

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND
2b Employer Identification Number (EIN): 31-6171908
2c Plan Sponsor's telephone number: 937-461-5652
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and 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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	715
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	702
	6a(2)	797
	6b	196
	6c	0
	6d	993
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	58

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 4F

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

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

a Pension Schedules	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>3</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 _____

**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 **07/01/2024** and ending **06/30/2025**

A Name of plan PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND	D Employer Identification Number (EIN) 31-6171908

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

1 Coverage Information:

(a) Name of insurance carrier

DELTA DENTAL

(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
31-0685339	54402	170	1868	07/01/2024	06/30/2025

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 1796
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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

DELAWARE VALLEY HEALTH CARE COALITI **2980 S. HAMPTON RD.**
PHILADELPHIA, PA 19154

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1796	AGGREGATE AMOUNT OF FEES AND OTHER COMMISSIONS	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	

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

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

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

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

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)	341108	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	1580	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		342688
b	Benefit charges (1) Claims paid	9b(1)	261873	
	(2) Increase (decrease) in claim reserves	9b(2)	657	
	(3) Incurred claims (add (1) and (2))	9b(3)		262530
	(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)	44721	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)	3427	
	(F) Charges for risks or other contingencies	9c(1)(F)	6854	
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		55002
	(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)		7996
	(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	0	
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>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 **07/01/2024** and ending **06/30/2025**

<p>A Name of plan PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE 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 PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND</p>	<p>D Employer Identification Number (EIN) 31-6171908</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 UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10539	770	07/01/2024	06/30/2025

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 35409</p>	<p>(b) Total amount of fees paid 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
UMR
11 SCOTT STREET, STE. 100
WAUSAU, WI 54403

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35409			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.
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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. Specify nature of costs ▶	6d	

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

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

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

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

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

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)	0
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)	0
	(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)	0
	(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		1181466
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>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 **07/01/2024** and ending **06/30/2025**

<p>A Name of plan PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE 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 PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND</p>	<p>D Employer Identification Number (EIN) 31-6171908</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
ULLICO

(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
43-0949844	69744	417004415070	796	07/01/2024	06/30/2025

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	(b) Total amount of fees paid
--------------------------------------	-------------------------------

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

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)		0
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)		0
	(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)		0
	(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			693196
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 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 **07/01/2024** and ending **06/30/2025**

A Name of plan PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND	D Employer Identification Number (EIN) 31-6171908	

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)

UMR, INC.

39-1995276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	603537	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	31807	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COMMUNITY INSURANCE COMPANY

31-1440175

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	95596	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	27835	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UNITED ACTUARIAL SERVICES INC

35-2156428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	73327	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)

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	34522	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)

SAV-RX PRESCRIPTION SERVICES

86-1323040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	33382	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)

LEDBETTER PARISI, LLC

03-0599899

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	26127	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)

STRATEGIC CAPITAL INVESTMENT ADVISO

36-4268991

(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	NONE	13183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COMMUNITY INSURANCE COMPANY	12 13 15 49 62	27835
(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.	
INGENIORX, INC. 82-3062245	PRESCRIPTION DRUG REBATES AND REALTED ADMINISTRATION FEES	
(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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND	D Employer Identification Number (EIN) 31-6171908

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	1681788	1364159
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4779	20534
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	108429	122432
(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)	11399121	19787005
(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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13194117	21294130
Liabilities			
g Benefit claims payable.....	1g	739000	1071000
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	739000	1071000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12455117	20223130

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)	17969017	
(B) Participants.....	2a(1)(B)	163900	
(C) Others (including rollovers).....	2a(1)(C)	77	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		18132994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	511718	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		511718
(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)		920474
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19565186

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10994192	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10994192
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)		
(2) Contract administrator fees	2i(2)	607437	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34522	
(5) Investment advisory and investment management fees	2i(5)	13183	
(6) Bank or trust company trustee/custodial fees	2i(6)	6433	
(7) Actuarial fees	2i(7)	73327	
(8) Legal fees	2i(8)	26127	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	41952	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		802981
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11797173

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		7768013
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: **CLARK, SCHAEFER, HACKETT & CO.**

(2) EIN: **31-0800053**

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		3000000
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.			

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 _____.



INDEPENDENT AUDITORS' REPORT

To the Participants and Board of Trustees
Plumbers and Pipefitters Local 162 Health and Insurance Fund

Opinion

We have audited the accompanying financial statements of the Plumbers and Pipefitters Local 162 Health and Insurance Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits – modified cash basis and plan benefit obligations – modified cash basis as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits – modified cash basis and changes in plan benefit obligations – modified cash basis 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 – modified cash basis and plan benefit obligations – modified cash basis of Plumbers and Pipefitters Local 162 Health and Insurance Fund as of June 30, 2025 and 2024, and the changes in its net assets available for benefits – modified cash basis and changes in plan benefit obligations – modified cash basis for the years then ended, in accordance with the modified cash basis of accounting as described in Note 2.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Plumbers and Pipefitters Local 162 Health and Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 Plumbers and Pipefitters Local 162 Health and Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Pipefitters Local 162 Health and Insurance Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Pipefitters Local 162 Health and Insurance Fund's ability to continue as a going concern for a reasonable period of time.

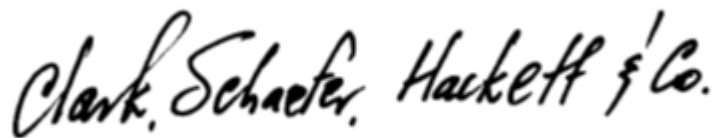
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2025 and schedule of reportable transactions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 GAAS.

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

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

A handwritten signature in black ink that reads "Clark Schaefer Hackett & Co." in a cursive script.

Dayton, Ohio
February 19, 2026

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 07/01/2024 and ending 06/30/2025

- A This return/report is for: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLUMBERS & PIPEFITTERS LOCAL 162 HEALTH & INSURANCE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): Plumbers & Pipefitters Local 162 Health & Insurance Fund
2b Employer Identification Number (EIN): 31-6171908
2c Plan Sponsor's telephone number: 937-461-5652
2d Business code (see instructions): 238220

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Row 1: Mark Terrill, 2/20/26, MARK TERRILL. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: 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

Plumbers and Pipefitters Local 162 Health and Insurance Fund
 EIN #31-6171908; Plan #501
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

Category (i) - Single Transactions in Excess of 5% of Net Assets

* PNC Bank:

Federated Hermes Government Obligations Fund

Purchase	\$	1,000,507	-	1,000,507	1,000,507	-
Purchase		1,500,496	-	1,500,496	1,500,496	-
Sale		-	\$ 999,894	999,894	999,894	-
Sale		-	1,500,469	1,500,469	1,500,469	-
Sale		-	499,566	499,566	499,566	-

Metropolitan West Intermediate Bond Fund

Purchase		700,000	-	700,000	700,000	-
Purchase		700,000	-	700,000	700,000	-

Baird Intermediate Bond Fund

Purchase		700,000	-	700,000	700,000	-
Purchase		700,000	-	700,000	700,000	-

Vanguard Total Stock Mkt Idx Adm

Purchase		1,100,000	-	1,100,000	1,100,000	-
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Category (iii) - Series of Transactions in Excess of 5% of Net Assets

* PNC Bank:

Federated Hermes Government Obligations Fund

Purchases	\$	3,017,049	-	3,017,049	3,017,049	-
Sales		-	3,003,046	3,003,046	3,003,046	-

Metropolitan West Intermediate Bond Fund

Purchases		2,819,921	-	2,819,921	2,819,921	-
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Baird Intermediate Bond Fund

Purchases		2,827,540	-	2,827,540	2,827,540	-
Sales		-	300,000	310,295	300,000	(10,295)

Plumbers and Pipefitters Local 162 Health and Insurance Fund
 EIN #31-6171908; Plan #501
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Vanguard Total Stock Mkt Idx Adm Purchases	2,929,736	-	2,929,736	2,929,736	-

* Party-in-interest.

There were no reportable category (ii) or (iv) transactions for the year ended June 30, 2025.
 Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's
 Regulations.

Plumbers and Pipefitters Local 162 Health and Insurance Fund

Financial Statements and Supplemental Schedules

June 30, 2025 and 2024

with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

To the Participants and Board of Trustees
Plumbers and Pipefitters Local 162 Health and Insurance Fund

Opinion

We have audited the accompanying financial statements of the Plumbers and Pipefitters Local 162 Health and Insurance Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits – modified cash basis and plan benefit obligations – modified cash basis as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits – modified cash basis and changes in plan benefit obligations – modified cash basis 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 – modified cash basis and plan benefit obligations – modified cash basis of Plumbers and Pipefitters Local 162 Health and Insurance Fund as of June 30, 2025 and 2024, and the changes in its net assets available for benefits – modified cash basis and changes in plan benefit obligations – modified cash basis for the years then ended, in accordance with the modified cash basis of accounting as described in Note 2.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). 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 Plumbers and Pipefitters Local 162 Health and Insurance Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 Plumbers and Pipefitters Local 162 Health and Insurance Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Plumbers and Pipefitters Local 162 Health and Insurance Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plumbers and Pipefitters Local 162 Health and Insurance Fund's ability to continue as a going concern for a reasonable period of time.

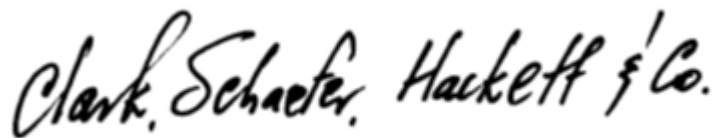
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2025 and schedule of reportable transactions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 GAAS.

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

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

A handwritten signature in black ink that reads "Clark Schaefer Hackett & Co." in a cursive script.

Dayton, Ohio
February 19, 2026

Plumbers and Pipefitters Local 162 Health and Insurance Fund
 Statements of Net Assets Available for Benefits - Modified Cash Basis
 June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Cash	\$ 1,364,159	1,681,788
Investments at fair value	19,909,437	11,507,550
Other assets	<u>20,534</u>	<u>4,779</u>
Total assets	21,294,130	13,194,117
Net assets available for benefits		
Allocated for health reimbursement arrangement	1,769,201	1,064,447
Unallocated	<u>19,524,929</u>	<u>12,129,670</u>
Net assets available for benefits	\$ <u>21,294,130</u>	<u>13,194,117</u>

See accompanying notes to the financial statements.

Plumbers and Pipefitters Local 162 Health and Insurance Fund
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 920,474	537,566
Interest and dividends	<u>511,718</u>	<u>296,775</u>
	1,432,192	834,341
Less: investment expenses	<u>(19,616)</u>	<u>(18,504)</u>
	<u>1,412,576</u>	<u>815,837</u>
Contributions:		
Employer, net of outgoing reciprocity	16,374,088	10,887,279
Reciprocity	1,594,929	977,540
Participant	163,900	256,224
Other	<u>77</u>	<u>2,176</u>
	<u>18,132,994</u>	<u>12,123,219</u>
Total additions	<u>19,545,570</u>	<u>12,939,056</u>
Deductions:		
Benefits paid:		
Health claims	7,323,418	5,346,038
Prescription drug program claims, net of refunds	1,096,139	1,181,798
Disability claims	26,513	19,760
Medicare prescription drug/premium reimbursement	22,467	22,828
Health reimbursement account benefits	623,475	412,592
Life insurance claims	30,500	-
Premiums paid	1,539,680	978,478
Claims administration expenses	449,711	326,569
Administrative expenses	<u>333,654</u>	<u>242,706</u>
Total deductions	<u>11,445,557</u>	<u>8,530,769</u>
Net change	8,100,013	4,408,287
Net assets available for benefits:		
Beginning of year	<u>13,194,117</u>	<u>8,785,830</u>
End of year	\$ <u>21,294,130</u>	<u>13,194,117</u>

See accompanying notes to the financial statements.

Plumbers and Pipefitters Local 162 Health and Insurance Fund
 Statements of Plan Benefit Obligations - Modified Cash Basis
 June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Claims payable and estimated claims incurred but not reported	\$ 1,071,000	739,000
Other obligations for current benefit coverage:		
Estimated future benefits based on participant accumulated eligibility (dollar bank)	4,850,000	4,335,000
Postretirement benefit obligations:		
Current retirees and beneficiaries	1,330,828	1,091,520
Other participants fully eligible for benefits	2,684,800	2,083,764
Other participants not yet fully eligible for benefits	<u>4,651,104</u>	<u>2,768,990</u>
	<u>8,666,732</u>	<u>5,944,274</u>
 Total plan benefit obligations	 \$ <u>14,587,732</u>	 <u>11,018,274</u>

See accompanying notes to the financial statements.

Plumbers and Pipefitters Local 162 Health and Insurance Fund
Statements of Changes in Plan Benefit Obligations - Modified Cash Basis
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable to or for participants, beneficiaries, and dependents:		
Balance at beginning of year	\$ 739,000	360,000
Claims reported and approved for payment	9,454,512	7,362,016
Claims paid	<u>(9,122,512)</u>	<u>(6,983,016)</u>
	1,071,000	739,000
Other obligations for current benefit coverage (dollar bank):		
Balance at beginning of year	4,335,000	3,862,000
Change in valuation adjustment	(992,000)	(278,000)
Net accumulation/usage of dollar bank	<u>1,507,000</u>	<u>751,000</u>
	4,850,000	4,335,000
Postretirement benefit obligations:		
Balance at beginning of year	5,944,274	5,117,255
Increase (decrease) during the year attributable to:		
Benefits earned net of benefits paid	2,090,865	740,524
Interest	326,935	255,863
Changes in actuarial assumptions	<u>304,658</u>	<u>(169,368)</u>
	<u>8,666,732</u>	<u>5,944,274</u>
Total plan benefit obligations	\$ <u>14,587,732</u>	<u>11,018,274</u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN:

The following description of the Plumbers and Pipefitters Local 162 Health and Insurance Fund (the Plan) only provides general information about the Plan's provisions. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan (and related trust) was established on June 1, 1959. The Plan is a multiemployer defined benefit health and welfare plan established pursuant to collective bargaining agreements (CBAs) by and between participating employers and the local union. Administration of the Plan is the responsibility of a joint board of trustees (Board of Trustees), which consists of representation from the participating employers and the local union. The Plan provides benefits for eligible covered participants and their enrolled dependents and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

The Plan provides benefits for eligible participants and covered dependents. The Plan uses a "Dollar Bank" program to determine eligibility for benefits. Under the Accelerated Coverage Option, a participant is eligible the first day of the month in which at least 280 hours have been credited to the participant's Dollar Bank in a consecutive two-month period. Under the Traditional Coverage Option, a participant is eligible the first day of the month in which at least 420 hours have been credited to the participants' Dollar Bank. Participant eligibility is maintained by having contributions for covered employment made to the Plan on a participant's behalf, in an amount sufficient to meet the monthly premium rate, which is assessed based on the current contribution rate, multiplied by 140 hours. The Plan also extends benefits to participants during periods of unemployment (less than full time), provided they have a sufficient balance accumulated in their Dollar Bank or they self-pay their monthly assessed premium. In order to use the Self-pay provision, the participant must be available for work through the local union. New participants receive 2 contingency months that are available once per lifetime to assist in maintaining coverage. The participants may accumulate up to 4 months (140 hours per month) within their Dollar Bank to provide for extended eligibility when unemployed. When an employee is no longer available for work, the eligibility for coverage will terminate at the end of the month in which the change of status occurred, and any balance in the participant's Dollar Bank will be forfeited to the Plan.

Participants who are eligible for a pension benefit under a related pension plan and have met certain service requirements, are also eligible for benefits, provided they remain in good standing with the local union and use their available Dollar Bank balances to extend coverage or self-pay their monthly premiums.

Contributions

Under the terms of the CBAs, participating employers contribute various amounts to the Plan for each reported hour for covered employees. The hourly contribution rates and hours base (hours worked or hours paid) are determined by each participating local, subject to the CBAs. Rates include a stated per hour contribution to the Health Reimbursement Arrangement.

In accordance with the Plan's Collection and Delinquency Control Program, all contributions must be paid on or before the 10th day of the month following the month in which hours are performed. Following such date, the contribution is determined to be late and the delinquent employer may be referred to the Plan's legal counsel.

Participant contributions are permitted under the Plan, in certain circumstances, including contributions by active participants to extend coverage during periods of unemployment, for retiree coverage, or for COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) coverage. The Board of Trustees determine the self-payment rates on an annual basis. The self-payment amount for retiree coverage is based on the retiree's age at the time of retirement and the retirement date.

If a participant retired on or after January 1, 2007, the self-payment amount is determined as follows:

Age At Retirement:	Self-Payment Equal To:
57 or below	100% of the actual cost of coverage
58 to 61	75% of the actual cost of coverage
62 to 65	50% of the actual cost of coverage

Reciprocity

Participants of the Plan and participants of the benefit plans of other affiliated local unions may have temporary employment assignments outside the jurisdiction of their local union. Therefore, the Plan has entered into reciprocity agreements with other affiliated locals to ensure that employer contributions are forwarded to the benefit plans of the participant's local union. Reciprocal contributions received and reciprocal contributions paid have been recorded in the statements of changes in net assets available for benefits - modified cash basis.

Benefits

Benefits offered by the Plan include health benefits (medical, pharmaceutical and dental) and certain insurance benefits.

The Plan provides self-insured medical and prescription drug benefits for participants and their spouses who are under the age of 65. The Plan utilizes a pharmacy benefit manager ("PBM") to help control drug costs.

The Plan also provides dental and vision insurance to participants. The Plan paid premiums of \$351,540 and \$206,057 for the years ended June 30, 2025 and 2024, respectively.

For active participants, the Plan provides accidental death and dismemberment benefits and life insurance coverage. Retired participants are eligible for \$3,500 of life insurance coverage. Beginning in 2025, the Plan provides self-insured life insurance benefits to eligible participants and no premiums were paid. During 2024, the Plan was covered under a group insurance policy upon which the plan paid premiums of \$61,792.

The Plan also provides self-insured short-term disability benefits to eligible active participants. Additionally, the Plan provides retired participants aged 65 and over with reimbursement of Medicare Part D premiums, up to a maximum of \$38 per month.

The Plan has a Health Reimbursement Arrangement ("HRA") that is funded solely through participating employer contributions. The HRA allows eligible participants to be reimbursed tax free for qualified medical expenses up to the unused amount in the participants' HRA account. Amounts remaining at the end of the year can generally be carried over to the next year. The Plan is not permitted to refund any part of the balance to the participant, and the account cannot be used for anything other than reimbursements for qualified medical expenses and for self-payment of coverage while an eligible participant. If a participant terminates and is not considered an eligible retiree, then the former participant may submit claims for qualified medical expenses incurred prior to the date of termination. Such claims must be made no later than March 31 following the close of the year in which the medical expense arose. In the case of death of the participant, claims must be filed within six (6) months from the date of death. Participant accounts will be subject to forfeiture after 18 months for a participant who is no longer available for work through the local union. The HRA may be used to make self-payments, provided that the participant satisfies the eligibility requirements for the self-payment option.

2. SUMMARY OF ACCOUNTING POLICIES:

The following are the significant accounting policies of the Plan:

Basis of accounting

The financial statements of the Plan are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP") This basis differs from GAAP in that it recognizes contributions when received rather than when earned and other expenses when paid rather than when the obligation is incurred. Accordingly, the accompanying financial statements are not intended to present net assets available for benefits, plan benefit obligations, changes in net assets available for benefits and changes in plan benefit obligations in conformity with GAAP.

The only modifications to the cash basis method of accounting in the statements of net assets available for benefits - modified cash basis and statements of changes in net assets available for benefits – modified cash basis are that investments are reported at fair value rather than cost and investment income and fees are recognized on the accrual basis. Other assets are presented at cost.

The statements of Plan benefit obligations and statements of changes in Plan benefit obligations are on the modified cash basis of accounting given the eligibility and Dollar Bank obligations are based on employer remittances received and processed on a cash basis.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, changes in those assets and liabilities, disclosures of contingent assets and liabilities, and the actuarially determined plan benefit obligations at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Cash

At June 30, 2025 and 2024, cash consisted primarily of business checking accounts. The Plan maintains its business checking in bank deposit accounts, which exceeded federal insurance limits at June 30, 2025 and 2024, respectively. The Plan has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk.

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 discussion of fair value measurements.

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

Payment of benefits

Claim payments are recorded when paid to Anthem, the third-party claims processor. Despite the Plan's utilization of a third-party claims processor, ultimate responsibility for payments to providers is retained by the Plan. The payments are recorded as claims paid in the accompanying statements of changes in net assets available for benefits - modified cash basis. Short-term disability payments are processed by the Plan and paid from general assets of the Plan.

Stop loss insurance

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). The Plan's benefit claim exposure is limited to \$225,000 per year per participant or dependent.

Premiums for stop loss insurance are included in premiums paid in the accompanying statements of changes in net assets available for benefits – modified cash basis. The premium payments for the stop loss insurance were \$1,188,140 and \$709,797 for the years ended June 30, 2025 and 2024, respectively. The Plan received stop loss refunds totaling \$346,422 and \$229,209 for the years ended June 30, 2025 and 2024, respectively, which were netted against claims paid.

Claims incurred but not reported

Benefit obligations include health claims currently payable and health claims incurred but not yet reported. Claims incurred but not yet reported represent obligations at June 30 for health claims incurred by active participants but not reported at that date; this amount is estimated by an independent healthcare consultant of the Plan.

Health reimbursement arrangement

Included in the accompanying statements of net assets available for benefits - modified cash basis are amounts available to reimburse participants for qualifying medical expenses as of June 30, 2025 and 2024 totaling \$1,769,201 and \$1,064,447. Forfeited amounts are used by the Plan to offset administrative expenses.

Postretirement benefit obligation

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employees' service rendered through June 30. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. 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 that employee's service in the industry rendered to the valuation date.

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

The net cost of covered medical benefits were assumed to decrease from 7.9% graded annually to 4.0% over the subsequent fifteen (15) years as of June 30, 2025 and 2024. The net cost of covered prescription drug benefits were assumed to decrease from 9.2% graded annually to 4.0% over the subsequent fifteen (15) years as of June 30, 2025 and were assumed to decrease from 9.0% graded annually to 4.0% over fifteen (15) years as of June 30, 2024. The net cost of covered dental and vision benefits were assumed to decrease from 4.9% graded annually to 4.0% over the subsequent fifteen (15) years as of June 30, 2025. The net cost of covered dental benefits were assumed to decrease from 5.4% graded annually to 4.0% over fifteen (15) years as of June 30, 2024.

This health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increase by one percentage point, it would increase the obligation as of June 30, 2025 and 2024 by \$839,473 and \$512,193, respectively.

The following were other significant assumptions used in the valuations as of June 30, 2025 and 2024:

<i>Discount rate:</i>	5.50% for 2025 and 2024
<i>Retirement age:</i>	Various rates from age 58 through 65 for 2025 and 2024
<i>Mortality:</i>	2025 and 2024: 110% for males and for females of the Pri-2012 Table with Blue Collar Mortality Table, projected forward using the MP-2021 projection scale.

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

Other plan benefits

Plan obligations as of June 30 for health claims incurred by active participants but not reported as of that date and for accumulated eligibility ("Dollar Bank") of participants are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statements of Plan's benefit obligations - modified cash basis.

Participants of the Plan may accumulate excess contributions within their Dollar Bank to provide for extended eligibility when unemployed. The Dollar Bank usage is expressly conditioned upon participants maintaining status as active employees as being available for work under the CBAs. When an employee is no longer available for work, the eligibility for coverage will terminate at the end of the month in which the change of status occurred and any balance in the participant's Dollar Bank will be forfeited to the Plan. Retired participants may use any accumulated excess in their Dollar Bank to maintain coverage.

Pharmacy benefits manager refunds

The Plan receives refunds from its PBM, based on the Plan's actual utilization pattern of specific pharmacy drugs. These refunds are netted against claims paid. There is an inherent lag between the periodic capture and calculation of refunds due to the Plan and receipt of such refunds. For the Plan years ended June 30, 2025 and 2024, the amount of pharmacy rebates and credits received were \$178,321 and \$373,793, respectively.

Claims administration expenses

The Plan pays claims administration expenses to Anthem and UMR, who processes medical and prescription claims for the Plan. These expenses are reported on the statements of changes in net assets available for benefits – modified cash basis as claims administration expenses.

Administration expenses

The Plan pays other administration expenses, which consist of administrative expenses, consulting fees, professional fees and actuary fees. These expenses are reported on the statements of changes in net assets available for benefits – modified cash basis as administration expenses.

Subsequent events

The Plan has evaluated subsequent events through February 19, 2026, the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Money market mutual fund: The fund transacts subscription and redemption activity at a \$1 stable net asset value (NAV). However, on a daily basis the fund is valued at its daily NAV calculated using the amortized cost of the securities held in the fund.

Mutual funds: Valued at the daily closing prices as reported by the fund. Mutual funds are required to publish their daily net asset value and to transact at that price at the end of each trading day. Mutual funds held by the Plan are deemed to be actively traded.

Exchange-traded fund: Valued at the closing price reported on the active market on which the individual securities are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

<u>Assets at Fair Value as of June 30, 2025</u>						
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	Assets at <u>NAV</u>	<u>Total</u>
Money market mutual fund	\$	122,432	-	-	-	122,432
Mutual funds		13,229,364	-	-	-	13,229,364
Exchange-traded fund		<u>6,557,641</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>6,557,641</u>
Total	\$	<u>19,909,437</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>19,909,437</u>

<u>Assets at Fair Value as of June 30, 2024</u>						
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	Assets at <u>NAV</u>	<u>Total</u>
Money market mutual fund	\$	108,429	-	-	-	108,429
Mutual funds		<u>11,399,121</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>11,399,121</u>
Total	\$	<u>11,507,550</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>11,507,550</u>

4. TAX STATUS:

The Plan has received an exemption letter from the Internal Revenue Service stating that the trust established under the Plan is generally exempt from income taxes under the provisions of Section 501(c)9 of the Internal Revenue Code (IRC). The Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan has been amended since receiving the opinion letter; however, plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the related trust continues to be tax-exempt.

The Plan is subject to routine audits by taxing jurisdictions. However, as of the date the financial statements were available to be issued, there were no audits for any tax periods in progress.

5. PLAN TERMINATION:

The Board of Trustees has the right under the Plan to modify or amend the benefits provided or to terminate the Plan, subject to provisions set forth in ERISA and by the terms of the collective bargaining agreement. In the event the Plan terminates, the net assets of the Plan shall be allocated in such a manner as will best effectuate the purposes of the trust fund and the requirements of law.

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Plan Sponsor and certain others. The Plan pays fees for several service arrangements with service providers which include third party administration, actuarial, legal and consulting, accounting and audit, insurance, investment advisory and custody. These transactions are considered exempt party-in-interest transactions under ERISA. The Plan Sponsor is Plumbers and Pipefitters Local 162.

The Plan rents its office facilities from Plumbers and Pipefitters Local 162 on a month-to-month basis. Rent expense was \$2,933 and \$3,467 for each of the years ended June 30, 2025 and 2024, respectively. The Plan is not responsible for utilities, maintenance, or taxes. The Plan operates jointly with the Plumbers and Pipefitters Local 162 Retirement Savings Plan and Plumbers and Pipefitters Local 162 Pension Fund (collectively, the "Plans"). The Plans share in certain administrative costs that are common to all three Plans. Costs are allocated to the Plans based on various factors, including personnel time spent supporting each Plan.

7. RISKS AND UNCERTAINTIES:

The Plan's contributing employers are primarily located throughout Ohio. Due to the Plan's dependence on the plumbing industry and its geographical concentration of contributing employers, the Plan is affected by the economic conditions of the aforementioned region. Consequently, contributions may be affected, either positively or negatively, by changes in economic conditions in this geographic area.

The Plan holds investments which are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risks associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

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

8. ADMINISTRATIVE EXPENSES:

During the years ended June 30, 2025 and 2024, the Plan's administrative expenses were as follows:

	<u>2025</u>	<u>2024</u>
Administration fees	\$ 157,726	84,300
Professional fees	133,976	139,523
Insurance	24,495	6,980
Bank service charges	2,279	2,248
Postage and printing	10,044	4,748
Rent	3,150	3,625
Miscellaneous	<u>1,984</u>	<u>1,282</u>
	<u>\$ 333,654</u>	<u>242,706</u>

9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

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

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 21,294,130	13,194,117
Claims payable and estimated claims incurred but not reported	<u>(1,071,000)</u>	<u>(739,000)</u>
Net assets available for benefits per Form 5500	\$ <u>20,223,130</u>	<u>12,455,117</u>
	<u>2025</u>	<u>2024</u>
Changes in net assets available for benefits per the financial statements	\$ 8,100,013	4,408,287
Claims payable and estimated claims incurred but not reported	<u>(332,000)</u>	<u>(379,000)</u>
Changes in net assets available for benefits per Form 5500	\$ <u>7,768,013</u>	<u>4,029,287</u>

Supplemental Schedules

Plumbers and Pipefitters Local 162 Health and Insurance Fund
 EIN #31-6171908; Plan #501
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 June 30, 2025

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, <u>par, or maturity value</u>		Current <u>value</u>
	<u>Identity of issue</u>		<u>Cost</u>	
	Money market mutual fund:			
*	Federated Hermes Government Obligations Fund		\$ <u>122,432</u>	<u>122,432</u>
	Mutual funds:			
*	Baird Intermediate Bond Fund		6,619,698	6,566,159
*	Vanguard Total Stock Mkt Idx Adm		<u>4,302,716</u>	<u>6,663,205</u>
			<u>10,922,414</u>	<u>13,229,364</u>
	Exchange-traded fund:			
*	TCW Core Plus Bond Fund		<u>6,668,776</u>	<u>6,557,641</u>
			\$ <u>17,713,622</u>	<u>19,909,437</u>

* Party-in-interest.

Plumbers and Pipefitters Local 162 Health and Insurance Fund
 EIN #31-6171908; Plan #501
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

Category (i) - Single Transactions in Excess of 5% of Net Assets

* PNC Bank:

Federated Hermes Government Obligations Fund

Purchase	\$	1,000,507	-	1,000,507	1,000,507	-
Purchase		1,500,496	-	1,500,496	1,500,496	-
Sale		-	\$ 999,894	999,894	999,894	-
Sale		-	1,500,469	1,500,469	1,500,469	-
Sale		-	499,566	499,566	499,566	-

Metropolitan West Intermediate Bond Fund

Purchase		700,000	-	700,000	700,000	-
Purchase		700,000	-	700,000	700,000	-

Baird Intermediate Bond Fund

Purchase		700,000	-	700,000	700,000	-
Purchase		700,000	-	700,000	700,000	-

Vanguard Total Stock Mkt Idx Adm

Purchase		1,100,000	-	1,100,000	1,100,000	-
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Category (iii) - Series of Transactions in Excess of 5% of Net Assets

* PNC Bank:

Federated Hermes Government Obligations Fund

Purchases	\$	3,017,049	-	3,017,049	3,017,049	-
Sales		-	3,003,046	3,003,046	3,003,046	-

Metropolitan West Intermediate Bond Fund

Purchases		2,819,921	-	2,819,921	2,819,921	-
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Baird Intermediate Bond Fund

Purchases		2,827,540	-	2,827,540	2,827,540	-
Sales		-	300,000	310,295	300,000	(10,295)

Plumbers and Pipefitters Local 162 Health and Insurance Fund
 EIN #31-6171908; Plan #501
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended June 30, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Vanguard Total Stock Mkt Idx Adm Purchases	2,929,736	-	2,929,736	2,929,736	-

* Party-in-interest.

There were no reportable category (ii) or (iv) transactions for the year ended June 30, 2025.
 Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's
 Regulations.



Plumbers and Pipefitters Local 162 Health and Insurance Fund
 EIN #31-6171908; Plan #501
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 June 30, 2025

(a)	(b)	(c)	(d)	(e)
Description of investment including maturity date, rate of interest, collateral, <u>Identity of issue</u> <u>par, or maturity value</u>			<u>Cost</u>	<u>Current value</u>
Money market mutual fund:				
*	Federated Hermes Government Obligations Fund		\$ <u>122,432</u>	<u>122,432</u>
Mutual funds:				
*	Baird Intermediate Bond Fund		6,619,698	6,566,159
*	Vanguard Total Stock Mkt Idx Adm		<u>4,302,716</u>	<u>6,663,205</u>
			<u>10,922,414</u>	<u>13,229,364</u>
Exchange-traded fund:				
*	TCW Core Plus Bond Fund		<u>6,668,776</u>	<u>6,557,641</u>
			\$ <u>17,713,622</u>	<u>19,909,437</u>

* Party-in-interest.