

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- 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
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>U.A. PLUMBERS & STEAMFITTERS LOCAL 22 HEALTH FUND</u>	1b Three-digit plan number (PN) ▶	<u>501</u>
	1c Effective date of plan	<u>05/05/1999</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>U.A. PLUMBERS AND STEAMFITTERS LOCAL 22 HEALTH FUND</u> <u>120 GARDENVILLE PARKWAY, STE 3</u> <u>WEST SENECA, NY 14224</u>	2b Employer Identification Number (EIN)	<u>16-1561710</u>
	2c Plan Sponsor's telephone number	<u>716-668-8800</u>
	2d Business code (see instructions)	<u>238220</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>11/11/2025</u>	<u>STEVEN HOOVER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>11/11/2025</u>	<u>RICHARD EVANS</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	1351
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	860
a(2) Total number of active participants at the end of the plan year		6a(2)	814
b Retired or separated participants receiving benefits.....		6b	484
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1298
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	61

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

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input 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		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>4</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan U.A. PLUMBERS & STEAMFITTERS LOCAL 22 HEALTH FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 U.A. PLUMBERS AND STEAMFITTERS LOCAL 22 HEALTH FUND</p>	<p>D Employer Identification Number (EIN) 16-1561710</p>	

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
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00353851	1376	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶ AD&D

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	252254
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan U.A. PLUMBERS & STEAMFITTERS LOCAL 22 HEALTH FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. PLUMBERS AND STEAMFITTERS LOCAL 22 HEALTH FUND	D Employer Identification Number (EIN) 16-1561710

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 INSURANCE COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	383	05/01/2024	04/30/2025

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision) **b** Dental **c** Vision **d** Life insurance
e Temporary disability (accident and sickness) **f** Long-term disability **g** Supplemental unemployment **h** Prescription drug
i Stop loss (large deductible) **j** HMO contract **k** PPO contract **l** Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	906262
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan U.A. PLUMBERS & STEAMFITTERS LOCAL 22 HEALTH FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 U.A. PLUMBERS AND STEAMFITTERS LOCAL 22 HEALTH FUND</p>	<p>D Employer Identification Number (EIN) 16-1561710</p>	

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
INDEPENDENT HEALTH BENEFITS CORPORATION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
16-1483784	47034	44366	45	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	613857
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan U.A. PLUMBERS & STEAMFITTERS LOCAL 22 HEALTH FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 U.A. PLUMBERS AND STEAMFITTERS LOCAL 22 HEALTH FUND</p>	<p>D Employer Identification Number (EIN) 16-1561710</p>	

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
UNIVERA HEALTHCARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
15-0329043	55107	00130611	822	05/01/2024	04/30/2025

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.

<p>(a) Total amount of commissions paid 26346</p>	<p>(b) Total amount of fees paid 0</p>
---	--

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
WALSH DUFFIELD COMPANIES, INC. 801 MAIN STREET BUFFALO, NY 14203

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26346			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	653801
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

A Name of plan U.A. PLUMBERS & STEAMFITTERS LOCAL 22 HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. PLUMBERS AND STEAMFITTERS LOCAL 22 HEALTH FUND	D Employer Identification Number (EIN) 16-1561710	

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

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

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

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)

STEVEN HOOVER

16-1561710

(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?
30 50	EMPLOYEE	114559	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)

DEBRA KORPOLINSKI

16-1561710

(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?
30 50	EMPLOYEE	69006	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)

BARBARA ZELLNER

16-1561710

(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?
30 50	EMPLOYEE	53940	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)

ANDREA SHARP

16-1561710

(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?
30 50	EMPLOYEE	52494	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)

ALEXANDRA BOOTH

16-1561710

(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?
30 50	EMPLOYEE	48684	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)

BLITMAN AND KING, LLP

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	41033	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)

ARCARA ZUCARELLI LENDA & ASSOCIATES

47-1793720

(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 50	NONE	34314	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)

JBM COMPUTER CONSULTANTS

16-1173118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	33024	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)

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(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 50 72	NONE	25555	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

TRONCONI SEGARRA & ASSOCIATES LLP

04-3728817

(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 50	NONE	22151	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)

CHILD & FAMILY SERVICES

16-1004825

(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?
16 50	NONE	17026	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)

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	8000	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)

WILMINGTON TRUST

16-1486454

(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?
19 50 62	NONE	5916	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PCA TECHNOLOGY GROUP INC.

26-0022778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	5666	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"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	63 72	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MUTUAL FUNDS	RANGE FROM .25% TO 1.0%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan U.A. PLUMBERS & STEAMFITTERS LOCAL 22 HEALTH FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 U.A. PLUMBERS AND STEAMFITTERS LOCAL 22 HEALTH FUND	D Employer Identification Number (EIN) 16-1561710

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	6369004	3488960
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1591583	1814865
(2) Participant contributions	1b(2)		1895
(3) Other	1b(3)	596508	404275
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	39824	96417
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16633306	23342016
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	423561	389938
f Total assets (add all amounts in lines 1a through 1e).....	1f	25653786	29538366
Liabilities			
g Benefit claims payable.....	1g	1446604	1420244
h Operating payables.....	1h	64082	92092
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	482347	458790
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1993033	1971126
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	23660753	27567240

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	17975152	
(B) Participants.....	2a(1)(B)	911607	
(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)		18886759
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	106856	
(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)		106856
(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)	954335	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		954335
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		809174
c Other income	2c		2231760
d Total income. Add all income amounts in column (b) and enter total.....	2d		22988884

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15247719	
(2) To insurance carriers for the provision of benefits	2e(2)	2426174	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17673893
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	622263	
(2) Contract administrator fees	2i(2)	483583	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	56465	
(5) Investment advisory and investment management fees	2i(5)	31471	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	8000	
(8) Legal fees	2i(8)	41033	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	509	
(11) Other expenses.....	2i(11)	165180	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1408504
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		19082397

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3906487
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **TRONCONI SEGARRA & ASSOCIATES LLP**

(2) EIN: **04-3728817**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**U.A. Plumbers and Steamfitters
Local No. 22 Health Fund**

**Financial Statements and
Supplemental Information**

April 30, 2025 and 2024

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Financial Statements

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Independent Auditors' Report

To the Board of Trustees of
U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
West Seneca, New York

Opinion

We have audited the accompanying financial statements of U.A. Plumbers and Steamfitters Local No. 22 Health Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of April 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles general accepted in the United States of America.

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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan'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.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 the Plan'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 the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses, of assets (held at end of year), and of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules of assets (held at end of year) and of reportable transactions are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Tronconi Segarra & Associates LLP

Williamsville, New York
November 3, 2025

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Statements of Net Assets Available for Benefits
April 30, 2025 and 2024

	2025	2024
<i>Assets</i>		
Investments at fair value	\$ 23,438,433	\$ 16,673,130
Receivables		
Employer contributions	1,814,865	1,591,583
Due from members	1,895	0
Due from affiliated funds	98,984	99,672
Interest	320	165
Total receivables	1,916,064	1,691,420
Cash, non-interest bearing	3,488,960	6,369,004
Escrow account asset	80,000	80,000
Deposits	224,971	416,671
Office equipment, net	16,043	24,164
Right of use asset - operating lease	373,895	399,397
Total assets	29,538,366	25,653,786
<i>Liabilities</i>		
Accounts payable	92,092	64,082
Due to members	4,895	2,950
Escrow account liability	80,000	80,000
Operating lease obligation - current portion	26,311	25,502
Operating lease obligation - less current portion	347,584	373,895
Total liabilities	550,882	546,429
Net assets available for benefits	\$ 28,987,484	\$ 25,107,357

See independent auditors' report and notes to financial statements.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Statements of Changes in Net Assets Available for Benefits
for the years ended April 30, 2025 and 2024

	2025	2024
<i>Additions to Net Assets</i>		
Investment income		
Interest and dividends	\$ 1,061,191	\$ 705,637
Net appreciation in fair value of investments	809,174	98,722
	1,870,365	804,359
Less: investment fees	31,471	16,858
Net investment income	1,838,894	787,501
Contributions		
Employer	17,975,152	16,069,669
Member self-pay premiums		
Retiree	898,645	820,325
COBRA	12,962	48,088
Total contributions and premiums	18,886,759	16,938,082
Stop loss reimbursements	554,682	992,170
Prescription rebates	1,208,617	683,720
Other income	9,738	20,123
Total additions	22,498,690	19,421,596
<i>Deductions from Net Assets</i>		
Benefit payments		
Dental	497,111	530,318
Disability	41,715	18,247
Health insurance premiums	1,520,119	1,416,217
HRA	707,443	395,546
Life insurance premiums	213,419	197,614
Medical claims	9,401,741	8,499,614
Other	238,545	224,434
Prescription claims	4,347,768	2,803,169
Scholarship awards	47,250	40,250
Stop loss insurance	653,801	576,295
Vision	31,341	23,650
Total benefit payments	17,700,253	14,725,354
Administrative expenses, net of reimbursements	918,310	876,549
Total deductions	18,618,563	15,601,903
Net increase	3,880,127	3,819,693
<i>Net Assets Available for Benefits</i>		
Beginning of year	25,107,357	21,287,664
End of year	\$ 28,987,484	\$ 25,107,357

See independent auditors' report and notes to financial statements.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Statements of Plan's Benefit Obligations
April 30, 2025 and 2024

	2025	2024
<i>Amounts Currently Payable to or for Participants</i>	\$ 59,320	\$ 176,134
<i>Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amount</i>		
Incurred but not reported reserve	1,360,924	1,270,470
Accumulated eligibility credits	7,909,000	6,478,000
Disability benefit reserve	8,000	3,000
Balance, end of year	9,277,924	7,751,470
<i>Postretirement Benefit Obligations</i>		
Retired participants	7,730,000	6,640,000
Other participants fully eligible for benefits	5,010,000	4,320,000
Active participants	5,140,000	5,030,000
Balance, end of year	17,880,000	15,990,000
<i>Plan's Total Benefit Obligations</i>	\$ 27,217,244	\$ 23,917,604

See independent auditors' report and notes to financial statements.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Statements of Changes in Plan's Benefit Obligations
for the years ended April 30, 2025 and 2024

	2025	2024
<i>Amounts Currently Payable to or for Participants</i>		
Balance, beginning of year	\$ 176,134	\$ 145,234
Claims reported and approved for payments	17,583,439	14,756,254
Claims paid	(17,700,253)	(14,725,354)
Balance, end of year	59,320	176,134
<i>Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts</i>		
Balance, beginning of year	7,751,470	8,335,928
Net changes during the period	1,526,454	(584,458)
Balance, end of year	9,277,924	7,751,470
<i>Postretirement Benefit Obligations</i>		
Balance, beginning of year	15,990,000	14,000,000
Increase (Decrease) during year attributable to:		
Benefits earned	1,652,000	(136,000)
Benefits reclassified to amounts currently payable	(737,000)	(612,000)
Interest	976,000	856,000
Changes in actuarial assumptions	(1,000)	1,882,000
Benefits earned and other changes	1,890,000	1,990,000
Balance, end of year	17,880,000	15,990,000
<i>Plan's Total Benefit Obligations</i>	\$ 27,217,244	\$ 23,917,604

See independent auditors' report and notes to financial statements.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements

1. Description of the Plan

The following brief description of the U.A. Plumbers and Steamfitters Local No. 22 Health Fund (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement and subsequent amendments for more complete information.

General– The Plan is a defined benefit multiemployer health and welfare plan, administered by a Joint Board of Trustees (the “Trustees”), whose participating employers contribute to the Plan under terms of the Collective Bargaining Agreement (the “CBA”) with the U.A. Plumbers and Steamfitters Local No. 22 (the “Union”). The Plan was established March 5, 1999 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Eligibility– Active members who complete at least 240 hours of service during the immediately preceding qualifying quarter, 480 hours during the preceding two quarters, 720 hours during the preceding three quarters, or 960 hours during the preceding four quarters will be eligible for continued coverage during the following coverage quarter. Participants will remain eligible for health benefits as long as they have accumulated the required number of hours of service by the end of the qualifying quarter, provided they are working in covered employment or available for work in covered employment. A participant’s eligibility and coverage will terminate if they voluntarily leave covered employment and/or are not available for work in the industry. Coverage will terminate on the first day of the month following the month in which they are not available for work. A participant’s coverage will not be reinstated until they work 240 hours of covered employment in a qualifying quarter. A qualifying quarter follows the calendar year, while the coverage quarter follows the fiscal year May – April.

If there is a member who transfers into the Union, the member will be eligible to participate in health benefits provided under the Plan immediately after the transfer has been accepted, provided they are working in covered employment or available for work in covered employment. The member will remain eligible for a minimum of three months and through the coverage quarter in which this minimum three months of coverage ends.

Contributions– Contributions to the Plan are provided primarily by employers in the construction industry in the Western New York area and are based on an hourly rate for hours worked in covered employment under the CBA.

Retirees who meet certain requirements are eligible for health insurance coverage under the Plan. The Plan will pay a monthly maximum of \$225 towards a single contract, \$450 for single and spouse/children, and \$600 towards a family contract for eligible retirees. Retirees’ share of premium payments are withheld from monthly pension checks and remitted to the Plan. A retiree who is eligible for coverage and elects not to take it loses future eligibility.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

1. Description of Plan (continued)

Members covered under COBRA who do not have, or who no longer maintain, coverage may purchase health insurance through the Plan on a self-pay basis for up to 18 months if the election is due to termination of employment or a reduction in hours worked. This period is extended to 29 months if the member becomes disabled. For all other situations, such coverage is available for 36 months.

Health Benefits – The Plan provides health (hospital, surgical, major medical, optical) and prescription drug coverage to eligible participants. The Plan utilizes Univera Healthcare (“Univera”) to administer self-insured health and prescription benefits. Univera periodically issued rebates to the Plan based on actual utilization of certain drugs. The Plan received \$1,208,617 and \$683,720 in rebates during the years ended April 30, 2025 and 2024, respectively.

Participants who waive their right to receive the hospital, medical, prescription, surgical and major medical benefits offered under the Plan and who can provide required proof of other coverage will receive a waiver benefit in an amount determined by the Trustees. The waiver benefit will be credited to a Health Reimbursement Account (“HRA”) provided to participants by the Plan. For the years ended April 30, 2025 and 2024, such waiver was equal to \$2.00 of the hourly contribution rate received from contributing employers. In addition, all eligible participants receive an allocation of \$0.50 of the hourly contribution rate into their HRA.

The funds in a participant’s HRA may be used to reimburse eligible medical expenses incurred by the participant or his or her dependent(s). The unused balance in the participant’s HRA will carry forward from one Plan year to the next and may be used by the participant’s dependents after his or her death. Any amount remaining upon the death of the participant and his or her dependent will be forfeited. Additionally, with the exception of retirees, a participant’s HRA balance will be forfeited after three years of inactivity or five years without employer contributions.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

1. Description of Plan (continued)

Unexpended balances in the HRAs at April 30, 2025 and 2024 represent a portion of the Plan's net assets which have been allocated to individual participants. Such balances are summarized as follows:

	2025	2024
Unexpended balance, beginning	\$ 5,732,030	\$ 5,117,489
Total contributions allocated to individual eligible participants	1,216,186	1,068,372
Withdrawals for claims, administrative expenses and forfeitures	(756,070)	(453,831)
Unexpended balance, ending	\$ 6,192,146	\$ 5,732,030

The Plan also provides general health and hospitalization benefits for eligible retirees and their dependents on a self-pay basis. The benefits are funded through group insurance contracts with Univera, and United Healthcare.

Other Benefits – The Plan also provides vision care, dental, group life insurance and disability benefits to participants. All benefits are paid from the net assets of the Plan. Certain benefits have defined limits.

Stop Loss Insurance – The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured health and prescription drug benefits. The stop loss policy covers individual participant claims over a specific dollar amount as well as its aggregate exposure for all claims. During the years ended April 30, 2025 and 2024, the Plan incurred claims in excess of stop loss coverage and received reimbursements totaling \$554,682 and \$992,170, respectively.

Plan Termination – Although they have not expressed any intention to do so, the Trustees have the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination of the Plan, after payment of all obligations and administrative expenses, the assets of the Plan are to be allocated by the Trustees in accordance with provisions of the Plan.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

1. Description of Plan (continued)

Tax Status – The Plan obtained its latest determination letter on May 9, 2001 from the Internal Revenue Service stating that it qualified under Section 501(c)(9) of the Internal Revenue Code (the “Code”) and, therefore, is exempt from federal income tax under provisions of Section 501(a). The Plan has been amended since the effective date of the determination letter; however, Plan management and legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Investment Valuation and Income Recognition – 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 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on an ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold, as well as held, during the year. Realized gains and losses on disposition of investments are based upon actual costs and selling prices.

Employer Contributions Receivable – Contributions receivable from participating employers are recorded at net realizable value. Management closely monitors outstanding balances and estimates uncollectibility based on specific existing economic conditions. Upon management’s determination of uncollectibility, the specific outstanding balance or the portion of outstanding balance of such account is written off through the allowance for expected credit losses for potentially uncollectible employer contributions. At April 30, 2025 and 2024, there were no amounts determined to be uncollectible by Plan management.

Cash – Cash deposited at financial institutions subjects the Plan to risk as cash may exceed federally insured limits at various times throughout the year.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Office Equipment, net – Office equipment is stated at cost, net of accumulated depreciation. Depreciation is computed using the straight-line method over the approximate economic useful lives of the assets, which is five years. The Plan’s capitalization policy requires purchased property with a useful life of three years or more and a cost exceeding \$5,000 to be capitalized.

Postretirement Benefit Obligation – The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service as of April 30, 2025 and 2024. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service. Prior to an active employee’s full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to service rendered to the valuation date. The postretirement benefit obligation of the Plan is determined by an actuary and is the amount that results from applying actuarial assumptions to historical cost data to estimate future annual incurred costs 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 date of payment. The accrued liability is calculated using the projected unit credit funding method.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Actuarial assumptions used in the benefit obligation valuations as of April 30, 2025 and 2024 are as follows:

Actuarial Assumptions		
Interest Rate	6.25%	
Mortality - healthy	Pri-2012 Blue Collar Headcount-Weighted Mortality Projected with Scale MP-2021 with separate rates for employees, retirees, and contingent survivors	
Mortality - disabled	Pri-2012 Total Dataset Disabled Headcount-Weighted Mortality Projected with Scale MP-2021	
Health Care Cost Trend Rates	Year	Rate
	2025	5.40%
	2035	4.75%
	2045	4.64%
	2055	4.57%
	2065	4.51%
	2075+	4.04%
Employee Termination (including disability)	Years of Service	Rate
	0-1	8.00%
	2-3	10.00%
	4 or more	2.00%
	No termination assumed after eligibility for early retirement	
Retirement Rates	Age	Trend Rate
		<u>≤30</u> <u>30+</u>
	55-56	5% 20%
	57	5% 10%
	58	10% 10%
	59-60	10% 15%
	61	30% 20%
	62	50% 40%
	63-64	50% 15%
	65	100% 100%

**U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
*Notes to Financial Statements (continued)***

2. Summary of Significant Accounting Policies (continued)

Actuarial Assumptions (continued)

HRA Accounts	For retired participants HRA liability is assumed to be equal to the current value of the participant's HRA account balance.
Morbidity	Although the active participants have moved to a self-funded structure, the retired participants continue to be covered under an insured product. Therefore, the cost of the active coverage is not impacted by the retirees. In addition, the premiums provided by the carriers are representative of the retired population and therefore, no morbidity adjustments have been made.
Utilization	For the year ended April 30, 2025, 67% (April 30, 2024, 67%) of the active employees are assumed to elect retiree health coverage. All participants who elect Pre-Medicare coverage are assumed to continue coverage after Medicare eligibility under the United Healthcare plan.
Spouses	80% of active participants will have a spouse, with husbands three years older than wives.
Expenses	An anticipated expense of \$918,000 has been added to the liability for Accumulated Eligibility Credits. For the previous valuation the anticipated expense was \$876,000.

The weighted-average health care cost-trend rate assumption (see above) can have an effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation at April 30, 2025 and 2024 by \$126,000 and \$351,000, respectively. If the assumed rates decreased by one percentage point, it would decrease the obligation at April 30, 2025 and 2024 by \$178,000 and \$480,000, respectively.

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 obligations.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Benefit Obligations – The Plan accounts for and separately reports the Plan’s benefit obligations and changes therein for each Plan year presented. Benefit obligations for the Plan include:

- *Claims Payable and Currently Due for Participants* – Represents self-insured medical, prescription, dental and vision claims submitted for payment prior to year-end but paid in the subsequent year.
- *Incurred But Not Reported Reserve* – The Incurred But Not Reported Reserve (“IBNR”) represents the liability for claims incurred by Plan participants but not yet reported to the Plan for reimbursement. This reserve applies to self-funded benefits which consist of medical, prescription, dental and vision claims. The medical reserve is calculated based on historical medical claims data and enrollment data as of April 30, 2025 and 2024, respectively. The prescription drug reserve is calculated based on prescription drug invoice data as of April 30, 2025 and 2024, respectively. The dental and vision reserves are calculated based on one-twelfth (1/12) of the previous year’s paid claims for vision benefits and two-twelfths (2/12) of the previous year’s paid claims for dental benefits.
- *Accumulated Eligibility Credits* – Accumulated eligibility credits represent future benefits earned during the current reporting year. Based on the hours worked by the active population during the preceding Plan year, the liability associated with these credits is set to 50% of the total benefit cost, increased with the expected trend.

Benefit obligations do not reduce net assets available for benefits until paid.

Continuing Health Claims – The liabilities for continuing health claims for active employees include the liability for expected future disability payments for employees who are currently disabled. The reserve has been calculated at 18% of paid disability claims in the previous year (excluding medical benefits), which is based on the Plan’s historical model using standard industry factors.

Benefit Costs – Benefit costs are recorded as a deduction from net assets available for benefits when paid.

Parties-in-Interest – Wilmington Trust Company (“Wilmington”) provides custodial services to the Plan. At April 30, 2025 and 2024, the Plan maintained a portion of its investments in a money market fund sponsored by Wilmington.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties – The Plan invests in various investments, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Use of Estimates – Plan management uses estimates and assumptions in preparing the financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities, and the reported additions and deductions from Plan net assets available for benefits. Accordingly, actual results could differ from these estimates.

Subsequent Events – Plan management has evaluated subsequent events, for recognition or disclosure, through November 3, 2025, the date the accompanying financial statements were available to be issued, and determined that no additional recognition or disclosure was necessary.

3. Fair Value Measurements

ASC 820, *Fair Value Measurements*, establishes 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 fair value hierarchy are described as follows:

- **Level 1** – Unadjusted quoted prices in active markets for identical, unrestricted assets or liabilities that are accessible at the measurement date. All assets held by the Plan utilize Level 1 inputs as their primary measure of fair value as of April 30, 2025 and 2024.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

- **Level 2** – Quoted prices for similar assets or liabilities in active markets or quoted prices for identical or similar assets or liabilities in markets that are not active. This level also includes inputs other than quoted prices that are observable, either directly or indirectly, for substantially the full term through corroboration with observable, independent market data. This includes investments valued at quoted prices adjusted for legal or contractual restrictions specific to the security. There were no assets of the Plan that were valued using Level 2 inputs at April 30, 2025 and 2024.
- **Level 3** – Pricing inputs are unobservable for the asset or liability. That is, inputs that reflect the reporting entity’s own assumptions about the assumptions that market participants would use in pricing the asset or liability. There were no assets of the Plan that were valued using Level 3 inputs at April 30, 2025 and 2024.

The asset or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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 April 30, 2025 and 2024.

Money Market: Valued at amortized cost, which approximates fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

Exchange Traded Funds: Valued at the closing price reported on the active market on which the individual securities are traded. The exchange traded funds held by the Plan are deemed to be actively traded.

Mutual Funds: The Plan invests in both closed-end mutual funds and open-end mutual funds. Closed-end mutual funds are valued at the closing price reported on the active market in which the individual securities are traded. Open-end mutual funds are registered with the Securities and Exchange Commission and are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are considered to be actively traded.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

3. Fair Value Measurements (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2025 and 2024:

	2025	2024
Level 1		
Money market funds	\$ 96,417	\$ 39,824
Exchange traded funds	3,231,470	2,978,373
Mutual funds	20,110,546	13,654,933
Total investments at fair value	\$ 23,438,433	\$ 16,673,130

4. Office Equipment, net

Office equipment, net, as of April 30, 2025 and 2024, consisted of the following:

	2025	2024
Office equipment	\$ 52,469	\$ 65,208
Less: accumulated depreciation	36,426	41,044
	\$ 16,043	\$ 24,164

Depreciation expense amounted to \$8,120 and \$4,640 for the years ended April 30, 2025 and 2024, respectively.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

5. Operating Leases

The Plan primarily leases office facilities and equipment. The Plan assesses service arrangements to determine if an asset is explicitly or implicitly specified in the agreement and if the Plan has the right to control the use of the identified asset.

The right-of-use asset is initially measured at cost, which is primarily comprised of the initial amount of the lease liability, plus initial direct costs and lease payments at or before the lease commencement date, less any lease incentives received, and is amortized on a straight-line basis over the remaining lease term. All right-of-use assets are reviewed periodically for impairment. The lease liability is initially measured at the present value of lease payments, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, an appropriate risk-free interest rate. The Plan elected to recognize expenses for leases with a term of twelve months or less on a straight-line basis over the lease term and not to recognize these short-term leases on the balance sheet.

The Plan's leases have varying terms with remaining lease terms of up to approximately five years with options to extend. Certain of the Plan's lease arrangements provide the option to extend. The right-of-use asset and lease liability are calculated including options to extend when Plan management determines that it is reasonably certain that the Plan will exercise those options. In making that determination, Plan management considers various existing economic and market factors, business strategies as well as the nature, length, and terms of the agreement.

Lease expense for the years ended April 30, 2025 and 2024 amounted to \$41,061 and \$40,577, respectively. As of April 30, 2025 and 2024, the weighted-average remaining operating lease term amounted to 12.0 years and 13.0 years, respectively, and the weighted-average discount rate for operating leases was 3.13%. As of April 30, 2025, minimum payments due for operating lease liabilities for each of the five succeeding fiscal years and thereafter are as follows:

<u>Year ending April 30,</u>		
2026	\$	37,620
2027		37,620
2028		37,620
2029		37,620
2030		37,620
2031 and thereafter		<u>260,205</u>
Total lease payments, undiscounted		448,305
Less: imputed interest		<u>74,410</u>
Total operating lease liability	\$	<u><u>373,895</u></u>

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

6. Related Party Transactions

The Plan leases its office facilities from U.A. Local Union No. 22 Property Trust Fund (“Local No. 22 Property Trust”), an affiliated entity. Total rent paid to Local No. 22 Property Trust amounted to \$37,620 for both of the years ended April 30, 2025 and 2024.

The Plan also has agreements with affiliated benefit funds, U.A. Plumbers and Steamfitters Local No. 22 Pension Fund (“Local No. 22 Pension Fund”) and Annuity Fund (“Local No. 22 Annuity Fund”), and certain other affiliated entities whereby the Plan is reimbursed by such affiliates for shared office and administrative expenses incurred on behalf of each entity based on management estimates. Reimbursements to the Plan for shared expenses amounted to \$458,723 and \$386,741 for the years ended April 30, 2025 and 2024, respectively, and result in a reduction to total administrative expenses as reported on the statements of changes in net assets available for benefits.

The unpaid balances of allocated costs due from each related party at April 30, 2025 and 2024 are summarized as follows:

	2025	2024
Local No. 22 Annuity Fund	\$ 22,766	\$ 22,532
Local No. 22 Pension Fund	69,165	71,479
Other affiliated funds	7,053	5,661
Total due from related parties	\$ 98,984	\$ 99,672

7. Retirement Benefits

The Plan participates in the Local No. 22 Pension Fund, which is a multiemployer defined benefit pension plan, and such participation is outlined in the table below. The “EIN/PN” column provides the Employer Identification Number (“EIN”) and the three-digit plan number (“PN”). The Pension Protection Act (“PPA”) zone status is based on information that the Plan received from the Local No. 22 Pension Fund and is certified by the Local No. 22 Pension Fund’s actuary. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The “FIP/RP Status” column indicates plans for which a funding improvement plan (“FIP”) or a rehabilitation plan (“RP”) is either pending, has been implemented, or if a FIP and RP is not required and therefore not applicable (“N/A”).

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

7. Retirement Benefits (continued)

A surcharge is imposed on the participating employers of a plan if the plan experienced a funding deficiency. The last column lists the expiration date of the collective bargaining agreement (“CBA”) to which the Pension Fund is subject.

Pension Plan	EIN/PN	Plan Year End	PPA Zone Status	FIP/RP Status	Contributions By Plan	Surcharge Imposed	Expiration Date of CBA
Local 22 Pension Fund	16-0920434/001	4/30/25	Green	N/A	\$108,493	No	5/1/26
Local 22 Pension Fund	16-0920434/001	4/30/24	Green	N/A	\$99,929	No	5/1/26

In accordance with the Code Section 431(b)(8)(A), the Local No. 22 Pension Plan utilized the special 30-year amortization rules to amortize its losses in the plan year ending April 30, 2009 as allowed in accordance with the Pension Relief Act of 2010.

The risk of fully funding a multiemployer pension plan’s benefits is spread among numerous employers, while single-employer plans are funded by one employer. Risks of participating in multiemployer plans include the prospect of the pool of active participants shrinking, causing the contribution base of plans to decline while ongoing benefit accruals continue at previous levels; a reduction in plan asset values causing minimum contribution requirements to increase well above contribution rates specified in the collective bargaining agreement; and dependency on economic improvement in the industry to lead to increased contributions.

The Plan also contributes to the Local No. 22 Annuity Fund, which is a multiemployer defined contribution profit sharing plan. Payments to the Local No. 22 Annuity Fund totaled \$53,606 and \$40,316 for the years ended April 30, 2025 and 2024, respectively.

8. Reconciliation with Form 5500

The accompanying financial statements, which are prepared in accordance with U.S. GAAP, calculate realized gains and losses on sales of securities and unrealized gains and losses (change in market value on securities held at year end) using historical cost. However, Form 5500, Annual Return/Report of Employee Benefit Plan, requires the calculation of such gains and losses to be measured on the basis of revalued cost on Schedule H. Revalued cost is calculated based on the market value of a security on the first day of the fiscal year plus the cost of any current year purchases, less the beginning market value of any current year sales. In total, however, the financial statement calculation of gains and losses and the calculation for Form 5500 are the same.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Notes to Financial Statements (continued)

8. Reconciliation with Form 5500 (continued)

In the statements of changes in net assets available for benefits, investment fees are offset against investment income. On Form 5500 Schedule H, such fees are included as administrative expenses.

In addition, amounts currently payable to or for participants, beneficiaries and dependents for benefit claims that have been processed and approved for payment prior to the end of the Plan year, but not yet paid as of that date, as well as incurred but not reported claims, are reported as benefit claims payable on Form 5500 Schedule H.

The following is a reconciliation of net assets available for benefits reported in the financial statements and amounts reported in Schedule H of Form 5500 for the years ended April 30, 2025 and 2024:

	2025	2024
Net assets available for benefits per financial statements	\$ 28,987,484	\$ 25,107,357
Benefits claims payable per Form 5500	(1,420,244)	(1,446,604)
Net assets available for benefits per Form 5500	\$ 27,567,240	\$ 23,660,753

The following is a reconciliation of benefit costs reported in the financial statements and amounts reported in Schedule H of Form 5500 for year ended April 30, 2025:

Benefit costs per financial statements	\$ 17,700,253
Benefits payable at April 30, 2025 per Form 5500	1,420,244
Benefits payable at April 30, 2024 per Form 5500	(1,446,604)
Benefit costs per Form 5500	\$ 17,673,893

Supplemental Information

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Schedules of Administrative Expenses
for the years ended April 30, 2025 and 2024

	2025	2024
Administrative processing fees	\$ 483,583	\$ 435,414
Compensation	340,668	320,659
Depreciation	8,120	4,640
Employee benefits	253,527	226,091
Insurance	20,047	19,897
Meetings and seminars	9,936	8,038
Office expense	26,012	53,191
Payroll taxes	28,068	25,928
PCORI fees	5,120	5,094
Professional services		
Accounting and audit	56,465	41,269
Actuarial	8,000	8,000
Benefit consulting	17,026	4,167
Computer consulting	41,299	14,671
Legal	41,033	57,967
Lease expense	37,620	37,620
Trustee reimbursement	509	644
	1,377,033	1,263,290
Less: reimbursements from affiliated funds	458,723	386,741
	\$ 918,310	\$ 876,549

See independent auditors' report.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Schedule of Assets (Held at End of Year)
April 30, 2025

EIN: 16-1561710 Plan Number: 501
Form 5500 - Schedule H, Line 4i

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Wilmington U.S. Treasury Money Market Fund	Money Market Fund	\$ 96,417	\$ 96,417
	Invesco FTSE RAFI US 1000 ETF	Exchange Traded Fund	786,489	1,697,432
	Vanguard Large Cap ETF	Exchange Traded Fund	579,479	1,534,038
	American Europacific Growth Fund	Mutual Fund	750,062	942,902
	Lord Abbett Short Duration Income Fund	Mutual Fund	6,619,844	6,217,542
	PIMCO Moderate Duration Fund	Mutual Fund	6,139,277	5,861,622
	DFA International Core Equity	Mutual Fund	1,211,526	1,312,530
	TCW Total Return Bond Fund	Mutual Fund	6,499,317	5,775,950
	Total investments, at fair value		<u>\$ 22,682,411</u>	<u>\$ 23,438,433</u>

* Party-in-interest

See independent auditors' report.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Schedule of Reportable Transactions
for the year ended April 30, 2025

EIN: #16-1561710 Plan Number: 501
Form 5500 - Schedule H, Line 4j

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Individual Transactions</i>							
Wilmington Trust, N.A.	Wilmington U.S. Treasury Money Market Fund	n/a	\$ 3,998,000	\$ -	\$ 3,998,000	\$ 3,998,000	\$ -
Wilmington Trust, N.A.	Wilmington U.S. Treasury Money Market Fund	\$ 4,054,593	n/a	\$ -	\$ 4,054,593	\$ 4,054,593	\$ -
<i>Series of Transactions (Presented in Aggregate)</i>							
Lord, Abbett & Co. LLC	Lord Abbett Short Duration Income Fund	\$ 1,878,552	n/a	\$ -	\$ 1,878,552	\$ 1,878,552	\$ -
PIMCO LLC	PIMCO Moderate Duration Fund	\$ 1,826,363	n/a	\$ -	\$ 1,826,363	\$ 1,826,363	\$ -
The TWC Group	TCW Total Return Bond Fund	\$ 1,945,347	n/a	\$ -	\$ 1,945,347	\$ 1,945,347	\$ -

Note: Column (e) "Lease Rental" is omitted as it is n/a.

See independent auditors' report.

U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Schedule of Assets (Held at End of Year)
April 30, 2025

EIN: 16-1561710 Plan Number: 501
Form 5500 - Schedule H, Line 4i

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Wilmington U.S. Treasury Money Market Fund	Money Market Fund	\$ 96,417	\$ 96,417
	Invesco FTSE RAFI US 1000 ETF	Exchange Traded Fund	786,489	1,697,432
	Vanguard Large Cap ETF	Exchange Traded Fund	579,479	1,534,038
	American Europacific Growth Fund	Mutual Fund	750,062	942,902
	Lord Abbett Short Duration Income Fund	Mutual Fund	6,619,844	6,217,542
	PIMCO Moderate Duration Fund	Mutual Fund	6,139,277	5,861,622
	DFA International Core Equity	Mutual Fund	1,211,526	1,312,530
	TCW Total Return Bond Fund	Mutual Fund	6,499,317	5,775,950
	Total investments, at fair value		<u>\$ 22,682,411</u>	<u>\$ 23,438,433</u>

* Party-in-interest

See independent auditors' report.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

<p>1a Name of plan U.A. PLUMBERS & STEAMFITTERS LOCAL 22 HEALTH FUND</p>	<p>1b Three-digit plan number (PN) ▶ 501</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) U.A. PLUMBERS AND STEAMFITTERS LOCAL 22 HEALTH FUND 120 GARDENVILLE PARKWAY, STE 3 WEST SENECA NY 14224</p>	<p>1c Effective date of plan 05/05/1999</p> <p>2b Employer Identification Number (EIN) 16-1561710</p> <p>2c Plan Sponsor's telephone number 716-668-8800</p> <p>2d Business code (see instructions) 238220</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.

SIGN HERE	<i>Steven L Hoover</i>	11/11/2025	STEVEN HOOVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Richard Evans</i>	11/11/2025	RICHARD EVANS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1,351
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	860
a(2) Total number of active participants at the end of the plan year	6a(2)	814
b Retired or separated participants receiving benefits	6b	484
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1,298
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	61

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 4 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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U.A. Plumbers and Steamfitters
Local No. 22 Health Fund
Schedule of Reportable Transactions
for the year ended April 30, 2025

EIN: #16-1561710 Plan Number: 501
Form 5500 - Schedule H, Line 4j

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<i>Individual Transactions</i>							
Wilmington Trust, N.A.	Wilmington U.S. Treasury Money Market Fund	n/a	\$ 3,998,000	\$ -	\$ 3,998,000	\$ 3,998,000	\$ -
Wilmington Trust, N.A.	Wilmington U.S. Treasury Money Market Fund	\$ 4,054,593	n/a	\$ -	\$ 4,054,593	\$ 4,054,593	\$ -
<i>Series of Transactions (Presented in Aggregate)</i>							
Lord, Abbett & Co. LLC	Lord Abbett Short Duration Income Fund	\$ 1,878,552	n/a	\$ -	\$ 1,878,552	\$ 1,878,552	\$ -
PIMCO LLC	PIMCO Moderate Duration Fund	\$ 1,826,363	n/a	\$ -	\$ 1,826,363	\$ 1,826,363	\$ -
The TWC Group	TCW Total Return Bond Fund	\$ 1,945,347	n/a	\$ -	\$ 1,945,347	\$ 1,945,347	\$ -

Note: Column (e) "Lease Rental" is omitted as it is n/a.

See independent auditors' report.