.316% 07/01/2025	30,000	29,112
	Metro Wastewater Reclamation District Colorado	Note 2.363% 04/01/2027	35,000	32,901
	Nebraska Public Power Distribution	Note 2.421% 01/01/2026	20,000	19,205
	New York State Urban Development Corporation	Note 3.270% 03/15/2028	48,931	47,415

**Ohio State Plumbers & Pipefitters Health and Welfare Fund**  
**SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS**  
**(HELD AT END OF YEAR) (CONTINUED)**

EIN: 23-7169700  
Plan Number: 001  
June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Oregon State Department of Transportation Highway	Note 1.330% 11/15/2028	16,684	17,379
	Prince George County Maryland	Note 0.844% 09/15/2024	20,000	19,812
<b>TOTAL MUNICIPAL BONDS</b>			<b>245,615</b>	<b>238,189</b>
	United States Treasury Notes	Note 2.000% 11/15/2026	117,598	112,922
	United States Treasury Notes	Note 3.125% 11/15/2028	84,291	80,713
	United States Treasury Notes	Note 4.125% 11/15/2032	168,197	162,221
	United States Treasury Notes	Note 4.375% 11/30/2030	121,737	120,098
	United States Treasury Notes	Note 2.000% 02/15/2025	49,194	48,978
	United States Treasury Notes	Note 2.750% 02/15/2028	218,501	197,999
	United States Treasury Notes	Note 1.500% 02/15/2030	120,739	107,285
	United States Treasury Notes	Note 1.125% 02/15/2031	158,306	134,932
	United States Treasury Notes	Note 4.000% 02/15/2034	96,694	97,063
	United States Treasury Notes	Note 2.375% 05/15/2029	183,600	159,810
	United States Treasury Notes	Note 3.375% 05/15/2033	197,269	189,986
	United States Treasury Notes	Note 2.375% 08/15/2024	46,606	44,829
	United States Treasury Notes	Note 1.500% 08/15/2026	102,925	102,936
	United States Treasury Notes	Note 0.625% 08/15/2030	188,382	156,275
	United States Treasury Notes	Note 1.250% 08/15/2031	202,402	182,601
	United States Treasury Notes	Note 2.750% 08/15/2032	161,893	160,178
	United States Treasury Notes	Note 1.625% 09/30/2026	72,245	65,513
	Fannie Mae	Note 6.625% 11/15/2030	116,497	106,181
	Fannie Mae	Note 0.375% 08/25/2025	64,783	61,627
	Fannie Mae	Note 0.875% 08/05/2030	137,720	117,470
	Fannie Mae	Note 6.250% 07/15/2032	69,598	67,147
<b>TOTAL U.S. GOVERNMENT SECURITIES</b>			<b>2,679,177</b>	<b>2,476,764</b>
	Canadian National Railway Co	Note 6.900% 07/15/2028	70,288	59,089
	Nvent Finance	Note 4.550% 04/15/2028	22,469	19,413
<b>TOTAL FOREIGN BONDS</b>			<b>92,757</b>	<b>78,502</b>
	Federated Government Obligations Institutional Shares	Money Market	418,100	418,100
<b>TOTAL MONEY MARKET ACCOUNTS</b>			<b>418,100</b>	<b>418,100</b>
	Baird	Aggregate Bond Fund	7,253,717	7,136,970
	Baird	Short-Term Bond Fund	6,037,169	5,907,160
	Dodge & Cox	Income Fund	7,243,210	7,148,896
	Blackrock	Multi-Asset Income Fund	7,727	7,766
	Fidelity	Total Market Index Fund	8,846,519	11,103,952
<b>TOTAL MUTUAL FUNDS</b>			<b>29,388,342</b>	<b>31,304,744</b>
*	Fifth Third Bank	CD 0.010% 05/06/2025	106,430	106,430
<b>TOTAL CERTIFICATES OF DEPOSIT</b>			<b>106,430</b>	<b>106,430</b>
<b>TOTAL INVESTMENTS</b>			<b>\$ 38,252,612</b>	<b>\$ 39,746,643</b>

\* Party-in-interest

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

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

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE FUND		<b>1b</b> Three-digit plan number (PN) ▶	501
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OHIO STATE PLUMBERS & PIPEFITTERS HEALTH AND WELFARE  CENTRAL DATA SERVICES, INC. 201 FRONT STREET  MARIETTA OH W45750		<b>1c</b> Effective date of plan	07/01/1970
		<b>2b</b> Employer Identification Number (EIN)	23-7169770
		<b>2c</b> Plan Sponsor's telephone number	412-431-4710
		<b>2d</b> Business code (see instructions)	238220

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

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

<b>SIGN HERE</b>	<i>Jeffrey A. White</i>	<i>4/4/2025</i>	JEFFREY A WHITE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Kevin A. Witucky</i>	<i>4/14/25</i>	KEVIN A WITUCKY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)  
v. 230728

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> 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:	<b>4b</b> EIN
<b>a</b> Sponsor's name	<b>4d</b> PN
<b>c</b> Plan Name	

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1,132
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	802
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	958
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	326
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	1,284
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	88

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

- (1)  **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
- (4)  **DCG** (Individual Plan Information) - Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

Ohio State Plumbers & Pipefitters Health and Welfare Fund  
**SCHEDULE H, LINE 4j--SCHEDULE OF REPORTABLE TRANSACTIONS**

EIN: 23-7169770  
 Plan Number: 001  
 June 30, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Number of Purchases Number of Sales	Purchase Price	Selling Price	Expense Incurred	Cost	Current Value of Asset on Transaction Date	Net Gain (Loss)
<b>Category 1: Single transaction exceeding 5%</b>							
* Federated	Government Obligations Institutional Shares Purchase	5,000,000	-	-	5,000,000	5,000,000	-
* Federated	Government Obligations Institutional Shares Purchase	8,562,922	-	-	8,562,922	8,562,922	-
* Baird	Short-Term Bond Fund Sale	-	4,000,000	-	4,085,963	4,000,000	(85,963)
* Western Asset	Intermediate Bond Fund Sale	-	3,073,037	-	3,463,337	3,073,037	(390,300)
* Federated	Government Obligations Institutional Shares Sale	-	13,000,000	-	13,000,000	13,000,000	-
* Baird	Aggregate Bond Fund Purchase	6,500,000	-	-	6,500,000	6,500,000	-
* Dodge & Cox	Income Fund Purchase	6,500,000	-	-	6,500,000	6,500,000	-
<b>Category 3: Series of transactions in same security exceeding 5%</b>							
* Federated	Government Obligations Institutional Shares 120 Purchases 76 Sales	18,908,248 -	- 19,597,296	- -	18,908,248 19,597,296	18,908,248 19,597,296	- -
* Baird	Short-Term Bond Fund 13 Purchases 1 Sale	725,564 -	- 4,000,000	- -	725,564 4,085,963	725,564 -	- (85,963)
* Baird	Aggregate Bond Fund 9 Purchases No Sales	7,253,717 -	- -	- -	7,253,717 -	7,253,717 -	- -
* Western Asset	Intermediate Bond Fund 6 Purchases 1 Sale	739,260 -	- 3,073,037	- -	739,260 3,463,337	739,260 3,073,037	- (390,300)
* Dodge & Cox	Income Fund 4 Purchases No Sales	7,243,210 -	- -	- -	7,243,210 -	7,243,210 -	- -
* Blackrock	Multi-Asset Income Fund 13 Purchases 2 Sales	53,900 -	- 2,189,885	- -	53,900 2,468,625	53,900 -	- (278,740)
* Fidelity	Total Market Index Fund 5 Purchases No Sales	2,262,301 -	- -	- -	2,262,301 -	2,262,301 -	- -

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

\* **Party-in-interest**