

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS HEALTH & WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 05/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS 3660 STUTZ DRIVE, SUITE 101 CANFIELD, OH 44406
2b Employer Identification Number (EIN) 31-6051539
2c Plan Sponsor's telephone number 330-652-9821
2d Business code (see instructions) 238900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1446
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1170
	6a(2)	1199
	6b	260
	6c	0
	6d	1459
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	249

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 4D 4E 4F 4H 4L

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<p>A Name of plan OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS HEALTH & WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS</p>	<p>D Employer Identification Number (EIN) 31-6051539</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	SL10315	1228	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.

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">10000</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

THE SEGAL COMPANY **333 WEST 34TH STREET**
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10000			

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1235754
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS		D Employer Identification Number (EIN) 31-6051539

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

HUMANA INSURANCE COMPANY OF NEW YORK

(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
20-2888723	12634	312317	283	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 28554	(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

SEGAL CO MIDWEST INC
7701 FRANCE AVE S
EDINA, MN 55435

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28295			

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

GALLAGHER BENEFIT SERVICES INC
111 VETERANS MEMORIAL
METAIRIE, LA 70005

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
259			

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

Schedule A (Form 5500) 2024
v. 240311

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	624840
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

A Name of plan OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS	D Employer Identification Number (EIN) 31-6051539	

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

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)

YURCHYK & DAVIS CPA'S, INC.

34-1638235

(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	AUDITOR	11900	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)

ACRISURE

100 OTTAWA AVE SW
GRAND RAPIDS, MI 49503

(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	ACTUARY	9750	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)

BENESYS INC.

3660 STUTZ DRIVE, STE 101
CANFIELD, OH 44406

(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 15	THIRD PARTY ADMINISTRATOR	271711	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)

COMMUNITY INSURANCE COMPANY

31-1440175

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	CLAIMS PROCESSOR	694582	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)

ALLOTTA FARLEY CO., LPA

3240 LEVIS COMMONS BLVD
PERRYSBURG, OH 43551

(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	ATTORNEY	46840	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)

SEGAL CONSULTING

1111 SUPERIOR AVENUE
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	BENEFIT CONSULTANT	8078	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)

MARINER INSTITUTIONAL, LLC

531 W. MORSE BLVD, ST 20
WINTER PARK, FL 32789

(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	INVESTMENT CONSULTANT	15000	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)

FIFTH THIRD BANK RETIREMENT SERVICE

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

(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?
51 28 19	INVESTMENT CUSTODIAN	43099	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)

CITY PRINTING

122 OAK HILL AVE
YOUNGSTOWN, OH 44502

(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?
36	PRINTING SERVICES	9714	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)

PNC BANK

300 FIFTH AVE
PITTSBURGH, PA 15222

(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?
65 21	BANKING SERVICES	65065	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)

OCPM COMBINED FUNDS INC.

20-3443534

(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?
99	COLLECTION AGENCY	21970	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)

PCORI

1333 NEW HAMPSHIRE AVE NW
WASHINGTON, DC 20036

(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?
99	NONE	7186	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 OF OHIO

5600 BLAZER PKWY
DUBLIN, OH 43017

(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	CLAIMS PROCESSOR	118936	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025	
A Name of plan OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS	D Employer Identification Number (EIN) 31-6051539

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3041188	3601121
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1341810	2649487
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	246251	235266
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4796181	5806336
(2) U.S. Government securities	1c(2)	6791742	10866578
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11225695	9915169
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17559014	18140092
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	45001881	51214049
Liabilities			
g Benefit claims payable.....	1g	555000	724000
h Operating payables.....	1h	208291	314393
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	7756643	9103396
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8519934	10141789
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	36481947	41072260

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	18134350	
(B) Participants.....	2a(1)(B)	1380918	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		19515268
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	248309	
(B) U.S. Government securities.....	2b(1)(B)	299825	
(C) Corporate debt instruments.....	2b(1)(C)	429034	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	60017	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1037185
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	352861	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		352861
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	20719904	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	20608314	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	569035	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1203762
c Other income	2c		33922
d Total income. Add all income amounts in column (b) and enter total	2d		22823623

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14842582	
(2) To insurance carriers for the provision of benefits	2e(2)	1366207	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16208789
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1699482	
(3) Recordkeeping fees	2i(3)	21970	
(4) IQPA audit fees	2i(4)	11900	
(5) Investment advisory and investment management fees	2i(5)	15000	
(6) Bank or trust company trustee/custodial fees	2i(6)	112832	
(7) Actuarial fees	2i(7)	9750	
(8) Legal fees	2i(8)	46840	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	4725	
(11) Other expenses	2i(11)	102022	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2024521
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18233310

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4590313
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: YURCHYK & DAVIS CPA'S, INC.

(2) EIN: 34-1638235

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Report on Audit of Financial Statements
And Supplementary Information

For the Years Ended April 30, 2025 and 2024

Yurchyk & Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Rd., Suite 2
Canfield, Ohio 44406
Telephone: (330) 533-5000

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

Financial Statements and Supplementary Information

For the Years Ended April 30, 2025 and 2024

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Independent Auditor's Report

To the Board of Trustees of
Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund

Opinion

We have audited the accompanying financial statements of Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of April 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in 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 Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund as of April 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in its 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 Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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


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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses as of April 30, 2025 and 2024 are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules of assets held for investment and reportable transactions as of April 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.



Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
February 4, 2026

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

Statements of Net Assets Available for Benefits

April 30, 2025 and 2024

ASSETS

	<u>2025</u>	<u>2024</u>
Investments, at Fair Value:		
General Investments	\$ 35,624,779	\$ 32,617,272
Medical Reimbursement Investments	9,103,396	7,755,360
Total Investments, at Fair Value	<u>44,728,175</u>	<u>40,372,632</u>
Receivables:		
Employer Contributions	2,649,487	1,341,810
Stop Loss Claims	32,676	78,854
Accrued Interest	184,015	148,145
Other	-	3,500
Total Receivables	<u>2,866,178</u>	<u>1,572,309</u>
Other Assets:		
Prepaid Expenses	18,575	15,752
Total Other Assets	<u>18,575</u>	<u>15,752</u>
Cash and Cash Equivalents:		
Cash	3,601,121	3,041,188
Total Cash and Cash Equivalents	<u>3,601,121</u>	<u>3,041,188</u>
 Total Assets	 51,214,049	 45,001,881

LIABILITIES

Accounts Payable:		
Accounts Payable - Administrative	9,503	8,485
Accounts Payable - Reciprocity	72,521	44,929
Advanced Self Payments	32,838	33,218
Accounts Payable - Other	199,531	121,659
Members Medical Reimbursement Account Balances	<u>9,103,396</u>	<u>7,756,643</u>
 Total Liabilities	 <u>9,417,789</u>	 <u>7,964,934</u>
 Net Assets Available for Plan Benefits	 <u>\$ 41,796,260</u>	 <u>\$ 37,036,947</u>

The accompanying notes are an integral part of these statements.

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

Statements of Changes in Net Assets Available for Benefits

For the Years Ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions to Plan Assets Attributed to:		
Investment Income:		
Net Appreciation		
In Fair Value of Investments	\$ 1,884,387	\$ 1,438,254
Interest and Dividend Income	1,390,046	1,107,112
Total Investment Income	<u>3,274,433</u>	<u>2,545,366</u>
Less: Investment Expenses	<u>(62,767)</u>	<u>(57,453)</u>
Net Investment Income	3,211,666	2,487,913
Contributions:		
Employer Contributions	18,368,584	14,971,025
Less: Reciprocity Paid	<u>(234,234)</u>	<u>(168,480)</u>
Total Employer Contributions	18,134,350	14,802,545
Active and Retired Members	1,380,918	1,296,241
Total Contributions	<u>19,515,268</u>	<u>16,098,786</u>
Other Income	<u>33,922</u>	<u>36,500</u>
Total Additions	22,760,856	18,623,199
Deductions from Plan Assets Attributed to:		
Payments for:		
Benefit Claims Paid, Net	14,673,582	14,199,948
Medicare Premiums	624,019	622,186
Stop - Loss Insurance Premiums	1,366,207	1,103,725
Total	<u>16,663,808</u>	<u>15,925,859</u>
Administrative Expenses	<u>1,337,735</u>	<u>1,183,198</u>
Total Deductions	18,001,543	17,109,057
Net Increase	4,759,313	1,514,142
Net Assets Available for Plan Benefits:		
Beginning of Year	<u>37,036,947</u>	<u>35,522,805</u>
End of Year	<u>\$ 41,796,260</u>	<u>\$ 37,036,947</u>

The accompanying notes are an integral part of these statements.

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

Statements of Plan Benefit Obligations

April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts Current Payable to or for Participants, Beneficiaries, and Dependents		
Health Claims Payable	\$ 724,000	\$ 555,000
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Accounts		
Claims Incurred but not Reported	528,000	188,000
Accumulated Eligibility Credits	4,380,000	3,260,000
Dollar Bank	<u>9,164,000</u>	<u>8,700,000</u>
Total Obligations Other Than Postretirement Benefit Obligations	14,072,000	12,148,000
14,796,000	14,796,000	12,703,000
Postretirement Benefit Obligations		
Current Retirees	6,592,040	4,135,358
Fully Eligible Active Employees	15,876,163	10,895,715
Other Active Employees	<u>9,367,262</u>	<u>6,542,800</u>
	<u>31,835,465</u>	<u>21,573,873</u>
Plan's Total Benefit Obligations	\$ <u>46,631,465</u>	\$ <u>34,276,873</u>

The accompanying notes are an integral part of these statements.

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

Statements of Changes in Plan Benefit Obligations

April 30, 2025 and 2024

	2025	2024
Amounts Currently Payable to of for Participants, Beneficiaries, and Dependents:		
Balance at Beginning of Year	\$ 555,000	\$ 869,000
Claims Reported and Approved for Payment	15,466,601	14,508,137
Claims Paid, Including Disability	(15,297,601)	(14,822,137)
Balance at the End of the Year	724,000	555,000
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts:		
Balance at Beginning of Year	12,148,000	12,080,117
Net Change During the Year Attributed to:		
Other Changes in Obligations	1,924,000	67,883
Total Benefit Obligations other than Postretirement Benefit Obligations	14,072,000	12,148,000
Total Benefit Obligations other than Postretirement Benefit Obligations	14,796,000	12,703,000
Postretirement Benefit Obligations:		
Balance at Beginning of Year	21,573,873	21,003,136
Increase (Decrease) During the Year Attributed to:		
Service Cost	869,411	678,599
Interest Cost	1,214,440	1,027,068
Changes in Actuarial Assumptions	920,979	(1,907,233)
Estimated Net Payments	(535,825)	(508,558)
Other Benefits Earned or Other Changes	7,792,587	1,280,861
Total	10,261,592	570,737
Balance at the End of the Year	31,835,465	21,573,873
Plan's total Benefit Obligation at End of Year	\$ 46,631,465	\$ 34,276,873

The accompanying notes are an integral part of these statements.

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Notes to Financial Statements

April 30, 2025 and 2024

NOTE A - DESCRIPTION OF PLAN

The following description of Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

- (1) **General** - The Plan was formed under an agreement between the Ohio Conference of Plasterers and Cement Masons and certain employer associations in the construction industry. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- (2) **Benefits** - The Plan provides accident, hospital, medical, surgical, death and disability benefits for eligible members, or their dependents, as specified in the Plan. Eligibility for benefits is determined in accordance with rules established by a board of trustees comprised of members of both management and the union.
- (3) **Contributions** – The plan agreement provides that the employers will make monthly contributions to the Plan of a specified amount for each hour worked as determined by the collective bargaining agreement in effect. The employers’ contribution rate ranged from \$6.10 – 11.35 and \$5.80 - \$10.20 per hour for the years ended April 30, 2025 and 2024, respectively. Qualifying members make self-contributions to maintain eligibility in the Plan when their hours worked in a given quarter are below the minimum required by the Plan.
- (4) **Claims Processing** – Medical claims are processed by Anthem – National Account Service Company, LLC. Retiree Medicare supplement claims are processed by Humana Insurance Company. Dental claims are processed by Delta Dental. Vision, disability and death claims are processed by BeneSys, Inc.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (1) **Basis of Accounting** – The accompanying financial statements have been prepared using the accrual basis of accounting.
- (2) **Estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- (3) **Investment Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan’s trustees determine the Plan’s valuation policies utilizing information provided by the investment advisors, and custodians. See Note G for discussion of fair value measurements.

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

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Notes to Financial Statements

April 30, 2025 and 2024

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

- (4) **Subsequent Events** – Management has evaluated subsequent events for the Plan through February 4, 2026, the date the financial statements were available to be issued.
- (5) **Payment of Benefits** – Claim payments are recorded when paid.
- (6) **Administrative Expenses** – The Plan’s expenses are paid by the Plan as provided by the plan document. Expenses incurred in connection with the general administration of the Plan and investment related expenses that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits.
- (7) **Postretirement Benefits** – The amount reported as the postretirement 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 April 30, 2025 and 2024, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. The postretirement 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 postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee’s service in the industry rendered to the valuation date.

The actuarial present value of the accumulated postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims cost 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 April 30, 2025, the healthcare cost trend rate is 8.00%, 7.50% for 2026, 7.00% for 2027, 6.50% for 2028, 6.00% for 2029-2030, 5.50% for 2031-2032, 5.00% for 2033-2035, 4.50% for 2036-2070, and 4.00% for 2071+. Other significant actuarial assumptions used in the valuations as of April 30, 2025 (date of the most recent actuary report) are (a) life of participants using the PRI-2012 Blue Collar Headcount Mortality with Scale MP-2021 generational future improvement and (b) the discount rate was 5.65% and 5.70% for 2025 and 2024, respectively.

The health care cost trend rate assumption 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 April 30, 2025 and 2024 by approximately \$4,306,871 and \$3,304,329, respectively.

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

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Notes to Financial Statements

April 30, 2025 and 2024

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

- (8) **Medical Reimbursement Investments and Payable** – The medical reimbursement payable represents participant contributions to be utilized for qualified medical expense reimbursements. Individual accounts are maintained for each participant. The accounts are maintained in a separate investment account. The balance in this investment account matches the payable at any given time. The accounts are credited with contributions and earnings and reduced by distributions. A participant's contribution remains in the account so long as the participant is either actively employed or is available for employment under any collective bargaining agreement requiring contributions and up to eighteen months after termination. Unless the Board of Trustees directs otherwise, balances remaining after eighteen months after termination are forfeited to the general assets of the Plan. There were no forfeitures included in other income for the years ended April 30, 2025 and 2024. Balances of deceased participants are transferred to an account for the elected beneficiary.
- (9) **Other Obligations for Current Benefit Coverage** – Claims reported and outstanding at the end of the plan year and the provision for claims incurred but not reported are reflected in the statements of benefit obligations. Claims incurred but not reported are determined based on historical lag study analyses.

At April 30 each year, under current rules of eligibility, members who have met the qualifications are entitled to receive benefits for three additional months at April 30, 2025 and 2024. The cost of providing these benefits is estimated based on the claims paid by the Plan in past years and are also reflected in the statement of benefit obligations.

Contributions received in excess of \$1,872 per member for each fiscal year ended April 30 are credited to a dollar bank. These credits are accumulated to a maximum of \$22,320 per member, and may be used in subsequent periods by members to maintain eligibility. The dollar bank does not vest and is subject to changes based on medical inflation and other factors as determined by the Plan.

- (10) **Stop Loss** – Stop loss claims represent amounts to be refunded to the Plan in accordance with the Plan's stop loss insurance and are carried at cost. On a periodic basis, the Plan evaluates its receivables and establishes an allowance for doubtful accounts based on collections and current credit conditions. Amounts are written off when the Plan determines that the amounts are uncollectable. Effective January 1, 2011, the Plan implemented stop-loss insurance coverage on each participant for total claims incurred during the year exceeding a certain threshold. The threshold amount for the years ended April 30, 2025 and 2024 was \$225,000. Eligible claims reimbursed are \$521,219 and \$660,731 and have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the years ended 2025 and 2024, respectively

NOTE C – RISKS AND UNCERTAINTIES

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

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Notes to Financial Statements

April 30, 2025 and 2024

NOTE C – RISKS AND UNCERTAINTIES – Continued

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

NOTE D – INVESTMENTS

The Plan's investments are held in a brokerage account.

NOTE E – PLAN TERMINATION

In the event of termination of the Plan, the amount in the Plan will be applied, subject to administration and liquidation expenses, to prepare a final accounting of the trusteeship, pay obligations of the Plan, and file all reports required by law. Any remaining surplus will be distributed in such manner as will effectuate the purpose of the Plan, as determined by the trustees.

NOTE F – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Notes to Financial Statements

April 30, 2025 and 2024

NOTE F – FAIR VALUE MEASUREMENTS - Continued

Money Market Funds and Certificates of Deposit – Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. Government Securities, Corporate Bonds, and Foreign Bonds – Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual Funds – Valued at the daily closing price reported by the fund. The funds are open-ended and are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

The following tables set forth, by level within hierarchy, the Plan’s investments at fair value at April 30, 2025 and 2024.

Assets at Fair Value as of April 30, 2025			
	Level 1	Level 2	Total
Money Market Funds	\$ 2,398,314	\$ -	\$ 2,398,314
U.S. Government Securities	-	10,866,578	10,866,578
Corporate & Foreign Bonds	-	9,915,169	9,915,169
Certificates of Deposit	3,408,022	-	3,408,022
Mutual Funds	18,140,092	-	18,140,092
Total assets in the fair Value hierarchy	23,946,428	20,781,747	44,728,175
Investments measured at NAV	-	-	-
Total Investments, at Fair Value	<u>\$ 23,946,428</u>	<u>\$ 20,781,747</u>	<u>\$ 44,728,175</u>

Assets at Fair Value as of April 30, 2024			
	Level 1	Level 2	Total
Money Market Funds	\$ 2,948,847	\$ -	\$ 2,948,847
U.S. Government Securities	-	6,791,742	6,791,742
Corporate & Foreign Bonds	-	11,225,695	11,225,695
Certificates of Deposit	1,847,334	-	1,847,334
Mutual Funds	17,559,014	-	17,559,014
Total assets in the fair Value hierarchy	22,355,195	18,017,437	40,372,632
Investments measured at NAV	-	-	-
Total Investments, at Fair Value	<u>\$ 22,355,195</u>	<u>\$ 18,017,437</u>	<u>\$ 40,372,632</u>

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Notes to Financial Statements

April 30, 2025 and 2024

NOTE G – CLAIMS INCURRED BUT NOT REPORTED

Plan obligations at April 30, 2025 and 2024 for claims incurred but not reported are estimated by the Plan's benefit consultant in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

NOTE H – TAX STATUS

The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to section 501(c)(9) of the Internal Revenue Code, and accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service, and the trustees believe that the Plan, as amended, continues to qualify and operate in accordance with applicable provisions of the Internal Revenue Code.

The Plan has adopted the recognition requirements for uncertain income tax positions are required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Plan has analyzed tax positions taken for filing with the Internal Revenue Service. The Plan believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse effect on the Plan's financial condition, results of operations or cash flows. Accordingly, the Plan has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at April 30, 2025. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I – RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

As Discussed in Note B, the Plan pays fees to various service providers as provided in the plan document, for expenses incurred in connection with the general administration of the Plan. These transactions are party in interest transactions under ERISA.

NOTE J – COMBINED FUND

All contributions for the Plan are collected by the Ohio Conference of Plasterers and Cement Masons Combined Funds (the "Fund"). The Fund serves as a conduit to the Health and Welfare and other funds.

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Notes to Financial Statements

April 30, 2025 and 2024

NOTE K – RECONCILIATION OF FINANCIAL STATEMENTS TO 5500

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

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 41,796,260	\$ 37,036,947
Benefit obligations currently payable	<u>(724,000)</u>	<u>(555,000)</u>
Net assets available for benefits per Form 5500	<u>\$ 41,072,260</u>	<u>\$ 36,481,947</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended April 30, 2025:

Claims paid per the financial statements	\$ 14,673,582
Amounts payable at end of year	724,000
Amounts payable at beginning of year	<u>(555,000)</u>
Claims paid per Form 5500	<u>\$ 14,842,582</u>

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Fund**

Supplementary Information

Schedule of Administrative Expenses
Schedule of Assets Held for Investment
Schedule of Reportable Transactions

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

Supplementary Information

Schedule of Administrative Expenses

For the Years Ended April 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Accounting Fees	\$ 11,900	\$ 11,400
Actuary and Consulting Fees	51,750	61,750
Medical Administrative Fees	813,518	642,877
Contract Administrative Services	261,945	252,180
Insurance Expense	17,718	18,809
International Foundation Expense	1,825	1,685
PCORI Fees	7,186	6,806
Legal Fees	46,840	38,733
Collection Fees	21,970	60,264
Office Supplies and Expense	98,358	84,978
Trustee Expenses	<u>4,725</u>	<u>3,716</u>
Total Administrative Expenses	<u>\$ 1,337,735</u>	<u>\$ 1,183,198</u>

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Plan**

EIN: 31-6051539 PN: 501

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2025

Shares / Par	Description	Interest Rate	Due Date	Cost	Market Value
Corporate & Foreign Bonds					
73,000	AT&T Inc	1.700%	3/25/2026	\$ 68,105	\$ 71,198
95,000	Abbvie Inc	4.650%	3/15/2028	94,874	96,412
100,000	American Express Co	5.850%	11/5/2027	104,235	103,898
69,000	American Honda Fin Corp	4.900%	3/13/2029	69,069	70,014
100,000	Amgen Inc	5.150%	3/2/2028	99,589	102,215
20,000	Caterpillar Inc	2.600%	9/19/2029	18,514	18,804
44,000	Caterpillar Finl Svcs Corp	4.850%	2/27/2029	43,940	44,983
50,000	Citigroup Inc	3.400%	5/1/2026	47,956	49,517
50,000	Citigroup Inc	3.200%	10/21/2026	53,028	49,154
45,000	Cummins Inc	4.900%	2/20/2029	44,847	45,967
87,000	DTE Energy Co	4.950%	7/1/2027	87,479	87,896
61,000	John Deere Capital Corporation	4.650%	1/7/2028	60,982	62,066
60,000	Fox Corp	4.709%	1/25/2029	59,119	59,927
50,000	Goldman Sachs Group Inc	3.750%	5/22/2025	55,368	49,969
75,000	JPMorgan Chase & Co	2.950%	10/1/2026	71,457	73,711
46,000	Lennar Corp	5.000%	6/15/2027	46,262	46,259
86,000	Lilly Eli & Co	4.550%	2/12/2028	85,945	87,455
45,000	Marriott Intl Inc	5.550%	10/15/2028	44,691	46,493
35,000	Morgan Stanley	3.625%	1/20/2027	34,988	34,676
45,000	Northrop Grumman Corp	4.600%	2/1/2029	44,956	45,483
75,000	Oracle Corp	2.800%	4/1/2027	68,914	72,972
50,000	Public Storage	3.094%	9/15/2027	46,477	48,843
50,000	Public Storage Sr Nt	1.850%	5/1/2028	43,853	46,773
80,000	Regions Financial Corp	1.800%	8/12/2028	66,642	73,018
109,000	Ryder Sys Inc	4.625%	6/1/2025	108,840	108,898
50,000	Schwab Charles Corp	3.850%	5/21/2025	56,671	49,961
50,000	Simon Ppty Group	3.375%	12/1/2027	47,187	48,970
116,000	State Street Corp	4.536%	2/28/2028	116,000	117,219
39,000	Stryker Corporation	4.850%	12/8/2028	38,962	39,734
46,000	Suntrust Bk Atlanta	4.050%	11/3/2025	45,121	45,837
62,000	Toronto Dominion Bk	4.980%	4/5/2027	62,000	62,766
68,000	Toyota Mtr Corp	5.050%	5/16/2029	67,854	69,719
35,000	Wells Fargo & Co	3.550%	9/29/2025	37,413	34,881
85,000	BHP Billiton Fin USA	5.100%	9/8/2028	84,545	87,197
50,000	Royal Bank CDA	4.240%	8/3/2027	49,825	50,147
50,000	Westpac Bkg Corp	3.400%	1/25/2028	47,213	49,192
44,000	Westpac Bkg Corp	5.535%	11/17/2028	45,157	46,062
250,000	AT&T Inc	1.700%	3/25/2026	233,235	243,830
318,000	Abbvie Inc	4.650%	3/15/2028	317,577	322,725
180,000	Alleghany Corp	3.625%	5/15/2030	167,931	174,307
171,000	American Honda Fin Corp	4.900%	3/13/2029	171,330	173,512

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Plan**

EIN: 31-6051539 PN: 501

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2025

Shares / Par	Description	Interest Rate	Due Date	Cost	Market Value
Corporate & Foreign Bonds - Continued					
151,000	Caterpillar Finl Svcs Corp	4.850%	2/27/2029	\$ 150,795	\$ 154,372
183,000	Chevron USA Inc	4.475%	2/26/2028	183,000	185,286
182,000	Comcast Corp	2.650%	2/1/2030	164,206	168,508
54,000	Comcast Corp	5.100%	6/1/2029	53,961	55,678
150,000	Conocophillips Company	3.350%	5/15/2025	149,734	149,872
204,000	John Deere Capital Corp	4.650%	1/7/2028	203,939	207,566
276,000	Dominion Res Inc	3.900%	10/1/2025	274,264	275,224
378,000	Entergy Corp	0.900%	9/15/2025	367,306	372,629
169,000	Fox Corp	6.500%	10/13/2033	169,665	179,774
264,000	Kraft Heinz Foods Co	3.000%	6/1/2026	258,195	259,916
170,000	Lennar Corp Sr Glbl Nt	5.000%	6/15/2027	170,967	170,955
150,000	Marriott Intl Inc	5.550%	10/15/2028	148,971	154,976
182,000	Mastercard Inc	4.875%	5/9/2034	179,648	183,016
54,000	McDonald's Corp	5.000%	5/17/2029	53,797	55,391
168,000	Northrop Grumman Corp	4.600%	2/1/2029	167,664	169,804
267,000	Public Storage	5.100%	8/1/2033	266,032	271,184
230,000	Regions Financial Corp	1.800%	8/12/2028	191,597	209,928
267,000	Ryder Sys Mtn	2.900%	12/1/2026	258,667	260,232
100,000	Schwab Charles Corp	3.200%	3/2/2027	109,594	98,197
211,000	Simon Ppty Group	2.200%	2/1/2031	175,732	184,574
252,000	State Street Corp	4.536%	2/28/2028	252,000	254,649
131,000	Sryker Corporation	4.850%	12/8/2028	130,873	133,464
158,000	Suntrust Bk Atlanta	4.050%	11/3/2025	154,982	157,439
209,000	T Mobile USA Inc	2.550%	2/15/2031	176,562	185,456
212,000	Toronto Dominion Bk	4.980%	4/5/2027	212,000	214,620
218,000	Toyota Mtr Corp	4.800%	1/5/2034	218,014	216,834
231,000	Toyota Mtr Corp	5.050%	5/16/2029	230,506	236,840
100,000	US Bancorp Mtn	3.950%	11/17/2025	111,550	99,710
213,000	UnitedHealth Group Inc	2.300%	5/15/2031	181,290	187,365
163,000	BHP Billiton Fin USA	5.250%	9/8/2030	166,296	168,221
250,000	National Australia Bk LTD	4.900%	6/13/2028	248,438	255,675
183,000	Schlumberger Invt SA	5.000%	6/1/2034	182,537	176,335
150,000	Toronto Dominion Bk	5.532%	7/17/2026	150,998	152,028
180,000	TotalEnergies Cap SA	5.150%	4/5/2034	181,436	181,683
301,000	WestPac Bkg Corp	5.535%	11/17/2028	307,881	315,108
	Total Corporate & Foreign Bonds			\$ 9,761,248	\$ 9,915,169
U.S. Government Securities					
80,000	United States Treasury Note	1.250%	6/30/2028	\$ 72,731	\$ 74,416
15,000	United States Treasury Note	1.500%	11/30/2028	13,141	13,933
70,000	United States Treasury Note	1.875%	2/28/2027	66,719	67,831
25,000	United States Treasury Note	2.750%	4/30/2027	23,585	24,591
270,000	United States Treasury Note	3.875%	12/31/2027	266,773	272,087

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Plan**

EIN: 31-6051539 PN: 501

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2025

Shares / Par	Description	Interest Rate	Due Date	Cost	Market Value
U.S. Government Securities - Continued					
74,000	United States Treasury Note	3.625%	3/31/2030	\$ 72,870	\$ 73,656
455,000	United States Treasury Note	4.875%	10/31/2028	465,304	473,395
25,000	United States Treasury Note	4.625%	11/15/2026	25,382	25,336
55,000	United States Treasury Note	3.750%	12/31/2028	53,771	55,197
65,000	United States Treasury Note	4.000%	1/31/2029	65,073	65,792
445,000	United States Treasury Note	4.250%	2/28/2029	445,656	454,456
200,000	United States Treasury Note	4.125%	3/31/2029	198,796	203,360
55,000	United States Treasury Note	4.500%	4/15/2027	55,641	55,909
41,000	United States Treasury Note	4.625%	4/30/2029	40,842	42,453
175,000	United States Treasury Note	4.500%	5/15/2027	177,575	178,008
100,000	United States Treasury Note	4.500%	5/31/2029	100,460	103,121
65,000	United States Treasury Note	3.625%	8/31/2029	64,733	64,858
58,000	United States Treasury Note	4.125%	10/31/2029	58,150	59,027
260,000	United States Treasury Note	4.125%	10/31/2026	259,225	261,482
56,000	United States Treasury Note	4.375%	12/31/2029	55,967	57,592
75,000	United States Treasury Note	4.250%	12/31/2026	74,918	75,679
97,000	United States Treasury Note	4.250%	1/31/2030	96,663	99,262
204,000	United States Treasury Note	1.875%	2/15/2032	176,691	179,114
30,000	United States Treasury Note	1.875%	2/28/2027	28,594	29,070
450,000	United States Treasury Note	2.875%	5/15/2032	402,855	420,484
245,000	United States Treasury Note	2.750%	5/31/2029	236,425	236,560
400,000	United States Treasury Note	4.125%	11/15/2032	398,514	403,936
114,000	United States Treasury Note	3.500%	1/31/2030	109,168	112,927
300,000	United States Treasury Note	3.875%	8/15/2033	284,976	296,202
590,000	United States Treasury Note	4.875%	10/31/2028	603,294	613,854
1,050,000	United States Treasury Note	4.875%	10/31/2030	1,085,074	1,105,902
35,000	United States Treasury Note	4.000%	1/31/2029	35,101	35,426
75,000	United States Treasury Note	4.000%	1/31/2031	73,435	75,676
320,000	United States Treasury Note	4.000%	2/15/2034	310,717	317,549
165,000	United States Treasury Note	4.250%	2/28/2029	164,942	168,506
545,000	United States Treasury Note	4.500%	4/15/2027	552,016	554,003
580,000	United States Treasury Note	4.500%	5/15/2027	587,552	589,970
85,000	United States Treasury Note	4.250%	6/30/2031	84,973	86,770
150,000	United States Treasury Note	4.375%	7/15/2027	152,953	152,425
245,000	United States Treasury Note	4.000%	7/31/2029	246,427	248,072
640,000	United States Treasury Note	3.625%	9/30/2031	615,616	630,298
450,000	United States Treasury Note	4.125%	10/31/2029	447,264	457,965
215,000	United States Treasury Note	4.500%	12/31/2031	215,160	222,349
75,000	United States Treasury Note	4.250%	1/31/2030	74,739	76,749
60,000	United States Treasury Note	4.375%	1/31/2032	59,770	61,598
50,000	United States Treasury Note	4.625%	2/15/2035	51,652	51,875
350,000	Federal Home Loan Bank	3.500%	3/11/2033	328,751	330,757

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Plan**

EIN: 31-6051539 PN: 501

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2025

Shares / Par	Description	Interest Rate	Due Date	Cost	Market Value
U.S. Government Securities - Continued					
350,000	Federal Farm Credit Bank	4.375%	3/3/2033	\$ 347,191	\$ 353,742
250,000	Freddie Mac	4.500%	8/8/2033	247,033	253,358
	Total U.S. Government Securities			\$ 10,674,858	\$ 10,866,578
Certificates of Deposit					
100,000	BMW Bank of North America	4.000%	4/11/2029	\$ 99,700	\$ 99,432
60,000	Bank of America NA	4.200%	3/8/2027	59,880	60,091
60,000	Customers Bank	4.250%	11/12/2027	59,910	60,191
75,000	Dort Financial Credit Union	4.400%	2/10/2027	75,000	75,390
60,000	Eaglebank Bethesda MD	4.200%	3/7/2028	59,910	60,161
50,000	Goldman Sachs Bank USA	4.300%	3/11/2027	49,900	50,159
80,000	USAlliance Federal Credit Union	4.650%	4/28/2028	79,760	81,238
100,000	UBS Bank USA	3.950%	4/9/2029	99,810	99,284
100,000	Utah Cmnty Cr Un Provo	4.700%	10/28/2025	99,900	100,245
60,000	Wells Fargo Bank Natl Assoc	4.250%	3/11/2027	59,970	60,169
230,000	A Plus Federal Credit Union	4.550%	4/28/2028	229,425	232,912
185,000	Bank of America NA	4.200%	3/8/2027	184,630	185,279
150,000	Dort Financial Credit Union	4.400%	2/10/2027	149,625	150,780
185,000	Eaglebank Bethesda MD	4.200%	3/7/2028	184,723	185,498
195,000	Goldman Sachs Bank USA	4.300%	3/11/2027	194,610	195,618
245,000	Medallion Bank Utah	3.950%	4/17/2028	244,755	243,976
245,000	Morgan Stanley Bank NA	4.100%	10/12/2027	244,510	244,988
245,000	Morgan Stanley Private Bank	4.100%	10/12/2027	244,510	244,988
250,000	Space Coast Credit Union	5.150%	12/16/2025	250,000	251,580
245,000	Toyota Financial Savings Bank	4.000%	4/10/2028	244,314	244,240
150,000	USAlliance Federal Credit Union	4.650%	4/28/2028	149,550	152,321
145,000	UBS Bank USA	3.950%	4/9/2029	144,725	143,962
185,000	Wells Fargo Bank Natl Assoc	4.250%	3/11/2027	184,908	185,520
	Total Certificates of Deposit			\$ 3,394,025	\$ 3,408,022

**Ohio Conference of Plasterers and Cement Masons
Health and Welfare Plan**

EIN: 31-6051539 PN: 501

Schedule of Assets Held for Investment
(Schedule H; Line 4i)

April 30, 2025

Number of Shares	Description	Cost	Market Value
Money Market Funds			
314,716	Fifth Third - MRA Money Market	\$ 314,716	\$ 314,716
101,500	Bancorp Bank - Money Market	101,500	101,500
1,117,411	Federated Gov't Obligations Premier	1,117,411	1,117,411
513,095	Federated Gov't Obligations Premier	513,095	513,095
351,592	Federated Gov't Obligations Premier	351,592	351,592
	Total Money Market Funds	<u>\$ 2,398,314</u>	<u>\$ 2,398,314</u>
Mutual Funds			
493,719	Baird Short Term Bd Fd Instl	\$ 4,774,789	\$ 4,710,081
11,813	Vanguard Total Intl Stock Index	400,000	406,025
27,354	Vanguard Total Intl Stock Index	821,420	940,163
63,695	Vanguard Total Stock Market Index Fd Adm	4,021,559	8,461,825
14,467	Vanguard Total Stock Market Index Fd Adm	1,264,114	1,921,973
1,738	AFL - CIO Housing Investment Trust	1,847,638	1,700,025
	Total Mutual Funds	<u>\$ 13,129,520</u>	<u>\$ 18,140,092</u>
	Total Investments	<u>\$ 39,357,965</u>	<u>\$ 44,728,175</u>
Summary of Investments by Type			
	Certificates of Deposit	\$ 3,394,025	\$ 3,408,022
	Money Market Funds	2,398,314	2,398,314
	Corporate & Foreign Bonds	9,761,248	9,915,169
	Mutual Funds	13,129,520	18,140,092
	U.S. Government Securities	<u>10,674,858</u>	<u>10,866,578</u>
	Total Investments	<u>\$ 39,357,965</u>	<u>\$ 44,728,175</u>

Ohio Conference of Plasterers and Cement Masons Health and Welfare Fund

EIN: 31-6051539 PN: 501

Schedule of Reportable Transactions
(Schedule H, Line 4j)

For the Year Ended April 30, 2025

Identity of Party Involved/ Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Purchases</u>						
Federated Government Obligations	\$ 1,908,419	\$ -	\$ -	\$ 1,908,419	\$ 1,908,419	\$ -
<u>Sales</u>						
Federated Government Obligations	-	2,252,375	-	2,252,375	2,252,375	-
Vanguard Total Stock Market Index Fd Adm	-	2,700,000	-	1,246,586	2,700,000	1,453,414
	<u>\$ 1,908,419</u>	<u>\$ 4,952,375</u>	<u>\$ -</u>	<u>\$ 5,407,380</u>	<u>\$ 6,860,794</u>	<u>\$ 1,453,414</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

a single-employer plan a DFE (specify) _____

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

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

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

D Check box if filing under: Form 5558 automatic extension

special extension (enter description) the DFVC program

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
**OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS
HEALTH & WELFARE FUND**

1b Three-digit plan number (PN) ▶ **501**

1c Effective date of plan
05/01/1964

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

2b Employer Identification Number (EIN)
31-6051539

2c Plan Sponsor's telephone number
330-652-9821

**3660 STUTZ DRIVE, SUITE 101
CANFIELD OH 44406**

2d Business code (see instructions)
238900

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

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

SIGN HERE	<i>Charles W. Wanst</i>	1/30/2026	<i>Charles W Wanst</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Kevin M. Keiley</i>	1/30/2026	<i>Kevin M Keiley</i>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	1446
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	1170
a(2) Total number of active participants at the end of the plan year		6a(2)	1199
b Retired or separated participants receiving benefits		6b	260
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c.		6d	1459
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e.		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	249

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 4D 4E 4F 4H 4L

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

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

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

Federal Statements

OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS

Plan: 501

Plan transactions in excess of 5% of plan assets

<u>Name</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
FEDERATED	GOV'T OBLIGATIONS	\$ 1908419	\$	\$	\$	\$ 1908419	\$ 1908419	\$
FEDERATED	GOV'T OBLIGATIONS		2252375			2252375	2252375	
VANGUARD	TTL STK MKT INDX		2700000			1246586	2700000	1453414

Federal Statements

FYE: 4/30/2025 **OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS**
Plan: 501

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		CERTIFICATES OF DEPO	\$ 3,394,025	\$ 3,408,022
		MONEY MARKET FUNDS	2,398,314	2,398,314
		CORPORATE BONDS	9,761,248	9,915,169
		MUTUAL FUNDS	13,129,520	18,140,092
		US GOVERNMENT SECURI	10,674,858	10,866,578