

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

Table with 2 main columns: 1a Name of plan (NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST), 1b Three-digit plan number (PN) (501), 1c Effective date of plan (07/01/1954), 2a Plan sponsor's name and address (BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST, 7570 CAPLE BLVD STE B, NORTHWOOD, OH 43619), 2b Employer Identification Number (EIN) (34-4443218), 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.

Table for signatures with columns: SIGN HERE, Signature of plan administrator/employer/DFE, Date, and Name (ERIC OSBORN, PETE VAVRINEK).

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1925
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1924
	<b>6a(2)</b>	1999
	<b>6b</b>	1
	<b>6c</b>	0
	<b>6d</b>	2000
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	86

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

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>34-4443218</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	SL10411	1473	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	495182
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>34-4443218</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**EYEMED VISION CARE**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
86-0773195		10090721001	2901	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	168871
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST	<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS	<b>D</b> Employer Identification Number (EIN) 34-4443218	

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

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

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

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

BENESYS INC

700 TOWER DR, 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	247275	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	30704	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMERICAN HEALTH HOLDING

7400 W CAMPUS RD F-510  
NEW ALBANY, OH 43054

31-1368946

(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?
49	NONE	220461	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRONTPATH HEALTH COALITION

12875 ECKEL JUNCTION ROAD  
PERRYSBURG, OH 43551

34-1713951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	139504	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NOVARA LAW GROUP, PLLC

888 W BIG BEAVER STE 870  
TROY, MI 48084

38-3763096

(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	132702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MULTI PLAN, INC.

PO BOX 29380  
NEW YORK, NY 10087

13-3068979

(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?
49	NONE	342458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ST. VINCENT MERCY MEDICAL CENTER

2213 CHERRY STREET  
TOLEDO, OH 43608

34-4428250

(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?
49	NONE	179031	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DELTA DENTAL

1300 E 9TH ST 1703  
CLEVELAND, OH 44114

31-0685339

(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?
23	NONE	59225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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?
19	NONE	47588	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PACIFIC ASSET MANAGEMENT

840 NEWPORT CENTER DR  
NEWPORT BEACH, CA 92660

61-1521500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	35232	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TITUS & URBANSKI, INC.

3220 CENTRAL PARK WEST  
TOLEDO, OH 43617

34-1695540

(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	50000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARQUETTE ASSOCIATES, INC.

180 N. LASALLE STE 3500  
CHICAGO, IL 60604

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?
16	NONE	20417	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HIGHLAND & ASSOCIATES

22360 GARRISON AVE  
DEARBORN, MI 48124

38-3187218

(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 51	NONE	5587	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STEFANSKY & HOLLOWAY

22260 HAGGERTY RD, STE350  
NORTHVILLE, MI 48167

38-2388845

(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	13219	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MACQUEEN AND ASSOCIATES LLC

415 S WEST ST STE 350  
ROYAL OAK, MI 48067

20-0495393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	2353	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1248	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

K ROSE ASSOCIATES LLC

620 OAK KNOLL DR  
PERRYSBURG, OH 43551

87-3587751

(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?
70	NONE	10530	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PREMIER HEALTHCARE

322 CONGRESS PARK DR  
DAYTON, OH 45459

86-1040704

(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?
49	NONE	40346	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CUNI, RUST, & STRENK INC

4555 LAKE FOREST STE 620  
CINCINNATI, OH 45242

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 50	NONE	12500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>			
<b>A</b> Name of plan <b>NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;"><b>501</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>D</b> Employer Identification Number (EIN) <b>34-4443218</b></td> </tr> </table>	<b>D</b> Employer Identification Number (EIN) <b>34-4443218</b>	
<b>D</b> Employer Identification Number (EIN) <b>34-4443218</b>			

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	979450	889676
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	4832721	3535443
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1393276	808208
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1219089	1054345
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	28202684	36900760
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	38511637	40491021
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	186491	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	4753	3520
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	75330101	83682973
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	2007300	5509700
<b>h</b> Operating payables.....	<b>1h</b>	469832	392687
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	9890925	10284145
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	12368057	16186532
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	62962044	67496441

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	30448892	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	969014	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		31417906
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	15859	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		15859
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1314382	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	451232	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	4655948	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(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)	
<b>c</b> Other income .....	2c	977
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	37856304

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	31001616
(2) To insurance carriers for the provision of benefits .....	2e(2)	495182
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	31496798
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	276440
(2) Contract administrator fees .....	2i(2)	247275
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	50000
(5) Investment advisory and investment management fees .....	2i(5)	36534
(6) Bank or trust company trustee/custodial fees .....	2i(6)	82820
(7) Actuarial fees .....	2i(7)	12500
(8) Legal fees .....	2i(8)	132702
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses .....	2i(11)	986838
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	1825109
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	33321907

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	4534397
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **TITUS & URBANSKI INC**

(2) EIN: **34-1695540**

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

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN  
AND TRUST**

**Financial Statements and Supplemental Schedules**

**Years Ended December 31, 2024 and 2023**

**With Independent Auditor's Report**

**TITUS & URBANSKI, INC.  
CERTIFIED PUBLIC ACCOUNTANTS  
TOLEDO, OHIO**

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

Financial Statements and Supplemental Schedules  
Years Ended December 31, 2024 and 2023  
With Independent Auditor's Report

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# TITUS & URBANSKI

## CERTIFIED PUBLIC ACCOUNTANTS

3220 Central Park West Toledo, Ohio 43617

Ph. (419) 866-6000 | Fax (419) 866-6984

E. Thomas Titus, CPA

Michael D. Urbanski, CPA PFS

Judy J. MacQuisten, CPA

Joshua J. Copi, CPA

## INDEPENDENT AUDITOR'S REPORT

### Board of Trustees

Northwestern Ohio Plumbers and Pipefitters Health and

Welfare Plan and Trust

Northwood, Ohio

### Opinion

We have audited the accompanying financial statements of Northwestern Ohio Plumbers and Pipefitters Health and Welfare Plan and Trust, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Northwestern Ohio Plumbers and Pipefitters Health and Welfare Plan and Trust as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Emphasis of Matter

As described in Note 2 of the financial statements, the Trustees approved merging and transferring all assets and liabilities of the Northwestern Ohio Plumbers and Pipefitters Retiree Health and Welfare Plan and Trust into the Plan, effective December 31, 2023. Our opinion is not modified with respect to this matter.

### Responsibilities of Management for the Financial Statements

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

Titus & Urbanski Inc.  
Certified Public Accountants  
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Providing tax, payroll and business consulting services.*



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

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

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

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

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

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

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

### Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the supplemental Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, is presented for the purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

### Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Administrative Expense as of December 31, 2024 and 2023, is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Titus & Urbanski Inc.*

Certified Public Accountants

*Titus & Urbanski, Inc.*  
Toledo, OH  
July 24, 2025

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
<b>Assets:</b>		
Investments (at Fair Value)	\$ 78,446,126	\$ 67,933,410
Receivables		
Employers' Contributions	3,535,443	4,832,721
Stop Loss Reimbursement	0	267,718
Total Receivables	<u>3,535,443</u>	<u>5,100,439</u>
Cash, Including \$136,418 and \$103,991 Restricted for Employer Deposits, Respectively	889,676	979,450
Prepaid Insurance	0	186,491
Office Equipment, at Cost, Net of Accumulated Depreciation of \$17,694 and \$16,461, Respectively	3,520	4,753
Other Receivables	808,208	1,125,558
Total Assets	<u>83,682,973</u>	<u>75,330,101</u>
<b>Liabilities:</b>		
Accounts Payable	256,269	365,841
Employer Deposits	136,418	103,991
Supplemental Credit Reserve (Note 3)	<u>10,284,145</u>	<u>9,890,925</u>
Total Liabilities	<u>10,676,832</u>	<u>10,360,757</u>
Net Assets Available for Benefits	<u>\$ 73,006,141</u>	<u>\$ 64,969,344</u>

See accompanying notes to the financial statements.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits

Additions:	Years Ended December 31,	
	2024	2023
Contributions		
Participating Employer Contributions	\$ 30,448,892	\$ 21,432,531
Redirected Contributions	0	5,463,335
Participants	969,014	56,384
Total Contributions	<u>31,417,906</u>	<u>26,952,250</u>
Investment Income		
Interest and Dividends	1,330,241	1,078,027
Net Appreciation (Depreciation) of Investments	5,107,180	4,454,357
Total Investment Income	<u>6,437,421</u>	<u>5,532,384</u>
Less: Investment Manager and Trustee Fees	<u>(82,820)</u>	<u>(43,976)</u>
Net Investment Income	6,354,601	5,488,408
Stop Loss Reimbursement	977	267,718
Miscellaneous Income	0	815
Total Additions	<u>37,773,484</u>	<u>32,709,191</u>
Deductions:		
Health and Welfare Claims, Net of Prescription Rebates of \$3,856,522 and \$1,936,255	27,499,216	21,181,575
Stop Loss Insurance Premiums	495,182	436,724
Administrative Expense	1,742,289	1,322,483
Total Deductions	<u>29,736,687</u>	<u>22,940,782</u>
Net Increase (Decrease) in Net Assets Available for Benefits	8,036,797	9,768,409
Net Assets Available for Benefits		
Beginning of Year	64,969,344	38,234,787
Transfers In	0	16,966,148
End of Year	<u>\$ 73,006,141</u>	<u>\$ 64,969,344</u>

See accompanying notes to the financial statements.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

Statements of Plan Benefit Obligations

	December 31,	
	2024	2023
Amounts Currently Payable To or For Participants, Beneficiaries and Dependents		
Health Claims Payable	\$ 3,732,100	\$ 1,219,660
Other Benefits Payable	178,100	265,400
Total Amounts Currently Payable To or For Participants, Beneficiaries, and Dependents	3,910,200	1,485,060
Other Obligations for Current Benefit Coverage, At Present Value of Estimated Amounts		
Claims Incurred But Not Reported	1,599,500	522,240
Accumulated Eligibility Credits	13,478,800	12,370,800
Total Other Obligations For Current Benefit Coverage, At Present Value of Estimated Amounts	15,078,300	12,893,040
Post-Retirement Benefit Obligations		
Current Retirees	51,405,000	48,407,000
Other Participants Fully Eligible For Benefits	29,333,000	27,348,000
Other Participants Not Yet Fully Eligible for Benefits	67,029,000	66,638,900
Total Post-Retirement Benefit Obligations	147,767,000	142,393,900
Total Plan Benefit Obligations	\$ 166,755,500	\$ 156,772,000

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

Statements of Changes in Plan Benefit Obligations

	Years Ended December 31,	
	2024	2023
Amounts Currently Payable To or For Participants, Beneficiaries and Dependents		
Balance at Beginning of Year	\$ 1,485,060	\$ 2,012,000
Claims Reported and Approved for Payment	29,924,356	20,368,075
Claims Paid	(27,499,216)	(21,181,575)
Payable Transferred in (Note 2)	0	286,560
Balance at End of Year	<u>3,910,200</u>	<u>1,485,060</u>
Other Obligations for Current Benefit Coverage, At Present Value of Estimated Amounts		
Balance at Beginning of Year	12,893,040	12,320,700
Net Change During the Year		
Claims Incurred But Not Reported	1,077,260	1,335,500
Accumulated Eligibility Credits	1,108,000	(833,500)
Accumulated Eligibility and Participant Account Liability Transferred in (Note 2)	0	70,340
Balance At End Of Year	<u>15,078,300</u>	<u>12,893,040</u>
Post-Retirement Benefit Obligations		
Balance at Beginning of Year	142,393,900	0
Increase During the Year Attributable To:		
Benefits Earned and Other Changes	8,890,000	0
Plan Changes	706,000	0
Changes in Actuarial Assumptions	(4,222,900)	0
Post-Retirement Benefit Transferred in (Note 2)	0	142,393,900
Balance at End of Year	<u>147,767,000</u>	<u>142,393,900</u>
Total Plan Benefit Obligations at End of Year	<u>\$ 166,755,500</u>	<u>\$ 156,772,000</u>

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 1 - Description of the Plan**

The following description of the Northwestern Ohio Plumbers and Pipefitters Health and Welfare Plan and Trust 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 Northwestern Ohio Plumbers and Pipefitters Health and Welfare Plan and Trust (Plan) is a multi-employer defined benefit health and welfare 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). The Northwestern Ohio Plumbers and Pipefitters Retiree Health and Welfare Plan and Trust merged with the plan and all of the assets and liabilities were transferred as of December 31, 2023. (See Note 2)

*Contributions*

Contributions are made by employers pursuant to terms and conditions of collective bargaining agreements with the Union, based upon negotiated rates per hour paid. The contributing employers are primarily located in Northwest Ohio. Therefore, the Plan is affected by the economic conditions of the region. Participants can contribute to the Plan under COBRA guidelines and may contribute to the Plan under self-pay provisions. The related Retiree Health and Welfare Plan contributions were redirected to the Plan for December 31, 2023 hours paid as approved by the board.

*Benefits*

The plan provides health, dental, vision, prescription, disability and death benefits to eligible members. With the merger of the Northwestern Ohio Plumbers and Pipefitters Retiree Health and Welfare Plan, the Plan will also now provide post-retirement benefits per the plan document effective January 1, 2024. Eligibility is based on the minimum number of hours worked during a specified time period. No participant, active or retiree has any vested rights or vested benefits in the plan. Individuals with less than sufficient credits to maintain eligibility are allowed, under certain circumstances, to make contributions to maintain eligibility.

*Stop Loss Coverage*

The plan has stop loss insurance on health care benefits which limits the Plan's liability to a \$475,000 and \$450,000 specific deductible per Plan participant for the years ended December 31, 2024 and 2023, respectively. Stop loss coverage of \$100,000 aggregated specific deductible per Plan period, per year, based on date of occurrence, for both years ended December 31, 2024 and 2023. The Plan had a stop loss reimbursement receivable of \$0 and \$267,718, as of December 31, 2024 and 2023, respectively.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 2 - Merger**

The Trustees approved merging the Northwestern Ohio Plumbers and Pipefitters Retiree Health and Welfare Plan and Trust with the Plan. In accordance with the terms of the Merger Agreement, all assets and liabilities were transferred as of December 31, 2023. A summary of the net assets transferred is as follows:

	<u>December 31, 2023</u>
Investments at fair value	\$ 15,001,965
Receivables	2,154,983
Cash	200,974
Prepaid Insurance	186,492
Office Equipment, at Cost, Net of Accumulated Depreciation of \$3,212	1,403
Accounts payable	(42,316)
Supplemental Credit Reserve	(537,353)
Total net assets transferred in	<u>\$ 16,966,148</u>

In addition, total benefit obligations transferred in as of December 31, 2023 were:

	<u>December 31, 2023</u>
Total Amounts, Currently Payable To or For Participants, beneficiaries, and Dependents	\$ 286,560
Total Obligations Other Than Post-Retirement Benefit Obligations	70,340
Total Post-Retirement Benefit Obligation	<u>142,393,900</u>
Benefit Obligations Transferred in	<u>\$ 142,750,800</u>

**Note 3 - Summary of Significant Accounting Policies**

*Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting.

*Post-Retirement Benefits*

The amount reported as the post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants.

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 3 - Summary of Significant Account Policies (continued)**

*Post-Retirement Benefits (continued)*

Post-retirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The post-retirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the post-retirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

For measurement purposes at December 31, 2024 and 2023, a 8.00% and 7.50% annual rate, respectively, with a .50% decrease per year, in the per capita cost of covered health care benefits was assumed to an ultimate rate of 4.50% per year.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

	2024	2023
Discount Rate	5.50%	4.75%
Mortality Rate	Blue Collar Adjusted Pri-2012	Blue Collar Adjusted Pri-2012
Administrative Expenses	3.0% per year	4.5% per year
Assumed Retirement Age	Various rates from 55-65	Various rates from 55- 65

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

*Benefit Obligations*

The Plan's deficiency of net assets to benefit obligations at December 31, 2024 and 2023, relates primarily to the post-retirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreements. It is expected that the deficiency will be funded through future increases in the collectivity bargained contribution rates, increases in employee co-pays, reductions in benefits, or some combination thereof.

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 3 - Summary of Significant Accounting Policies (continued)**

*Benefit Obligations (continued)*

The weighted average health care cost trend rate has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$25,276,695 and \$25,840,253, respectively.

*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. The most significant estimates are used in determining the estimated future benefits based on participants accumulated eligibility, and health claims incurred but not reported. Actual results could differ from those estimates.

*Contributions*

Employer contributions are accrued when earned by participants based on employer contribution reports. Participant contributions are recorded when received.

*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 6 for a discussion of fair value measurements.

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

*Benefits*

Benefits payments to participants are recorded when paid.

*Employer Contributions Receivable*

Employer contributions receivable represents amounts due from employers that were received subsequent to year end. Therefore, the carrying amount of these receivables is not reduced by an allowance for amounts that will not be collected. In addition, it is impractical to estimate revenue recognition for amounts due but erroneously unreported by employers.

*Supplemental Credit Reserve*

The plan provides for a certain portion of employer contributions to be set aside in a reserve with separate accounts maintained for each participant.

Notes to Financial Statements  
 Years Ended December 31, 2024 and 2023

**Note 3 - Summary of Significant Accounting Policies (continued)**

*Supplemental Credit Reserve (continued)*

At the participant's discretion, funds in the participant's account may be used toward deductibles or other covered expenses, however, participants do not have any vested interest in their supplemental credit reserve account balance. All contributions to and benefits paid from this reserve are recorded directly to the reserve.

*Supplemental Credit Reserve*

The following is the activity in the supplemental credit reserve for the years ended December 31, 2024 and 2023, respectively, is as follows:

	2024	2023
Balance at Beginning of Year	\$ 9,890,925	\$ 9,232,888
Transfer In	0	537,353
Contributions	4,131,330	3,486,635
Benefits Paid	(3,738,110)	(3,365,951)
Balance at End of Year	<u>\$ 10,284,145</u>	<u>\$ 9,890,925</u>

*Administrative Expense*

The Plan participates in a cost-sharing agreement with Northwestern Ohio Plumbers and Pipefitters Pension Plan and the Northwestern Ohio Plumbers and Pipefitters Retirement Plan ("Pension Plan" and "Retirement Plan", respectively). Certain shared expenses, and wages and payroll taxes are paid by the Plan, which are reimbursed by the Pension Plan and the Retirement Plan. Other administrative expenses are paid by the Plan and recorded when incurred.

*Estimated Accumulated Eligibility Credits*

Future benefits based on participants' accumulated eligibility are estimated by applying the average cost of benefits per eligible participant and represents an estimate of the present value of the liability of the plan for future benefits based on participants' accumulated eligibility at the end of the fiscal year. This estimated liability is computed by the plan's consultant. Eligibility is based on the accumulation of hours in excess of 135 hours per month.

*Estimated Claims Incurred but Not Reported*

Plan obligations at December 31, 2024 and 2023, for health claims incurred by participants but not reported at that date are estimated by the Plan's consultant. Such amounts are reported in the accompanying statements of the Plan's benefit obligations at their estimated amounts, which is considered to approximate present value due to the current nature of the liabilities. The additional estimated cost to administer the plan upon cessation of operations is \$1,415,000 and \$1,155,300 for the years ended December 31, 2024 and 2023, respectively.

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 3 - Summary of Significant Accounting Policies (continued)**

*New Accounting Pronouncement Adopted*

During the year ended December 31, 2023, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, Financial Instruments - Credit Losses (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires nonprofit entities to immediately recognize the estimated expected credit losses over the life of a financial instrument, including trade receivables, employer contributions and benefit rebates. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective January 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

**Note 4 - Related Party**

The Plan, along with the Retirement Plan and the Pension Plan, leases its current office facilities from the Union on a month-to-month basis. Rent expense for the Plan for 2024 and 2023 was \$5,814 and \$4,104, respectively.

The Plan participates in a cost expense sharing agreement with related Plans (see Note 3). At December 31, 2024, the amount due from the related Plans was \$296,878 and is included in other receivables. The amount due to the related Plans was \$194,624 as of December 31, 2024, and is included in accounts payable.

Prior to merger at December 31, 2023, amount due from the related Plans was \$570,950, and are included in Other Receivables. Prior to the merger the amount due to the related Plans was \$1,960,659 as of December 31, 2023, and is included in Accounts Payable.

Due to merger at December 31, 2023, amounts due from the related Plans of \$2,046,658 and amounts due to the related Plans of \$338,208 were Transferred into the Plan. Amounts due to related Plans of \$338,208 and due from the related Plans of \$1,942,903 were eliminated upon transfer into the plan due to being intercompany transactions, netting zero.

**Note 5 - Investments**

Investments of the Plan were held and managed by Charles Schwab and Co., Inc. During 2024 and 2023, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by \$5,107,180 and \$4,454,357, respectively.

**Note 6 - Fair Value Measurements**

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

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 6 - 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 company 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, 2024 and 2023.

IR&M Short Fund LLC: Valued at the net asset value (NAV) per share or unit. The NAV is based on the fair value of underlying investments held by the fund less its liabilities. The fund holds positions in fixed income securities that are primarily based on evaluated prices received from independent pricing services or from dealers who make markets in such securities.

Pacific Asset Management Bank Loan Fund L.P.: Valued at the net asset value (NAV) per share or unit. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The fund invests primarily in bank debt instruments on non-investment grade companies.

Mutual funds (Equity, International Equity and Bond Funds) and money market funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

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 different fair value measurement at the reporting date.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 6 - Fair Value Measurements (continued)**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Investment at Fair Value as of  
December 31, 2024

	Level 1	Level 2	Level 3	At NAV	Total
Money Market Funds	\$ 1,054,345	\$ 0	\$ 0	\$ 0	\$ 1,054,345
Mutual Funds	40,491,021	0	0	0	40,491,021
IR&M Short Fund LLC	0	0	0	29,204,722	29,204,722
Pacific Asset Bank Loan Fund LP	0	0	0	7,696,038	7,696,038
Total Investments at Fair Value	\$ 41,545,366	\$ 0	\$ 0	\$ 36,900,760	\$ 78,446,126

Investments at Fair Value as of  
December 31, 2023

	Level 1	Level 2	Level 3	At NAV	Total
Money Market Funds	\$ 1,219,089	\$ 0	\$ 0	\$ 0	\$ 1,219,089
Mutual Funds	38,511,637	0	0	0	38,511,637
IR&M Short Fund LLC	0	0	0	21,118,895	21,118,895
Pacific Asset Bank Loan Fund LP	0	0	0	7,083,789	7,083,789
Total Investments at Fair Value	\$ 39,730,726	\$ 0	\$ 0	\$ 28,202,684	\$ 67,933,410

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 7 - Employee Benefits**

The Plan contributes to a multi-employer defined benefit pension plan under the terms of collective-bargaining agreements that covers its employees. The risks of participating in a multi-employer plan is different from single employer plans in the following aspects:

- a. Assets contributed to the multi-employer plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in some of its multi-employer plans, the Plan may be required to pay those plans an amount based on the unfunded status of the plan, referred to as a withdrawal liability.

The Plan's participation in this plan for the annual period ended December 31, 2024 and 2023, is outlined in the table below. The "EIN/Pension Plan Number" column provides the Employee Identification Number (EIN) and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the plan's year end at December 31, 2024 and 2023, respectively. The zone status is based on information that the Plan received from the plan administrator and is certified by the plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject. There have been no significant changes that affect the comparability of 2024 and 2023 contributions.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending /Implemented	Contributions of the Plan		Surcharge Imposed	Expiration of Collective Bargaining Agreement
		2024	2023		2024	2023		
Northwestern Ohio Plumbers and Pipefitters Pension Plan	34-6502487	Green	Green	N/A	\$68,731	\$67,663	No	July 4, 2027
Total Pension Contributions					\$68,731	\$67,663		

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 8 - Federal Income Taxes**

The plan obtained a favorable determination letter dated January 12, 1979 from the IRS stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. 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 requirements for 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. In the event of termination of the Plan, assets of the plan will be used to meet incurred claims as of termination date.

**Note 10 - Risks and Uncertainties**

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

The estimated amounts for plan benefit obligations is reported based on claims costs and certain assumptions pertaining to claims costs and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

**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.

Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

**Note 12 - Reconciliation of Financial Statements to Form 5500**

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 73,006,141	\$ 64,969,344
Less: Claims payable and estimated health claims incurred but not reported	(5,509,700)	(2,007,300)
Net assets available for benefits per the Form 5500	<u>\$ 67,496,441</u>	<u>\$ 62,962,044</u>

The following is a reconciliation of changes in net assets per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	December 31,	
	<u>2024</u>	<u>2023</u>
Change in net assets, per the financial statements	\$ 8,036,797	\$ 9,768,409
Change in claims payable and estimated health claims incurred but not reported	(3,502,400)	1,145,000
Change in net assets, per 5500 year ended	<u>\$ 4,534,397</u>	<u>\$ 10,913,409</u>

Benefit claims payable and estimated claims incurred but not yet reported at December 31, 2024 and 2023 related to Plan participants, dependents and beneficiaries are recognized as a liability on Form 5500.

**Note 13 - Plan Amendments**

Effective January 1, 2023, the Plan was amended to modify the gender dysphoria exclusion and to add coverage for telehealth services. There were no plan amendments in 2024.

**Note 14 - Party-In-Interest**

As described in Note 4, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from prohibited transaction rules of ERISA.

**Note 15 - Subsequent Events**

The plan has evaluated subsequent events through July 24, 2025, 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 HEALTH AND WELFARE PLAN  
AND TRUST

Schedules of Administrative Expense

	Years Ended December 31,	
	2024	2023
Access Fees	\$ 481,962	\$ 348,763
Salaries, Payroll Taxes and Benefits	276,440	186,277
Utilization Review Program	195,326	156,992
Legal Fees	132,702	120,340
Reimbursement for Health Advocate Program	179,031	124,260
Data Processing	69,435	73,583
Claims Audit Fees	40,346	27,916
Printing and Postage	97,024	84,088
Consultant Fees	36,534	41,718
Accounting	50,000	23,100
Administrative Manager Fee	60,098	33,214
Benny Card Administration Fee	20,718	21,933
Employee Assistance Program	25,135	21,652
Reinsurance Tax	11,689	7,464
Payroll Audit Fee	13,219	9,890
Seminars and Meetings	17,241	18,570
Bank Service Charges	1,863	1,620
Rent	5,814	4,104
Depreciation	525	150
Insurance and Bonding	7,680	8,284
Office Expense	7,007	8,565
Actuary Fees	12,500	0
<b>Total Administrative Expenses</b>	<b>\$ 1,742,289</b>	<b>\$ 1,322,483</b>

See accompanying notes to the financial statements.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

EIN #34-4443218

Plan #501

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 Charles Schwab Asset Statement (Page 3) is incorporated herein by reference.  
 The enclosed PAM and IRM Statements (Pages 1 and 2) is incorporated herein by reference.

As of December 31, 2024

(a) *	(b) (c) Identity of issuer, borrower, lessor or similar party and description of investment	(d) Cost	(e) Market Value
	Charles Schwab Investments:		
	Money Market Funds	1,054,345	1,054,345
	Mutual Funds	32,175,331	40,491,021
	Partnerships		
	IR&M Short Fund LLC	12,000,000	29,204,722
	Pacific Asset Management Bank Loan Fund LP	3,500,000	7,696,038
	Total Investments	<u>\$ 48,729,676</u>	<u>\$ 78,446,126</u>



Schwab One® Trust Account of  
 E OSBORN & P VAVRLNEK TTEE  
 NORTHWESTERN OHIO PLUMBERS AND  
 DTD 03/01/2006 ACTIVE



Statement Period  
 December 1-31, 2024

A Message About Your Account

**CALIFORNIA RESIDENTS**

If your total payments of interest and interest dividends on federally tax-exempt non-California municipal bonds were \$10 or greater and you or your Partnership had a California address as of 12/31, Schwab will report this information to the California Franchise Tax Board each tax year, per state statute. (1223-3LZ0)

**Positions - Summary**

Beginning Value as of 12/01	+	Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	Ending Value as of 12/31		Cost Basis		Unrealized Gain/(Loss)
\$48,105,853.10		\$0.00		(\$262,274.52)		(\$5,575,794.39)		(\$722,422.58)		\$41,545,361.61		\$32,175,330.54		\$8,315,686.43

Values may not reflect all of your gains/losses; Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

**Cash and Cash Investments**

Type	Symbol	Description	Quantity	Price(\$)	Beginning Balance(\$)	Ending Balance(\$)	Change in Period Balance(\$)	Pending/Unsettled Cash(\$)	Interest/Yield Rate	% of Acct
Bank Sweep		CHARLES SCHWAB BANK <sup>A,B</sup>			6,643,413.55	805,344.64	(5,838,068.91)		0.05%	2%
Bank Sweep		SCHWAB TRUST BANK <sup>A,B</sup>			249,000.00	249,000.00	0.00		0.05%	<1%
<b>Total Cash and Cash Investments</b>					<b>\$6,892,413.55</b>	<b>\$1,054,344.64</b>	<b>(\$5,838,068.91)</b>			<b>3%</b>

**Positions - Mutual Funds**

Symbol	Description	Quantity	Price(\$)	Market Value(\$)	Cost Basis(\$)	Unrealized Gain/(Loss)(\$)	% of Acct
VUSFX	VANGUARD ULTRA-SHORT-TER <sup>o</sup> IM BOND ADMIRAL	682,503.1950	20.03000	13,670,539.00	13,623,886.99	46,652.01	33%
EIPX	PARAMETRIC VOLATIL RISK <sup>o</sup> PRM-DEFENSV I	508,884.0560	15.42000	7,846,992.14	5,711,899.66	2,135,092.48	19%
VTSNX	VANGUARD TOTAL INTL STOC K INDEX I	57,120.0670	126.72000	7,238,254.89	6,861,081.50	377,173.39	17%
VITX	VANGUARD TOTAL STOCK MAR KET IDX I	83,199.0850	141.05000	11,735,230.94	5,978,462.39	5,756,768.55	28%
<b>Total Mutual Funds</b>				<b>\$40,491,016.97</b>	<b>\$32,175,330.54</b>	<b>\$8,315,686.43</b>	<b>97%</b>

# Partner Statement

Northwestern Ohio Plumbers & Pipefitters Active Health & Welfare Plan & Trust  
 7570 Caple Blvd Suite B  
 Northwood OH 43619  
 UNITED STATES

**Investor Id:** 123166

**Investor Name:** Northwestern Ohio Plumbers & Pipefitters Active Health & Welfare Plan & Trust

Description	Currency	
Pacific Asset Management Bank Loan Fund LP - Institutional Class	USD	
<b>Period: 2024-01-01 to 2024-12-31</b>	<b>Period</b>	<b>Year To Date</b>
Previous Ending Capital	4,507,865.67	4,507,865.67
Contributions	2,784,778.48	2,784,778.48
Withdrawals	0.00	0.00
<b>Adjusted Capital</b>	<b>7,292,644.15</b>	<b>7,292,644.15</b>
Income Allocation	421,058.27	421,058.27
Management Fee	-17,664.43	-17,664.43
<b>Net Gain / Loss</b>	<b>403,393.84</b>	<b>403,393.84</b>
<b>Ending Capital</b>	<b>7,696,037.99</b>	<b>7,696,037.99</b>
Performance	8.64%	8.64%

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**INCOME RESEARCH + MANAGEMENT**

**Northwestern OH Plumbers & Pipefitters Active Health & Welfare Plan & Trust**  
**PORTFOLIO INVESTMENT REPORT**

December 31, 2024

**PORTFOLIO SUMMARY**

INCEPTION DATE:  
06/27/2018

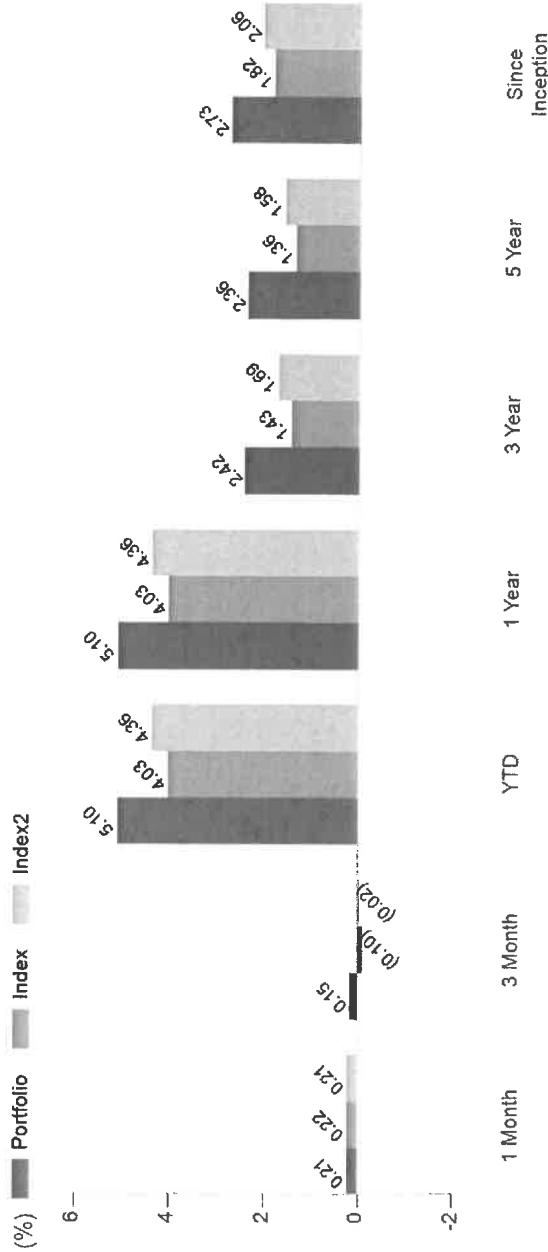
FUND: IR&M Short Fund LLC  
SHARES HELD: 2,215,688.143  
SHARE PRICE: \$13.180881

MARKET VALUE:  
\$29,204,721.77

INDEX:  
Bloomberg 1-3 Year Treasury Index

IR+M CONTACT:  
Nils Hegstad  
(617) 330-9333  
NHegstad@incomeresearch.com

**INVESTMENT RESULTS**



**PORTFOLIO CHARACTERISTICS**

Characteristics	Portfolio 12/31/24	Index 12/31/24	Portfolio 12/31/23	Index 12/31/23
Yield (%)	4.67	4.26	4.88	4.31
Duration (yrs)	1.85	1.86	1.83	1.88
Convexity	0.04	0.05	0.03	0.05
Average Quality (Moody's/S&P)	Aa2/AA-	Aaa/AA+	Aa2/AA-	Aaa/AA+

Portfolio investment results are gross of fees. Performance periods over 1 year are annualized.  
Index 2 is Bloomberg 1-3 Year GIC Index.  
As of 12/31/23, sector allocation reflects updated methodology.

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

EIN #34-4443218

Plan #501

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

For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of party	Asset Description	Purchase Price	Selling Price	Expense	Cost of Asset	Current Value	Gain or Loss
NO REPORTABLE TRANSACTIONS							

NORTHWESTERN OHIO PLUMBERS AND PIPEFITTERS HEALTH AND WELFARE PLAN AND TRUST

EIN #34-4443218

Plan #501

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 Charles Schwab Asset Statement (Page 3) is incorporated herein by reference.  
 The enclosed PAM and IRM Statements (Pages 1 and 2) is incorporated herein by reference.

As of December 31, 2024

(a) *	(b) (c) Identity of issuer, borrower, lessor or similar party and description of investment	(d) Cost	(e) Market Value
	Charles Schwab Investments:		
	Money Market Funds	1,054,345	1,054,345
	Mutual Funds	32,175,331	40,491,021
	Partnerships		
	IR&M Short Fund LLC	12,000,000	29,204,722
	Pacific Asset Management Bank Loan Fund LP	3,500,000	7,696,038
	Total Investments	<u>\$ 48,729,676</u>	<u>\$ 78,446,126</u>



Schwab One® Trust Account of

E OSBORN & P VAVRLNEK TTEE  
NORTHWESTERN OHIO PLUMBERS AND  
DTD 03/01/2006 ACTIVE

Statement Period  
December 1-31, 2024



A Message About Your Account

**CALIFORNIA RESIDENTS**

If your total payments of interest and interest dividends on federally tax-exempt non-California municipal bonds were \$10 or greater and you or your Partnership had a California address as of 12/31, Schwab will report this information to the California Franchise Tax Board each tax year, per state statute. (1223-3LZ0)

Positions - Summary

Beginning Value as of 12/01	+	Transfer of Securities(In/Out)	+	Dividends Reinvested	+	Cash Activity	+	Change in Market Value	=	Ending Value as of 12/31	Cost Basis	Unrealized Gain/(Loss)
\$48,105,853.10		\$0.00		(\$262,274.52)		(\$5,575,794.39)		(\$722,422.58)		\$41,545,361.61	\$32,175,330.54	\$8,315,686.43

Values may not reflect all of your gains/losses; Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis may be incomplete or unavailable for some of your holdings and may change or be adjusted in certain cases. Statement information should not be used for tax preparation, instead refer to official tax documents. For additional information refer to Terms and Conditions.

Cash and Cash Investments

Type	Symbol	Description	Quantity	Price(\$)	Beginning Balance(\$)	Ending Balance(\$)	Change in Period Balance(\$)	Pending/Unsettled Cash(\$)	Interest/ Yield Rate	% of Acct
Bank Sweep		CHARLES SCHWAB BANK <sup>A,B</sup>			6,643,413.55	805,344.64	(5,838,068.91)		0.05%	2%
Bank Sweep		SCHWAB TRUST BANK <sup>A,B</sup>			249,000.00	249,000.00	0.00		0.05%	<1%
<b>Total Cash and Cash Investments</b>					<b>\$6,892,413.55</b>	<b>\$1,054,344.64</b>	<b>(\$5,838,068.91)</b>			<b>3%</b>

Positions - Mutual Funds

Symbol	Description	Quantity	Price(\$)	Market Value(\$)	Cost Basis(\$)	Unrealized Gain/(Loss)(\$)	% of Acct
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**INCOME RESEARCH + MANAGEMENT**

**Northwestern OH Plumbers & Pipefitters Active Health & Welfare Plan & Trust**

**PORTFOLIO INVESTMENT REPORT**

December 31, 2024

**PORTFOLIO SUMMARY**

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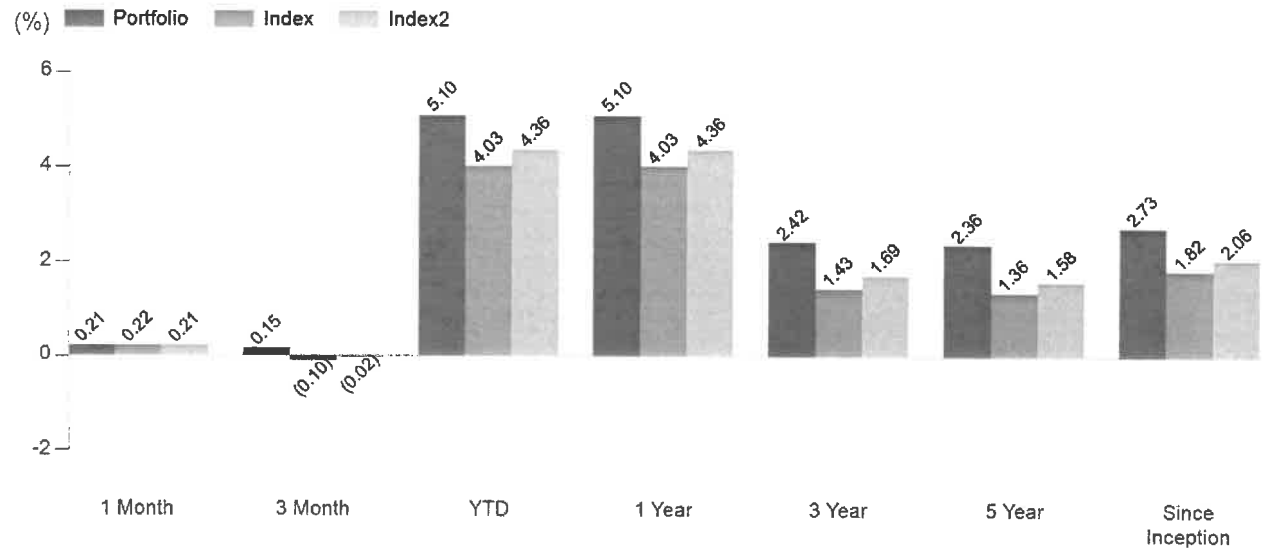
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**INVESTMENT RESULTS**



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EIN #34-4443218

Plan #501

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