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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS PENSION PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1962

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND
PIPEFITTERS PENSION PLAN AND TRUST

7570 CAPLE BLVD. SUITE B
NORTHWOOD, OH 43619-1084

2b Employer Identification Number (EIN) 34-6502487

2c Plan Sponsor's telephone number 419-662-1388

2d Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2018	ERIC OSBORN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2018	PETE VAVRINEK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1901
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	969
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1024
b Retired or separated participants receiving benefits	**6b**	572
c Other retired or separated participants entitled to future benefits	**6c**	164
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1760
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	172
f Total. Add lines **6d** and **6e**.	**6f**	1932
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	84

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

1B

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND

D Employer Identification Number (EIN)
34-6502487

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2017		
b	Assets		
(1)	Current value of assets	**1b(1)**	136587735
(2)	Actuarial value of assets for funding standard account	**1b(2)**	144789273
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	180604369
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	180604369
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	324055472
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	12862287
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	11913132
(3)	Expected plan disbursements for the plan year	**1d(3)**	12253132

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

Date

RANDALL N. SMITH

Type or print name of actuary

17-06649

Most recent enrollment number

CUNI, RUST AND STRENK

Firm name

513-891-0270

Telephone number (including area code)

4555 LAKE FOREST DRIVE, CINCINNATI, OH 45242-3760

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	136587735
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		749	151614975
(2) For terminated vested participants		183	17550552
(3) For active participants:			
(a) Non-vested benefits			22183471
(b) Vested benefits			132706474
(c) Total active		969	154889945
(4) Total		1901	324055472
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		42.15%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/01/2017	0				
12/31/2017	12963956				
			Totals ► **3(b)**	12963956	**3(c)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	80.2%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	**4f**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	3.05%
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.50%		7.50%	
e Expense loading	**6e**	6.3%	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date				**6g**	4.3%
h Estimated investment return on current value of assets for year ending on the valuation date				**6h**	6.7%

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	6978201	735387
4	-791696	-83432

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	5403448
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	78046618	11970467
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1303044
e Total charges. Add lines 9a through 9d		**9e**	18676959

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	12538907
g	Employer contributions. Total from column (b) of line 3		**9g**	12963956
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 29692615		4990148
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	1792039
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 66605913		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 158608939		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	32285050
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	13608091
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2017 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND

D Employer Identification Number (EIN)
34-6502487

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

INCOME RESEARCH MANAGEMENT

100 FEDERAL STREET
BOSTON, MA 02110

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	81617	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOVARA TESIJA, PLLC

2000 TOWN CENTER SUITE 2370
SOUTHFIELD, MI 48075

38-3507129

(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	76112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEVINE LEICHTMAN CAPITAL PARTNERS I

335 NORTH MAPLE DR., SUITE 130
BEVERLY HILLS, CA 90210

46-0924517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	57705	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MARQUETTE ASSOCIATES, INC.

180 N. LASALLE ST., STE. 3500
CHICAGO, IL 60601

36-3485298

(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?
17	NONE	50000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CUNI, RUST, AND STRENK

4555 LAKE FOREST DRIVE, SUITE 620
CINCINNATI, OH 45242-3760

31-1227755

(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	47375	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENESYS, INC

700 TOWER DRIVE, STE. 300
TROY, MI 48098

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	39317	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

TRUST COMPANY OF TOLEDO

1630 TIMBERWOLF DR
HOLLAND, OH 43528

34-1661757

(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?
21	NONE	25372	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVENPORT, HANF AND COMPANY, LLC

28276 KENSINGTON LANE
PERRYSBURG, OH 43551

41-2173670

(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	14500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: CUNI, RUST, AND STRENK
b EIN: 31-1227755
c Position: ACTUARY
d Address: 4555 LAKE FOREST DRIVE, SUITE 620
CINCINNATI, OH 45242-3760
e Telephone:

Explanation: THE ENROLLED ACTUARY WAS CHANGED BECAUSE WORK INTERNALLY AT CUNI, RUST & STENK WAS REASSIGNED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND

D Employer Identification Number (EIN)
34-6502487

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	553294	674333
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2310278	2327809
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	952320	865163
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1434398	2711074
(2) U.S. Government securities	1c(2)	5670546	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8600329	0
(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)	62693507	75099276
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	54444286	74753383

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**	4471	3565
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	136663429	156434603
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	75694	174700
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	75694	174700
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	136587735	156259903

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)**	12963956	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		12963956
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	19697	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**	115402	
	(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)**		135099
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	1952051	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1952051
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	25605487	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	25251755	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		353732
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	16080870	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		16080870

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		86256
d Total income. Add all **income** amounts in column (b) and enter total	2d		31571964
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11305231	
(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)		11305231
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	137987	
(2) Contract administrator fees	2i(2)	16788	
(3) Investment advisory and management fees	2i(3)	153866	
(4) Other	2i(4)	285924	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		594565
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11899796
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19672168
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: DAVENPORT, HANF AND COMPANY, LLC **(2)** EIN: 41-2173670

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND

D Employer Identification Number (EIN)
34-6502487

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer DUNBAR MECHANICAL

b EIN 34-4467756 **c** Dollar amount contributed by employer 1733357

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2021

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.66
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer GEM INDUSTRIAL

b EIN 31-1036493 **c** Dollar amount contributed by employer 2092841

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2021

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.66
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer INDUSTRIAL POWER SYSTEMS

b EIN 34-1473329 **c** Dollar amount contributed by employer 1132943

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2021

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.66
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer RMF NOOTER

b EIN 20-0154319 **c** Dollar amount contributed by employer 1343883

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2021

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.66
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer JOHN E. GREEN CO.

b EIN 38-0607500 **c** Dollar amount contributed by employer 841858

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2021

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.66
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month Day Year

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 100.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS PENSION PLAN AND TRUST

Financial Statements and Supplemental Schedules
Years Ended December 31, 2017 and 2016
With Independent Auditor's Report

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

Financial Statements and Supplemental Schedules
Years Ended December 31, 2017 and 2016
With Independent Auditor's Report

Table of Contents

Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits and Statement of Changes in Accumulated Plan Benefits	5
Notes to Financial Statements	6
Supplemental Schedules	
Schedules of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits	19
Schedules of Administrative Expense	20
Schedule H, line 4i – Schedule of Assets (Held at End of Year)	21
Schedule H, line 4j – Schedule of Reportable Transactions	24

Independent Auditor's Report

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from here to there®

To the Board of Trustees
Northwestern Ohio Plumbers and Pipefitters Pension Plan and Trust

We have audited the accompanying financial statements of Northwestern Ohio Plumbers and Pipefitters Pension Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2016, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Northwestern Ohio Plumbers and Pipefitters Pension Plan and Trust's net assets available for benefits as of December 31, 2017 and 2016, and changes therein for the years then ended and its financial status as of December 31, 2016 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) and the supplemental Schedule H, line 4j - Schedule of Reportable Transactions as of and for the year ended December 31, 2017 are presented for the purpose 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 the Employee Retirement Income Security Act of 1974. The supplemental Schedules of Accumulated Plan Benefits and Changes in Accumulated Plan Benefits, and supplemental Schedules of Administrative Expense, are presented for the purpose of additional analysis and are not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

July 19, 2018

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

Statements of Net Assets Available for Benefits

Assets

	December 31, 2017	2016
Investments (at Fair Value) (Notes 2, 3, 4)	$ 152,563,733	$ 132,843,066
Receivables		
Employers' contributions (Note 2)	2,327,809	2,310,278
Interest and dividends	46,544	170,405
Total receivables	2,374,353	2,480,683
Cash	674,333	553,294
Office Equipment, at cost, Net of Accumulated Depreciation of $10,608 and $9,372, Respectively	3,565	4,471
Other Receivables	818,619	781,915
Total Assets	156,434,603	136,663,429

Liabilities

Accounts Payable and Other	174,700	75,694
Total Liabilities	174,700	75,694
Net Assets Available for Benefits	$ 156,259,903	$ 136,587,735

See accompanying notes.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

Additions

	Years Ended December 31, 2017	2016
Participating Employer Contributions, Net of Reciprocity	$ 12,963,956	$ 12,153,912
Investment Income (Loss)		
Interest and dividends	2,087,150	2,607,168
Net appreciation (depreciation) of investments (Notes 3, 4)	16,434,602	6,063,975
Total investment income (loss)	18,521,752	8,671,143
Less: investment manager and trustee fees	153,866	142,685
Net investment income (loss)	18,367,886	8,528,458
Other Revenue	86,256	-
Total Additions	31,418,098	20,682,370
Deductions		
Benefits and Withdrawals (Note 1)	11,305,231	10,767,204
Administrative Expense (Note 2)	440,699	378,306
Total Deductions	11,745,930	11,145,510
Net Increase (Decrease) in Net Assets Available for Benefits	19,672,168	9,536,860
Net Assets Available for Benefits		
Beginning of year	136,587,735	127,050,875
End of year	$ 156,259,903	$ 136,587,735

See accompanying notes.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

Statement of Accumulated Plan Benefits and
Statement of Changes in Accumulated Plan Benefits

Accumulated Plan Benefits

	December 31, 2016
Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits	
Retired participants	$ 102,989,038
Other participants	68,327,893
Total vested benefits	171,316,931
Non-vested benefits	9,287,438
Actuarial Present Value of Accumulated Plan Benefits	$ 180,604,369

Changes in Accumulated Plan Benefits

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 173,308,214
Increase (decrease) during the year attributable to:	
Plan experience and benefit accrual	6,253,410
Changes in actuarial assumptions	(791,696)
Decrease in discount period	12,601,645
Benefits paid	(10,767,204)
Net Increase (Decrease) During the Year	7,296,155
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 180,604,369

See accompanying notes.

Notes to Financial Statements
Years Ended December 31, 2017 and 2016

Note 1 - Description of the Plan

The following description of the Northwestern Ohio Plumbers and Pipefitters Pension Plan and Trust (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a multi-employer defined benefit pension plan covering eligible members of the Northwestern Ohio Plumbers and Pipefitters Local No. 50 Union (Union) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits

Participants are vested and entitled to monthly pension benefits as follows:

Normal Benefit:	Earlier of age 65 with 5 or more years of credited service or age 60 and 30 or more years of credited service or when age plus credited service total at least 90.
Reduced Benefit:	Age 55 with 10 vesting service credits - normal benefit is reduced by .5% for each month participant is younger than 65 at retirement.
	Age 55-60 with 30 or more years of credited service - normal benefit is reduced up to 20% depending on age at retirement.

Normal monthly benefit per year of credited service between:

July 1, 1940 - December 31, 1961	$ 8.50
January 1, 1962 - December 31, 1976	$19.00
January 1, 1977 - December 31, 1982	$27.00
January 1, 1983 - December 31, 1987	$48.00
January 1, 1988 - December 31, 1988	$48.00 or 2.25% of employer contributions made on participant's behalf, whichever is greater.
January 1, 1989 - December 31, 1997	2.25% of employer contributions made on participant's behalf.
January 1, 1998 - December 31, 2016	2.5% of employer contributions made on participant's behalf through June 30, 2005. Effective July 1, 2005, only $2.35 per hour is subject to the benefits accrual percentage. An additional $87.50 per month is accrued for all current retirees and active members who retire after January 1, 2000.

Note 1 - Description of the Plan (continued)

Pension Benefits (continued)

January 1, 2017 - December 31, 2017	1.2% of employer contributions made on participant's behalf on or after January 1, 2017. An additional $87.50 per month is accrued for all current retirees and active members who retire after January 1, 2000.

Death and Disability

If a participant dies prior to retirement but while vested, the beneficiary is entitled to the 50% Survivor Benefit, or 60 of 120 monthly payments of the participant's accrued benefit, actuarially adjusted. If a participant dies after pension benefits have begun, the beneficiary will receive post-retirement death benefits depending on the type of benefit elected at the time of retirement (50%, 75% or 100% survivor annuity or the remainder of a five or ten year certain benefit). If a participant becomes disabled after ten years of credited service and has at least one year of credited service in the three preceding years, the participant is entitled to a benefit calculated under the normal benefit method without reduction.

Notes 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of Northwestern Ohio Plumbers and Pipefitters Pension Plan and Trust are presented on the accrual basis of accounting.

Management Estimates

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

Contributions

Contributions are accrued when earned by participants as documented in employer reports, and are based upon negotiated rates per hour paid. Contributions are net of reciprocity to other plans.

Note 2 - Summary of Significant Accounting Policies (continued)

Investment Valuation and Income

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 4 for a discussion of fair value measurements.

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

Benefits

Benefits are recorded when paid.

Administrative Expense

The Plan participates in a cost expense sharing agreement with the Northwestern Ohio Plumbers and Pipefitters Retiree Health and Welfare Plan, the Northwestern Ohio Plumbers and Pipefitters Active Health and Welfare Plan, and the Northwestern Ohio Plumbers and Pipefitters Retirement Plan (Retiree Plan, Active Health and Welfare Plan, and Retirement Plan, respectively). Wages and payroll taxes are paid by the Active Health and Welfare Plan, which are reimbursed by the Plan, the Retiree Plan and the Retirement Plan. Certain shared operating expenses are paid by the Plan, which are reimbursed by the Retiree Plan, the Active Health and Welfare Plan, and the Retirement Plan. Effective April 2017, the Active Health and Welfare Plan began paying certain shared operating expenses, which are reimbursed by the Plan, the Retirement Plan, and the Retiree Plan. Other administrative expenses are paid by the Plan and recorded when incurred.

Note 3 - Investments

The Plan's investments are held by The Trust Company of Toledo, N.A., Trustee, and are managed by The Trust Company and other investment managers pursuant to ERISA.

Note 4 - Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification topic, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

Note 4 - Fair Value Measurements (continued)

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: 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's 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 at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Corporate debt, with the exception of the Anderson's bonds, U.S. government securities and real estate mortgages: Valued by the quoted prices of similar assets on an active market. These assets are classified as Level 2 investments.

Mutual Funds (Equity and Bond Funds): Valued at the net asset value (NAV) of shares held by the Plan at year end.

AFL-CIO Housing Investment Trust: Portfolio securities where market quotations are readily available are valued by an independent pricing service, published prices, market quotes and dealer bids. For those portfolio securities where market quotations are not readily available, the investments are valued at their fair value using dealer bids and discounted cash flow models. Certain investments are valued by an independent firm to determine the fair market value.

Note 4 - Fair Value Measurements (continued)

AFL-CIO Building Investment Trust: The Trust invests in commercial real estate developments and acquisitions located throughout the United States of America. These investments are valued at estimated fair value based on a variety of methods using observable and unobservable inputs, including independent third party appraisals, discounted cash flows methodologies, and income or cost and sales comparisons. Unit values are determined by the Trustee at the end of each calendar quarter. Participants are admitted to and withdrawn from the Trust on the basis of the preceding quarter's unit value. Regulations of the Office of the Comptroller require bank collective trusts to complete redemption requests no later than the expiration of a one-year notice period.

Grosvenor Opportunistic Credit Fund III, Ltd.: The Fund generally hold positions in readily marketable securities and derivatives that are valued at quoted market values and/or less liquid non-marketable securities and derivatives that are valued at estimated fair value.

Grosvenor Institutional Partners, L.P.: The Limited Partnership Funds generally hold positions in readily marketable securities and derivatives that are valued at quoted market values and/or less liquid non-marketable securities and derivatives that are valued at estimated fair value.

UBS Trumbull Property Fund L.P.: The Fund invests in real estate developments throughout the United States. These investments are valued at estimated fair value based on a variety of methods using observable and unobservable inputs, including independent third party appraisals, discounted cash flows methodologies, and income or cost and sales comparisons. The valuation methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Levine Leichtman Capital Partners V: The Fund provides financing to developing companies that fit the criteria of the Fund as determined by General Partner. These investments are valued at estimated fair value using a variety of observable and unobservable inputs, including discounted cash flow model, and independent third party appraisals. Redemption of the capital contribution made by the Plan to the Fund is restricted to the discretion of the General Partner. Should there be a Material Adverse Effect on the Plan if it were to remain a Limited Partner in the Fund, the Plan is entitled to sell its entire interest in the Fund upon written notice to the General Partner.

Artisan International Growth Trust Tier 1: The Trust generally holds positions in readily marketable securities of international equities that are valued at quoted market values and/or less liquid non-marketable securities and derivatives that are valued at estimated fair value.

Note 4 - Fair Value Measurements (continued)

IR&M Intermediate Fund: The Fund generally holds positions in fixed income securities that are primarily valued based on evaluated prices received from independent pricing services or from dealers who make markets in such securities.

Parametric Defensive Equity Fund: The Fund generally holds positions in readily marketable securities that are valued at quoted market values, in U.S. treasury securities, and derivatives that are valued at estimated fair value.

For those portfolio securities where market quotations are not readily available, the investments are valued at their fair value using dealer bids and discounted cash flow models. Certain investments are valued by an independent firm to determine the fair market value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017.

	Investments at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 2,711,074	$ -	$ -	$ 2,711,074
Mutual Funds	75,099,276	-	-	75,099,276
UBS Trumbull Property Fund	-	-	9,278,825	9,278,825
Grosvenor Institutional Partners	-	-	7,299,544	7,299,544
Grosvenor Opportunistic Credit Fund III	-	-	2,815,880	2,815,880
IR&M Intermediate Fund	-	-	19,542,905	19,542,905
Parametric Defensive Equity Fund	-	-	7,126,158	7,126,158
Levine Leichtman Capital Partners V	-	-	6,771,116	6,771,116
Artisan International Growth Trust Tier 1	-	-	7,611,940	7,611,940
AFL-CIO Housing Investment Trust	-	-	5,975,236	5,975,236
AFL-CIO Building Investment Trust	-	-	8,331,779	8,331,779
Total Investments at Fair Value	$ 77,810,350	$ -	$ 74,753,383	$ 152,563,733

Note 4 - Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016.

	Investments at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
US Government and Agencies Securities	$ -	$ 5,670,546	$ -	$ 5,670,546
Municipal Bonds	-	3,664,531	-	3,664,531
Money Market Funds	1,434,398	-	-	1,434,398
Mutual Funds	62,693,507	-	-	62,693,507
Corporate Debt	-	8,600,329	-	8,600,329
UBS Trumbull Property Fund	-	-	9,192,632	9,192,632
Grosvenor Institutional Partners LP	-	-	12,378,224	12,378,224
Grosvenor Opportunistic Credit Fund	-	-	3,992,717	3,992,717
Levine Leichtman Capital Partners V	-	-	5,639,209	5,639,209
Artisan International Growth Trust Tier 1	-	-	5,795,309	5,795,309
AFL-CIO Housing Investment Trust	-	-	5,808,498	5,808,498
AFL-CIO Building Investment Trust	-	-	7,973,166	7,973,166
Total Investments at Fair Value	$ 64,127,905	$ 17,935,406	$ 50,779,755	$132,843,066

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2017.

	Grosvenor Institutional Partners L.P.	AFL-CIO Housing Investment Trust	AFL-CIO Building Investment Trust	Grosvenor Opportunistic Credit Fund III	IR&M Intermediate Fund	Parametric Defensive Equity Fund	UBS Trumbull Property Fund L.P.	Levine Leichtman Capital Partners	Artisan International Growth Trust Tier 1	Total
Balance at Beginning of Year	$ 12,378,224	$ 5,808,498	$ 7,973,166	$ 3,992,717	$ -	$ -	$ 9,192,632	$ 5,639,209	$ 5,795,309	$ 50,779,755
Realized Gains	63,010	-	-	189,966	-	-	2,041	-	-	255,017
Unrealized gains/(losses) relating to instruments still held at the reporting date	358,310	3,415	358,613	203,789	393,398	646,395	144,726	318,115	1,816,631	4,243,392
Sales	(5,500,000)	-	-	(1,570,592)	-	-	(376,467)	(649,291)	-	(8,096,350)
Purchases	-	163,323	-	-	19,149,507	6,500,000	415,781	1,562,807	-	27,791,418
Fees	-	-	-	-	-	(20,237)	(99,888)	(99,724)	-	(219,849)
Balance at End of Year	$ 7,299,544	$ 5,975,236	$ 8,331,779	$ 2,815,880	$ 19,542,905	$ 7,126,158	$ 9,278,825	$ 6,771,116	$ 7,611,940	$ 74,753,383
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ 358,310	$ 3,415	$ 358,613	$ 203,789	$ 393,398	$ 646,395	$ 144,726	$ 318,115	$ 1,816,631	$ 4,243,392

Note 4 - Fair Value Measurements (continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2016.

	Grosvenor Institutional Partners L.P.	AFL-CIO Housing Investment Trust	AFL-CIO Building Investment Trust	Grosvenor Opportunistic Credit Fund III	UBS Trumbull Property Fund L.P.	Levine Leichtman Capital Partners	Artisan International Growth Trust Tier I	Total
Balance at Beginning of Year	$ 12,106,941	$ 5,698,142	$ 8,443,413	$ 4,709,034	$ 8,804,918	$ 4,512,166	$ 6,386,994	$ 50,661,608
Realized Gains	-	-	49,299	167,252	447	(8,833)	-	208,165
Unrealized gains/(losses) relating to instruments still held at the reporting date	271,283	(43,795)	722,662	243,566	211,803	(77,061)	(591,685)	736,773
Sales	-	-	(1,000,000)	(1,127,135)	(255,183)	(913,730)	-	(3,296,048)
Purchases	-	154,151	-	-	538,071	2,210,397	-	2,902,619
Fees	-	-	(242,208)	-	(107,424)	(83,730)	-	(433,362)
Balance at End of Year	$ 12,378,224	$ 5,808,498	$ 7,973,166	$ 3,992,717	$ 9,192,632	$ 5,639,209	$ 5,795,309	$ 50,779,755
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ 271,283	$ (43,795)	$ 722,662	$ 243,566	$ 211,803	$ (77,061)	$ (591,685)	$ 736,773

Note 4 - Fair Value Measurements (continued)

Quantitative Information About Significant Unobservable Inputs Used In Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2017, and the significant unobservable inputs and the ranges in value for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input	Weighted Average
Grosvenor Institutional Partners L.P.	$ 7,299,544	Practical Expedient	Value of Holdings	N/A	N/A
AFL-CIO Housing Investment Trust	$ 5,975,236	Practical Expedient	NAV of Entity	N/A	N/A
AFL-CIO Building Investment Trust	$ 8,331,779	Discounted Cash Flow	Discount Rate Terminal Cap Rate	5.25-9.75% 4.25-7.75%	6.39% 5.50%
Opportunistic Credit Fund III	$ 2,815,880	Practical Expedient	Value of Holdings	N/A	N/A
IR&M Intermediate Fund LLC	$ 19,542,905	Practical Expedient	Value of Holdings	N/A	N/A
Parametric Defensive Equity Fund LLC	$ 7,126,158	Practical Expedient	Value of Holdings	N/A	N/A
UBS Trumbull Property Fund L.P.	$ 9,278,825	Discounted Cash Flow	Market Based Discount Rate Exit Cap Rate	5.10-10.25% 4.00-8.50%	6.60% 5.60%
Levine Leichtman Capital Partners	$ 6,771,116	Market Based Discounted Cash Flow	EBITDA Market Discount Rate	10.27x-17.04x 2.50-19.00%	14.95x 9.20%
Artisan International Growth Trust Tier 1	$ 7,611,940	Practical Expedient	Value of Holdings	N/A	N/A

Note 4 - Fair Value Measurements (continued)

Quantitative Information About Significant Unobservable Inputs Used In Level 3 Fair Value Measurements (continued)

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2016, and the significant unobservable inputs and the ranges in value for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input	Weighted Average
Grosvenor Institutional Partners L.P.	$ 12,378,224	Practical Expedient	Value of Holdings	N/A	N/A
AFL-CIO Housing Investment Trust	$ 5,808,498	Practical Expedient	NAV of Entity	N/A	N/A
AFL-CIO Building Investment Trust	$ 7,973,166	Discounted Cash Flow	Discount Rate Exit Capitalization Rate	5.50-10.00% 4.50-8.00%	6.47% 5.54%
Opportunistic Credit Fund III	$ 3,992,717	Practical Expedient	Value of Holdings	N/A	N/A
UBS Trumbull Property Fund L.P.	$ 9,192,632	Discounted Cash Flow	Market Based Discount Rate Exit Cap Rate	5.60-9.75% 4.50-8.25%	6.70% 5.80%
Levine Leichtman Capital Partners	$ 5,639,209	Discounted Cash Flow	EBITDA Market Discount Rate	7.96x-12.46x 10.00%	N/A
Artisan International Growth Trust Tier 1	$ 5,795,309	Practical Expedient	Value of Holdings	N/A	N/A

Note 4 - Fair Value Measurements (continued)

Restrictions on Net Assets

The following table summarizes investments that have restrictions on redemption as of December 31, 2017:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
AFL-CIO Housing Investment Trust	$5,975,236	$0	Monthly	15 Days
AFL-CIO Building Investment Trust	$8,331,779	$0	Quarterly	30 Days

Note 5 - Related Party

The Plan, along with the Retirement Plan, the Active Health and Welfare Plan, and the Retiree Plan, leases its current office facilities from the Union on a month to month basis. Rent expense for the Plan for 2017 and 2016 was $4,725 and $2,394, respectively.

The Plan participates in a cost expense sharing agreement with related Plans (see Note 2). At December 31, 2017 and 2016, amounts due from the related Plans were $52,870 and $75,227, respectively, and are included in Other Assets. The amounts due to the related Plans were $122,017 and $24,195 as of December 31, 2017 and 2016, respectively, and are included in Accounts Payable and Other.

Note 6 - Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits represents the present value of (1) the benefits expected to become payable to participants who have retired, terminated with vested rights, become disabled, or to beneficiaries of those who died; and (2) the accrued benefits based on service rendered to the valuation date with respect to present participants, taking into account valuation assumptions as to mortality and, in the case of present participants, such other matters as withdrawal, retirement and disability.

The actuarial present value of accumulated plan benefits is determined by the Plan actuary, and is the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

Note 6 - Actuarial Present Value of Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuation at December 31, 2016 were as follows:

Actuarial Cost Method	Unit Credit
Discount Rate	7.5% Per Annum
Post-Retirement Mortality Rates	RP-2014, with Blue Collar Adjustment

The above assumptions are consistent with those used in the prior year with the exception of the Post-Retirement Mortality Rates, which were derived from the RP-2000 table in the prior year.

Note 7 - Plan Status

The Plan's actuary has determined that the Plan is in the Green Zone as of January 1, 2017 and in the Yellow Zone as of January 1, 2016.

At December 31, 2016, the Plan's vested benefits exceeded the net assets available for benefits by $34,729,196. Pursuant to the collective bargaining agreement, the contribution rate per hour paid increased from $5.45 to $6.45 effective July 4, 2016 and to $6.66 effective October 2, 2017. The Board is further reviewing the matter and it is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates, reductions in benefits, or some combination thereof.

Note 8 - Tax Status

The Internal Revenue Service has determined and informed the Plan by letter dated November 17, 2015 that the Plan is qualified and the related trust established under the Plan is tax-exempt, under the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan’s legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable provisions of the Internal Revenue Code. Therefore, they believe that the Plan continues to qualify and operate in accordance with the applicable provisions of the Internal Revenue Code.

The Plan has determined that there are no uncertain tax positions that require disclosure in these financial statements under the FASB Accounting Standards Codification topic *Income Taxes*.

Note 9 - Plan Termination

The Plan's Board of Trustees has the right under the Plan to modify the benefits provided to participants. The Plan may be terminated by joint agreement between participating employers and the Union, subject to the provisions set forth in ERISA. The Pension Benefit Guaranty Corporation (PBGC) reserves the right to terminate the Plan if the Plan fails to meet the minimum funding standards or is unable to pay benefits when due. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided at all. Participants should refer to the Plan document for further information.

Note 10 - Risks and Uncertainties

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

Note 11 - Concentration of Credit Risk

The Plan maintains deposits in federally insured financial institutions. At times, these deposits exceed federally insured limits. Management monitors the soundness of these financial institutions and does not believe it is exposed to significant credit risk with respect to its deposit accounts.

Note 12 - Subsequent Events

The Plan has evaluated subsequent events through July 19, 2018, the date the financial statements were available to be issued. There were no subsequent events that required adjustment to the financial statements or additional disclosure.

Supplemental Schedules

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

Schedules of Accumulated Plan Benefits and
Changes in Accumulated Plan Benefits

Accumulated Plan Benefits

	Years Ended December 31, 2016	2015
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Retired participants	$ 102,989,038	$ 97,184,195
Other participants	68,327,893	65,392,761
Total vested benefits	171,316,931	162,576,956
Non-vested benefits	9,287,438	10,731,258
Actuarial Present Value of Accumulated Plan Benefits	$ 180,604,369	$ 173,308,214

Changes in Accumulated Plan Benefits

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 173,308,214	$ 166,775,650
Increase (decrease) during the year attributable to:		
Plan experience and benefit accrual	6,253,410	4,096,904
Changes in actuarial assumptions	(791,696)	960,845
Decrease in discount period	12,601,645	12,116,331
Benefits paid	(10,767,204)	(10,641,516)
Net Increase (Decrease) During the Year	7,296,155	6,532,564
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 180,604,369	$ 173,308,214

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

Schedules of Administrative Expense

	Years Ended December 31, 2017	2016
Salaries	$ 107,737	$ 37,705
Legal	76,112	87,661
Consultant Fees	75,372	39,195
Pension Benefit Guaranty	48,048	53,487
Actuarial Fees	47,375	66,100
Data Processing	21,331	19,712
Administrative Manager Fee	16,788	17,828
Accounting	14,500	22,500
Office Expense	11,135	8,964
Seminars and Meetings	8,641	6,535
Rent (Note 5)	4,725	2,394
Payroll Audit Fee	4,437	-
Insurance and Bonding	2,544	14,388
Depreciation	1,854	1,762
Bank Charges	100	75
Total Administrative Expense	$ 440,699	$ 378,306

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

EIN: 34-6502487 Plan Number: 001

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
(Prepared Pursuant to Requirements of the Employee Retirement Income Security Act of 1974)

The enclosed Trust Company of Toledo Asset Statement (Pages 51 & 52)
is incorporated herein by reference.

As of December 31, 2017

	Market Value
Mutual Funds	$ 75,099,276
IR&M Intermediate Fund	19,542,905
UBS Trumbull Property Fund	9,278,825
AFL-CIO Building Investment Trust	8,331,779
Artisan International Growth Trust Tier 1	7,611,940
Grosvenor Institutional Partners	7,299,544
Parametric Defensive Equity Fund	7,126,158
Levine Leichtman Capital Partners V	6,771,116
AFL-CIO Housing Investment Trust	5,975,236
Grosvenor Opportunistic Credit Fund III	2,815,880
Money Market Funds	2,711,074
Total Investments at Fair Value	$ 152,563,733

Schedule - 3.1.1
Asset Statement
As Of 12/31/2017

Shares/Per Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
	Equity Fund					
275,518.9200	Pending Purchase Of Fund	275,518.92	275,518.92	1.000	0.18%	0.00%
176,287.0670	Vanguard Extended Market Index-Institutional Cusip:922908884	7,711,201.28	14,940,328.93	84.750	9.79%	1.27%
153,377.0370	Vanguard Institutional Index Cusip:922040100	12,898,361.57	37,341,173.43	243.460	24.48%	1.82%
	Total Equity Fund	**20,885,081.77**	**52,557,021.28**		**34.45%**	**1.65%**
	International Equity Fund					
319,829.4240	Artisan International Growth Trust Tier 1 Cusip:9M077600	6,000,000.00	7,611,940.29	23.800	4.99%	0.00%
179,604.2900	DFA Emerging Markets Core Equity Portf Cusip:233203421	3,701,189.04	4,170,411.61	23.220	2.73%	1.92%
94,808.9300	Vanguard Total International Stock Instl Cusip:921909784	9,994,432.82	11,569,533.73	122.030	7.58%	2.75%
	Total International Equity Fund	**19,695,621.86**	**23,351,885.63**		**15.30%**	**1.71%**
	Total Equities	**40,580,703.63**	**75,908,906.91**		**49.75%**	**1.67%**
	Fixed Income					
	Bond Funds - Taxable					
782,774.3380	Neuberger Berman High Income Fund Cusip:64128K868	6,995,105.81	6,802,309.00	8.690	4.46%	5.51%
	Total Bond Funds - Taxable	**6,995,105.81**	**6,802,309.00**		**4.46%**	**5.51%**
	Total Fixed Income	**6,995,105.81**	**6,802,309.00**		**4.46%**	**5.51%**
	Cash & Equivalents					
	Money Market - Taxable					
2,711,073.3300	Northern Institutional US Government Portf Cusip:665278404	2,711,073.33	2,711,073.33	1.000	1.78%	1.01%

Consolidation: Plumbers Pension Plan

	Total Money Market - Taxable	**2,711,073.33**	**2,711,073.33**		**1.78%**	**1.01%**
	Total Cash & Equivalents	**2,711,073.33**	**2,711,073.33**		**1.78%**	**1.01%**
	Other Assets					
	Miscellaneous					
1,203.7303	AFL-CIO Building Investment Trust Cusip:9M041900	4,964,857.34	8,331,779.20	6,921.633	5.46%	0.00%
5,347.8240	AFL-CIO Housing Investment Trust Cusip:001069905	5,533,103.26	5,975,236.06	1,117.321	3.92%	0.00%
2,632.1572	Grosvenor Opportunistic Credit Fund III Ltd Cusip:9M078700	1,653,883.05	2,815,880.48	1,069.800	1.85%	0.00%
	Total Miscellaneous	**12,151,843.65**	**17,122,895.74**		**11.23%**	**0.00%**
	Partnership					
1.0000	Grosvenor Institutional Partners LP Cusip:9M065300	3,250,000.00	7,299,544.00	7,299,544.000	4.78%	0.00%
1,518,107.7690	IR&M Intermediate Fund LLC Cusip:9M087500	19,149,507.05	19,542,904.93	12.873	12.81%	0.00%
1.0000	Levine Leichtman Capital Partners V LP Cusip:9M078600	4,694,724.13	6,771,116.00	6,771,116.000	4.44%	0.00%
1.0000	Parametric Defensive Equity Fund LLC Cusip:9M087400	6,500,000.00	7,126,158.00	7,126,158.000	4.67%	0.00%
847.6050	UBS (US) Trumbull Property Fund LP Cusip:9M075100	6,863,868.41	9,278,825.17	10,947.110	6.08%	0.00%
	Total Partnership	**40,458,099.59**	**50,018,548.10**		**32.78%**	**0.00%**
	Total Other Assets	**52,609,943.24**	**67,141,443.84**		**44.01%**	**0.00%**
	Total Asset	**102,896,826.01**	**152,563,733.08**		**100.00%**	**1.09%**
	Ending Accrual For Period		**46,544.74**			
	Ending Market Value		**152,610,277.82**			

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

EIN: 34-6502487 Plan Number: 001

Schedule H, line 4j – Schedule of Reportable Transactions
(Prepared Pursuant to Requirements of the Employee Retirement Income Security Act of 1974)

The enclosed Trust Company of Toledo Schedule of Reportable Transactions (Pages 97 & 98) is incorporated herein by reference.

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
Northern Institutional US Government Portf						
22,286,993.49 Units Bought In 89 Transactions	100.00000000		22,286,993.49	22,286,993.49		16.78%
21,010,317.75 Units Sold In 46 Transactions	100.00000000		21,010,317.75	21,010,317.75	0.00	15.82%
				43,297,311.24	**0.00**	**32.59%**

NOTE : TURNOVER % BASED ON THE 01/01/2017 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 132,843,066.46

(5 % = 6,642,153.32)

Schedule of Reportable 5% Transactions

Reported By Broker

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
*** No Broker Specified ***						
Northern Institutional US Government Portf						
22,286,993.49 Units Bought In 89 Transactions	100.00000000		22,286,993.49	22,286,993.49		16.78%
21,010,317.75 Units Sold In 46 Transactions	100.00000000		21,010,317.75	21,010,317.75	0.00	15.82%
				43,297,311.24	**0.00**	**32.59%**
				43,297,311.24	**0.00**	**32.59%**

NOTE : TURNOVER % BASED ON THE 01/01/2017 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 132,843,066.46

(5 % = 6,642,153.32)

END OF REPORT

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

1. Effective Date: June 29, 1962.

2. Plan Year: January 1st through December 31st.

3. Employees Covered: All employees covered by the Local 50 Collective Bargaining Agreement.

4. Eligibility: January 1st or July 1st following 435 Hours of Service.

5. Vesting Service: 1 Year for each Plan Year with 435 Hours of Service.

6. Normal Retirement:

   a. Eligibility: Age 65 and 5 Years of Vesting Service.

   b. Monthly Benefit

Effective Date	Benefit Credit
Prior to 1/1/1962	$8.50
1/1/1962 – 12/31/1976	$19.00
1/1/1977 – 12/31/1982	$27.00
1/1/1983 – 12/31/1987	$48.00

Effective Date	% of Contributions
1/1/1988 – 12/31/1997	2.25%
1/1/1998 – 12/31/2016	2.50%*
1/1/2017 and later	1.20%

Plus $87.50 for retirement from active service.

*Limited to $2.35 per hour (7/1/2005 – 12/31/2016).

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

7. Early Retirement:

a. Eligibility	Age 55 and 10 Years of Vesting Service.
b. Monthly Benefit	Calculated as for Normal Retirement reduced by $^1/_2$ of 1% per month from age 65. No reduction is applied if the sum of age and Years of Service equals at least 90. If a participant has 30 or more Years of Service but is not age 60, benefit will be reduced pursuant to schedule.

8. Vested Retirement:

a. Eligibility	5 Years of Vesting Service or 10 Years of Vesting Service prior to January 1, 1997.
b. Monthly Benefit	Calculated as for Normal or Early Retirement, without $87.50 (since retirement is not from active service).

9. Disability Retirement:

a. Eligibility	Total and Permanent Disability and 10 Years of Vesting Service, with at least one Year of Vesting Service in the three years prior to disability.
b. Monthly Benefit	Calculated as for Normal Retirement, payable at Social Security disability date with no reduction for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

10. Pre-Retirement Death:

a. Eligibility	Vested.
b. Monthly Benefit	For married participants, calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement for surviving spouses. Benefit for beneficiaries of unmarried participants equals Normal Retirement Benefit payable for 60 months.

11. Payment Forms:

a. Normal	Life Annuity with 60 payments guaranteed for unmarried participants or an Actuarially Equivalent 50% Joint & Survivor Annuity for married participants.
b. Optional	Actuarially Equivalent 75% or 100% Joint & Survivor Annuity, or a Life Annuity with 120 payments guaranteed.

12. Actuarial Equivalency: UP-1984 Mortality Table at 7.00% (Non-Disabled).

13. Contribution Rates:

Effective Date	Hourly Rate
7/29/2010	$5.25
7/02/2012	$5.45
7/04/2016	$6.45

14. Changes Since Last Year: None.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

EIN: 34-6502487 Plan Number: 001

Schedule H, line 4i – Schedule of Assets (Held at End of Year)
(Prepared Pursuant to Requirements of the Employee Retirement Income Security Act of 1974)

The enclosed Trust Company of Toledo Asset Statement (Pages 51 & 52)
is incorporated herein by reference.

As of December 31, 2017

	Market Value
Mutual Funds	$ 75,099,276
IR&M Intermediate Fund	19,542,905
UBS Trumbull Property Fund	9,278,825
AFL-CIO Building Investment Trust	8,331,779
Artisan International Growth Trust Tier 1	7,611,940
Grosvenor Institutional Partners	7,299,544
Parametric Defensive Equity Fund	7,126,158
Levine Leichtman Capital Partners V	6,771,116
AFL-CIO Housing Investment Trust	5,975,236
Grosvenor Opportunistic Credit Fund III	2,815,880
Money Market Funds	2,711,074
Total Investments at Fair Value	$ 152,563,733

Schedule - 3.1.1
Asset Statement
As Of 12/31/2017

Shares/Per Value	Description	Cost Value	Market Value	Market Price	Percent Of Market	Yield On Market
Equities						
	Equity Fund					
275,518.9200	Pending Purchase Of Fund	275,518.92	275,518.92	1.000	0.18%	0.00%
176,287.0670	Vanguard Extended Market Index-Institutional Cusip:922908884	7,711,201.28	14,940,328.93	84.750	9.79%	1.27%
153,377.0370	Vanguard Institutional Index Cusip:922040100	12,898,361.57	37,341,173.43	243.460	24.48%	1.82%
	Total Equity Fund	**20,885,081.77**	**52,557,021.28**		**34.45%**	**1.65%**
	International Equity Fund					
319,829.4240	Artisan International Growth Trust Tier 1 Cusip:9M077600	6,000,000.00	7,611,940.29	23.800	4.99%	0.00%
179,604.2900	DFA Emerging Markets Core Equity Portf Cusip:233203421	3,701,189.04	4,170,411.61	23.220	2.73%	1.92%
94,808.9300	Vanguard Total International Stock Instl Cusip:921909784	9,994,432.82	11,569,533.73	122.030	7.58%	2.75%
	Total International Equity Fund	**19,695,621.86**	**23,351,885.63**		**15.30%**	**1.71%**
Total Equities		**40,580,703.63**	**75,908,906.91**		**49.75%**	**1.67%**
Fixed Income						
	Bond Funds - Taxable					
782,774.3380	Neuberger Berman High Income Fund Cusip:64128K868	6,995,105.81	6,802,309.00	8.690	4.46%	5.51%
	Total Bond Funds - Taxable	**6,995,105.81**	**6,802,309.00**		**4.46%**	**5.51%**
Total Fixed Income		**6,995,105.81**	**6,802,309.00**		**4.46%**	**5.51%**
Cash & Equivalents						
	Money Market - Taxable					
2,711,073.3300	Northern Institutional US Government Portf Cusip:665278404	2,711,073.33	2,711,073.33	1.000	1.78%	1.01%

Consolidation: Plumbers Pension Plan

	Total Money Market - Taxable	**2,711,073.33**	**2,711,073.33**		**1.78%**	**1.01%**
	Total Cash & Equivalents	**2,711,073.33**	**2,711,073.33**		**1.78%**	**1.01%**
	Other Assets					
	Miscellaneous					
1,203.7303	AFL-CIO Building Investment Trust Cusip:9M041900	4,964,857.34	8,331,779.20	6,921.633	5.46%	0.00%
5,347.8240	AFL-CIO Housing Investment Trust Cusip:001069905	5,533,103.26	5,975,236.06	1,117.321	3.92%	0.00%
2,632.1572	Grosvenor Opportunistic Credit Fund III Ltd Cusip:9M078700	1,653,883.05	2,815,880.48	1,069.800	1.85%	0.00%
	Total Miscellaneous	**12,151,843.65**	**17,122,895.74**		**11.23%**	**0.00%**
	Partnership					
1.0000	Grosvenor Institutional Partners LP Cusip:9M065300	3,250,000.00	7,299,544.00	7,299,544.000	4.78%	0.00%
1,518,107.7690	IR&M Intermediate Fund LLC Cusip:9M087500	19,149,507.05	19,542,904.93	12.873	12.81%	0.00%
1.0000	Levine Leichtman Capital Partners V LP Cusip:9M078600	4,694,724.13	6,771,116.00	6,771,116.000	4.44%	0.00%
1.0000	Parametric Defensive Equity Fund LLC Cusip:9M087400	6,500,000.00	7,126,158.00	7,126,158.000	4.67%	0.00%
847.6050	UBS (US) Trumbull Property Fund LP Cusip:9M075100	6,863,868.41	9,278,825.17	10,947.110	6.08%	0.00%
	Total Partnership	**40,458,099.59**	**50,018,548.10**		**32.78%**	**0.00%**
	Total Other Assets	**52,609,943.24**	**67,141,443.84**		**44.01%**	**0.00%**
	Total Asset	**102,896,826.01**	**152,563,733.08**		**100.00%**	**1.09%**
	Ending Accrual For Period		**46,544.74**			
	Ending Market Value		**152,610,277.82**			

Schedule MB, line 8b(2) – Schedule of Active Participant Data.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

	Years of Credited Service:									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Attained Age	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.
Under 25	0	50	2	0	0	0	0	0	0	0
25 to 29	0	42	28	4	0	0	0	0	0	0
30 to 34	0	35	50	36	1	0	0	0	0	0
35 to 39	0	14	37	58	21	0	0	0	0	0
40 to 44	0	15	24	42	54	26	0	0	0	0
45 to 49	0	7	19	32	42	31	17	0	0	0
50 to 54	0	6	8	20	34	30	32	18	0	0
55 to 59	0	2	6	10	16	20	14	19	8	0
60 to 64	0	1	7	3	7	6	5	3	4	0
65 to 69	0	0	0	1	0	0	0	1	1	0
70 & up	0	0	0	0	0	0	0	0	0	0

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1979	Amendment	$ 1,434,077	2	$ 105,922	$ 204,455
01/01/1980	Amendment	792,126	3	58,507	163,564
01/01/1989	Amendment	325,860	2	25,666	49,544
01/01/1990	Amendment	1,762,520	3	138,825	388,093
01/01/1991	Assumption	559,152	4	44,041	158,571
01/01/1992	Amendment	201,958	5	15,907	69,183
01/01/1992	Assumption	395,727	5	31,169	135,567
01/01/1993	Assumption	12,849	6	1,012	5,107
01/01/1995	Amendment	1,536,782	8	121,043	762,163
01/01/1996	Amendment	4,734,959	9	372,944	2,557,388
01/01/1997	Amendment	2,178,433	10	171,582	1,266,090
01/01/1998	Amendment	3,489,668	11	274,860	2,161,521
01/01/1999	Amendment	4,785,121	12	376,895	3,134,049
01/01/2000	Amendment	279,595	13	22,022	192,370
01/01/2001	Amendment	2,343,179	14	184,558	1,684,251
01/01/2002	Amendment	743,665	15	58,574	555,824
01/01/2003	Amendment	738,028	16	58,130	571,258
01/01/2003	Experience	5,911,904	1	623,019	623,019
01/01/2004	Experience	1,849,019	2	194,856	376,118
01/01/2005	Amendment	375,832	18	29,602	308,859
01/01/2005	Assumption	2,672,454	18	210,493	2,196,277
01/01/2005	Experience	4,050,834	3	426,891	1,193,403
01/01/2006	Experience	5,949,301	4	626,958	2,257,374
01/01/2007	Experience	2,405,557	5	253,506	1,102,579
01/01/2008	Experience	2,377,640	6	250,564	1,264,318
01/01/2009	Experience	21,607,410	7	2,277,064	12,965,249
01/01/2011	Assumption	144,159	9	15,192	104,178
01/01/2011	Experience	462,653	9	48,756	334,336
01/01/2012	Experience	5,298,630	10	558,388	4,120,283
01/01/2012	Assumption	9,767,768	10	1,029,361	7,595,544
01/01/2013	Experience	5,441,358	11	573,429	4,509,496
01/01/2014	Experience	1,034,794	12	109,050	906,799
01/01/2014	Assumption	1,378,486	12	145,270	1,207,978
01/01/2015	Assumption	3,454,072	13	364,002	3,179,660
01/01/2015	Experience	8,505,696	13	896,360	7,829,952
01/01/2016	Experience	5,130,427	14	540,662	4,933,997
01/01/2017	Experience	6,978,201	15	735,387	6,978,201
	Total Charges			$ 11,970,467	$ 78,046,618

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

Credit Bases:

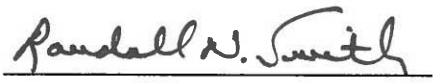
Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1989	Assumption	$ 2,519,998	2	$ 198,483	$ 383,118
01/01/1999	Asumption	307,527	12	24,222	201,418
01/01/2009	Asset Method	7,093,199	2	961,283	1,855,502
01/01/2010	Experience	6,013,457	8	633,719	3,990,279
01/01/2013	Assumption	7,318,408	11	771,239	6,065,090
01/01/2016	Cost Method	15,437,646	9	2,092,137	14,346,422
01/01/2016	Assumption	2,141,066	14	225,633	2,059,090
01/01/2017	Assumption	791,696	15	83,432	791,696
	Total Credits			$ 4,990,148	$ 29,692,615

1.	Net Amortization	$ 48,354,003
2.	Credit Balance	$ 12,538,907
3.	Balance Test: [(1) - (2)]	$ 35,815,096
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$180,604,369
	b. Actuarial Value of Assets	144,789,273
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 35,815,096

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

Effective with the January 1, 2017 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The termination rates were updated.
- The mortality rates and projection scale were updated.
- The retirement rates were updated.
- The disability rates were updated.
- The expense load was increased from $290,000 to $340,000 per year.
- The hours worked assumption was increased from 1,950 to 2,075 per year.


(signed)

Randall N. Smith
Enrollment #17-06649

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

1. Interest Rates: 7.50%/3.05% (Funding/Current Liability).

2. Mortality Rates:

   a. Funding

      i. Non-Disabled: RP-2014 with Blue Collar adjustment.

      ii. Disabled: RP-2014 Disabled Retiree.

      iii. Base Year Adjustment: 2006 using Scale MP-2014.

      iv. Future Mortality Improvements: Generational projection using Scale MP-2016.

   b. Current Liability: 2017 Static Mortality Table.

3. Actuarial Cost Method: Unit Credit.

4. Retirement Rates:

   a. Actives

Age	<30 Years	>30 Years
55-57	0.05	0.10
58	0.05	0.15
59	0.10	0.20
60-61	0.10	0.25
62	0.20	0.50
63-64	0.20	1.00
65	1.00	1.00

   b. Terminated Vested: Age 55 (eligible for early retirement) or age 65.

      The weighted average retirement age is 61.0.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

5. Termination/Disability Rates:

Termination years 0 and 1 – 0.20, 2 and 3 – 0.15, then:

Age	Termination	Disability
25	0.052671	0.000364
35	0.044693	0.000364
45	0.067095	0.001000
55	0.105263	0.003640
65	0.000000	0.000000

6. Percent Married/Spousal Age:

80% with husbands 3 years older than their wives.

7. Hours Worked:

2,075 per year.

8. Expense Load:

$340,000 per year.

9. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ($^4/_5$, $^3/_5$, $^2/_5$ and $^1/_5$) of each of the preceding 4 years' gains/(losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

10. Changes Since Last Year:

The mortality, retirement, termination and disability rates were changed, the expense load and hours worked assumption were increased, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

1. Interest Rate:	Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Mortality Rates:	RP-2014 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2014 Disabled Retiree table used to reflect expected disabled mortality experience. Other adjustments based on the Plan's most recent experience study, Cuni, Rust & Strenk Pipe Fitter multiemployer plan actuarial valuation experience, and expected generational mortality improvement.
3. Retirement Rates:	Based on the Plan's most recent experience study.
4. Hours Worked:	Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
5. Termination/Disability Rates:	Based on the Plan's most recent experience study.

Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments.

Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan

EIN: 34-6502487

PN: 001

1/1 Plan Year	Expected Annual Benefit Payments
2017	$11,906,203
2018	$12,133,562
2019	$12,463,395
2020	$12,752,609
2021	$13,176,640
2022	$13,550,299
2023	$13,920,002
2024	$14,222,964
2025	$14,596,339
2026	$14,887,151

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS
PENSION PLAN AND TRUST

EIN: 34-6502487 Plan Number: 001

Schedule H, line 4j – Schedule of Reportable Transactions
(Prepared Pursuant to Requirements of the Employee Retirement Income Security Act of 1974)

The enclosed Trust Company of Toledo Schedule of Reportable Transactions (Pages 97 & 98) is incorporated herein by reference.

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
Northern Institutional US Government Portf						
22,286,993.49 Units Bought In 89 Transactions	100.00000000		22,286,993.49	22,286,993.49		16.78%
21,010,317.75 Units Sold In 46 Transactions	100.00000000		21,010,317.75	21,010,317.75	0.00	15.82%
				43,297,311.24	**0.00**	**32.59%**

NOTE : TURNOVER % BASED ON THE 01/01/2017 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 132,843,066.46

(5 % = 6,642,153.32)

Schedule of Reportable 5% Transactions

Reported By Broker

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
*** No Broker Specified ***						
Northern Institutional US Government Portf						
22,286,993.49 Units Bought In 89 Transactions	100.00000000		22,286,993.49	22,286,993.49		16.78%
21,010,317.75 Units Sold In 46 Transactions	100.00000000		21,010,317.75	21,010,317.75	0.00	15.82%
				43,297,311.24	**0.00**	**32.59%**
				43,297,311.24	**0.00**	**32.59%**

NOTE : TURNOVER % BASED ON THE 01/01/2017 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 132,843,066.46

(5 % = 6,642,153.32)

END OF REPORT

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Northwestern Ohio Plumbers and Pipefitters Pension Plan

B Three-digit plan number (PN) ► 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trustees Northwestern Ohio Plumbers and Pipefitters Pension Plan

D Employer Identification Number (EIN)
34-6502487

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2017

b Assets:		
(1) Current value of assets	1b(1)	136,587,735
(2) Actuarial value of assets for funding standard account	1b(2)	144,789,273
c (1) Accrued liability for plan using immediate gain methods	1c(1)	180,604,369
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	180,604,369
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	324,055,472
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	12,862,287
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	11,913,132
(3) Expected plan disbursements for the plan year	1d(3)	12,253,132

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Randall N. Smith
Signature of actuary

7/26/2018
Date

Randall N. Smith
Type or print name of actuary

17-06649
Most recent enrollment number

Cuni, Rust and Strenk
Firm name

(513) 891-0270
Telephone number (including area code)

4555 Lake Forest Drive
US Cincinnati OH 45242-3760
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

			(1) Number of participants	(2) Current liability
a	Current value of assets (see instructions)	2a		136,587,735
b	"RPA '94" current liability/participant count breakdown:			
	(1) For retired participants and beneficiaries receiving payment		749	151,614,975
	(2) For terminated vested participants		183	17,550,552
	(3) For active participants:			
	(a) Non-vested benefits			22,183,471
	(b) Vested benefits			132,706,474
	(c) Total active		969	154,889,945
	(4) Total		1,901	324,055,472
c	If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c		42.15 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2017	0				
12/31/2017	12,963,956				
			Totals ▶ 3(b)	12,963,956	3(c)

4 Information on plan status:

a	Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	80.2 %
b	Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e	If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f	If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j	If box h is checked, enter period of use of shortfall method	5j	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m	If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.05 %
		Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes				
(1) Males	6c(1)	A		A
(2) Females	6c(2)	A		A
d Valuation liability interest rate	6d	7.50 %		7.50 %
e Expense loading	6e	6.3 % ☐ N/A		% ☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			6g	4.3 %
h Estimated investment return on current value of assets for year ending on the valuation date			6h	6.7 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	6,978,201	735,387
4	(791,696)	(83,432)

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	0
b Employer's normal cost for plan year as of valuation date		9b	5,403,448
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	78,046,618	11,970,467
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c		9d	1,303,044
e Total charges. Add lines 9a through 9d		9e	18,676,959

Credits to funding standard account:

f	Prior year credit balance, if any		9f	12,538,907
g	Employer contributions. Total from column (b) of line 3		9g	12,963,956
		Outstanding balance		
h	Amortization credits as of valuation date	29,692,615	9h	4,990,148
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	1,792,039
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	66,605,913	9j(1)	
	(2) "RPA '94" override (90% current liability FFL)	158,608,939	9j(2)	
	(3) FFL credit		9j(3)	0
k	(1) Waived funding deficiency		9k(1)	0
	(2) Other credits		9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	32,285,050
m	Credit balance: If line 9l is greater than line 9e, enter the difference		9m	13,608,091
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2017 plan year	9o(1)	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
	(3) Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

1. Effective Date: June 29, 1962.

2. Plan Year: January 1st through December 31st.

3. Employees Covered: All employees covered by the Local 50 Collective Bargaining Agreement.

4. Eligibility: January 1st or July 1st following 435 Hours of Service.

5. Vesting Service: 1 Year for each Plan Year with 435 Hours of Service.

6. Normal Retirement:

   a. Eligibility: Age 65 and 5 Years of Vesting Service.

   b. Monthly Benefit

Effective Date	Benefit Credit
Prior to 1/1/1962	$8.50
1/1/1962 – 12/31/1976	$19.00
1/1/1977 – 12/31/1982	$27.00
1/1/1983 – 12/31/1987	$48.00

Effective Date	% of Contributions
1/1/1988 – 12/31/1997	2.25%
1/1/1998 – 12/31/2016	2.50%*
1/1/2017 and later	1.20%

Plus $87.50 for retirement from active service.

*Limited to $2.35 per hour (7/1/2005 – 12/31/2016).

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

7. Early Retirement:

a. Eligibility	Age 55 and 10 Years of Vesting Service.
b. Monthly Benefit	Calculated as for Normal Retirement reduced by $^1/_2$ of 1% per month from age 65. No reduction is applied if the sum of age and Years of Service equals at least 90. If a participant has 30 or more Years of Service but is not age 60, benefit will be reduced pursuant to schedule.

8. Vested Retirement:

a. Eligibility	5 Years of Vesting Service or 10 Years of Vesting Service prior to January 1, 1997.
b. Monthly Benefit	Calculated as for Normal or Early Retirement, without $87.50 (since retirement is not from active service).

9. Disability Retirement:

a. Eligibility	Total and Permanent Disability and 10 Years of Vesting Service, with at least one Year of Vesting Service in the three years prior to disability.
b. Monthly Benefit	Calculated as for Normal Retirement, payable at Social Security disability date with no reduction for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

10. Pre-Retirement Death:

a. Eligibility	Vested.
b. Monthly Benefit	For married participants, calculated as for an age 55 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement for surviving spouses. Benefit for beneficiaries of unmarried participants equals Normal Retirement Benefit payable for 60 months.

11. Payment Forms:

a. Normal	Life Annuity with 60 payments guaranteed for unmarried participants or an Actuarially Equivalent 50% Joint & Survivor Annuity for married participants.
b. Optional	Actuarially Equivalent 75% or 100% Joint & Survivor Annuity, or a Life Annuity with 120 payments guaranteed.

12. Actuarial Equivalency: UP-1984 Mortality Table at 7.00% (Non-Disabled).

13. Contribution Rates:

Effective Date	Hourly Rate
7/29/2010	$5.25
7/02/2012	$5.45
7/04/2016	$6.45

14. Changes Since Last Year: None.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

1. Interest Rates: 7.50%/3.05% (Funding/Current Liability).

2. Mortality Rates:

   a. Funding

      i. Non-Disabled: RP-2014 with Blue Collar adjustment.

      ii. Disabled: RP-2014 Disabled Retiree.

      iii. Base Year Adjustment: 2006 using Scale MP-2014.

      iv. Future Mortality Improvements: Generational projection using Scale MP-2016.

   b. Current Liability: 2017 Static Mortality Table.

3. Actuarial Cost Method: Unit Credit.

4. Retirement Rates:

   a. Actives

Age	<30 Years	>30 Years
55-57	0.05	0.10
58	0.05	0.15
59	0.10	0.20
60-61	0.10	0.25
62	0.20	0.50
63-64	0.20	1.00
65	1.00	1.00

   b. Terminated Vested: Age 55 (eligible for early retirement) or age 65.

      The weighted average retirement age is 61.0.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
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5. Termination/Disability Rates:

Termination years 0 and 1 – 0.20, 2 and 3 – 0.15, then:

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45	0.067095	0.001000
55	0.105263	0.003640
65	0.000000	0.000000

6. Percent Married/Spousal Age:

80% with husbands 3 years older than their wives.

7. Hours Worked:

2,075 per year.

8. Expense Load:

$340,000 per year.

9. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ($^4/_5$, $^3/_5$, $^2/_5$ and $^1/_5$) of each of the preceding 4 years' gains/(losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

10. Changes Since Last Year:

The mortality, retirement, termination and disability rates were changed, the expense load and hours worked assumption were increased, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

1. Interest Rate:	Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Mortality Rates:	RP-2014 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2014 Disabled Retiree table used to reflect expected disabled mortality experience. Other adjustments based on the Plan's most recent experience study, Cuni, Rust & Strenk Pipe Fitter multiemployer plan actuarial valuation experience, and expected generational mortality improvement.
3. Retirement Rates:	Based on the Plan's most recent experience study.
4. Hours Worked:	Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
5. Termination/Disability Rates:	Based on the Plan's most recent experience study.

Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments.

Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan

EIN: 34-6502487

PN: 001

1/1 Plan Year	Expected Annual Benefit Payments
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2022	$13,550,299
2023	$13,920,002
2024	$14,222,964
2025	$14,596,339
2026	$14,887,151

Schedule MB, line 8b(2) – Schedule of Active Participant Data.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

	Years of Credited Service:									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Attained Age	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.
Under 25	0	50	2	0	0	0	0	0	0	0
25 to 29	0	42	28	4	0	0	0	0	0	0
30 to 34	0	35	50	36	1	0	0	0	0	0
35 to 39	0	14	37	58	21	0	0	0	0	0
40 to 44	0	15	24	42	54	26	0	0	0	0
45 to 49	0	7	19	32	42	31	17	0	0	0
50 to 54	0	6	8	20	34	30	32	18	0	0
55 to 59	0	2	6	10	16	20	14	19	8	0
60 to 64	0	1	7	3	7	6	5	3	4	0
65 to 69	0	0	0	1	0	0	0	1	1	0
70 & up	0	0	0	0	0	0	0	0	0	0

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

Charge Bases:

Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1979	Amendment	$ 1,434,077	2	$ 105,922	$ 204,455
01/01/1980	Amendment	792,126	3	58,507	163,564
01/01/1989	Amendment	325,860	2	25,666	49,544
01/01/1990	Amendment	1,762,520	3	138,825	388,093
01/01/1991	Assumption	559,152	4	44,041	158,571
01/01/1992	Amendment	201,958	5	15,907	69,183
01/01/1992	Assumption	395,727	5	31,169	135,567
01/01/1993	Assumption	12,849	6	1,012	5,107
01/01/1995	Amendment	1,536,782	8	121,043	762,163
01/01/1996	Amendment	4,734,959	9	372,944	2,557,388
01/01/1997	Amendment	2,178,433	10	171,582	1,266,090
01/01/1998	Amendment	3,489,668	11	274,860	2,161,521
01/01/1999	Amendment	4,785,121	12	376,895	3,134,049
01/01/2000	Amendment	279,595	13	22,022	192,370
01/01/2001	Amendment	2,343,179	14	184,558	1,684,251
01/01/2002	Amendment	743,665	15	58,574	555,824
01/01/2003	Amendment	738,028	16	58,130	571,258
01/01/2003	Experience	5,911,904	1	623,019	623,019
01/01/2004	Experience	1,849,019	2	194,856	376,118
01/01/2005	Amendment	375,832	18	29,602	308,859
01/01/2005	Assumption	2,672,454	18	210,493	2,196,277
01/01/2005	Experience	4,050,834	3	426,891	1,193,403
01/01/2006	Experience	5,949,301	4	626,958	2,257,374
01/01/2007	Experience	2,405,557	5	253,506	1,102,579
01/01/2008	Experience	2,377,640	6	250,564	1,264,318
01/01/2009	Experience	21,607,410	7	2,277,064	12,965,249
01/01/2011	Assumption	144,159	9	15,192	104,178
01/01/2011	Experience	462,653	9	48,756	334,336
01/01/2012	Experience	5,298,630	10	558,388	4,120,283
01/01/2012	Assumption	9,767,768	10	1,029,361	7,595,544
01/01/2013	Experience	5,441,358	11	573,429	4,509,496
01/01/2014	Experience	1,034,794	12	109,050	906,799
01/01/2014	Assumption	1,378,486	12	145,270	1,207,978
01/01/2015	Assumption	3,454,072	13	364,002	3,179,660
01/01/2015	Experience	8,505,696	13	896,360	7,829,952
01/01/2016	Experience	5,130,427	14	540,662	4,933,997
01/01/2017	Experience	6,978,201	15	735,387	6,978,201
	Total Charges			$ 11,970,467	$ 78,046,618

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

Credit Bases:

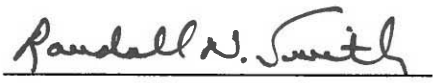
Date Established	Type	Initial Balance	Rem. Years	Payment	Remaining Balance
01/01/1989	Assumption	$ 2,519,998	2	$ 198,483	$ 383,118
01/01/1999	Asumption	307,527	12	24,222	201,418
01/01/2009	Asset Method	7,093,199	2	961,283	1,855,502
01/01/2010	Experience	6,013,457	8	633,719	3,990,279
01/01/2013	Assumption	7,318,408	11	771,239	6,065,090
01/01/2016	Cost Method	15,437,646	9	2,092,137	14,346,422
01/01/2016	Assumption	2,141,066	14	225,633	2,059,090
01/01/2017	Assumption	791,696	15	83,432	791,696
	Total Credits			$ 4,990,148	$ 29,692,615

1.	Net Amortization	$ 48,354,003
2.	Credit Balance	$ 12,538,907
3.	Balance Test: [(1) - (2)]	$ 35,815,096
4.	Unfunded Accrued Liability:	
	a. Accrued Liability	$180,604,369
	b. Actuarial Value of Assets	144,789,273
	c. Unfunded Accrued Liability: [(a) - (b)]	$ 35,815,096

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.
Plan Name: Northwestern Ohio Plumbers and Pipefitters Pension Plan
EIN: 34-6502487
PN: 001

Effective with the January 1, 2017 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The termination rates were updated.
- The mortality rates and projection scale were updated.
- The retirement rates were updated.
- The disability rates were updated.
- The expense load was increased from $290,000 to $340,000 per year.
- The hours worked assumption was increased from 1,950 to 2,075 per year.


(signed)

Randall N. Smith
Enrollment #17-06649