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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1962

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

1470 WORLDWIDE PL
VANDALIA, OH 45377-1156

2b Employer Identification Number (EIN)
31-6038516

2c Plan Sponsor's telephone number
937-454-1744

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	Filed with authorized/valid electronic signature.	11/07/2019	BRADLEY WINANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/07/2019	CLINTON SUGGS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN
5	Total number of participants at the beginning of the plan year	**5**	8266
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)**	3179
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3116
b	Retired or separated participants receiving benefits	**6b**	3263
c	Other retired or separated participants entitled to future benefits	**6c**	1276
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	7655
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	529
f	Total. Add lines **6d** and **6e**.	**6f**	8184
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	319

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

1B

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

A Name of plan
IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY

D Employer Identification Number (EIN)
31-6038516

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
METROPOLITAN 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
13-5581829	65978	1187096	6141	06/01/2017	05/31/2018

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] 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 [ ] paid in cash, or [ ] 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**	868014
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 [X] No

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

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

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

A Name of plan
IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY

D Employer Identification Number (EIN)
31-6038516

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

1a Enter the valuation date: Month 02 Day 01 Year 2018

b	Assets		
(1)	Current value of assets	**1b(1)**	840159441
(2)	Actuarial value of assets for funding standard account	**1b(2)**	788804789
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1089799662
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	1089799662
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	2165368476
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	44997831
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	82964698
(3)	Expected plan disbursements for the plan year	**1d(3)**	84104698

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/30/2019
Date

DANIEL V. CINER, MAAA
Type or print name of actuary

17-05773
Most recent enrollment number

SEGAL CONSULTING
Firm name

312-984-8500
Telephone number (including area code)

101 NORTH WACKER DRIVE, CHICAGO, IL 60606-1724
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	840159441
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3785	1165888631
(2) For terminated vested participants		1302	214611953
(3) For active participants:			
(a) Non-vested benefits			110159110
(b) Vested benefits			674708782
(c) Total active		3179	784867892
(4) Total		8266	2165368476
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	38.80%

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/31/2019	53808412	0			
		Totals ► **3(b)**		53808412	**3(c)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	72.4%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	**4b**	E

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

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

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

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

a [ ] Attained age normal **b** [ ] Entry age normal **c** [X] Accrued benefit (unit credit) **d** [ ] Aggregate

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

i [ ] Other (specify):

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

k Has a change been made in funding method for this plan year? [ ] Yes [X] No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.96%			
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.50%		7.50%	
e Expense loading	**6e**	7.4%	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.7%			
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	17.5%			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	18482536	1947754
3	-6254907	-659164

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	15950795
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	486304078	64172731
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	6009264
e Total charges. Add lines 9a through 9d		**9e**	86132790

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	56494746
g	Employer contributions. Total from column (b) of line 3		**9g**	53808412
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 128814459		16019190
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	7456360
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 401448445		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 1211897093		
	(3) FFL credit		**9j(3)**	0
k	**(1)** Waived funding deficiency		**9k(1)**	0
	(2) Other credits		**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	133778708
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	47645918
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2018 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. [X] Yes [ ] No

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

A Name of plan
IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY

D Employer Identification Number (EIN)
31-6038516

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).. . . . . [X] 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

ENTRUST- SPECIAL OPPORTUNITY FD III
375 PARK AVE., 24TH FLOOR
NEW YORK, NY 10152

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

ROBERT W. BAIRD - BAIRD CORE PLUS
777 E. WISCONSIN AVE.
MILWAUKEE, WI 53202

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

ENTRUST- SPECIAL OPPORTUNITY FD II
375 PARK AVE., 24TH FLOOR
NEW YORK, NY 10152

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

MESIROW FINANCIAL CAPITAL PARTNERS

26-4042914

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

D.E. SHAW U.S. BROAD MARKET CORE

20-8581682

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

CORNERSTONE REAL ESTATE FUND VIII

27-0547156

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

ANGELO GORDON REALTY FUND IX, LP

245 PARK STREET, 26TH FLOOR
NEW YORK, NY 10167

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

NEW TOWER TRUST COMPANY - MEPT

52-6218800

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

GLOBAL INFRASTRUCTURE PARTNERS II-B

98-0672668

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

H.I.G. ADVANTAGE BUYOUT FUND L.P.

1450 BRICKELL AVENUE, FIRST FLOOR
MIAMI, FL 33131

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

TRUST COMPANY OF TOLEDO

REAL ESTATE EQUITY TRUST
1630 TIMBERWOLF DRIVE
HOLLAND, OH 43528

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

SEI-THORNBURG GLOBAL EQUITY FUND

06-1271230

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

CHEVY CHASE - AFL-CIO EQUITY INDEX

815 CONNECTICUT AVENUE, NW, STE 320
WASHINGTON, DC 20006

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

HIGHSTAR CAPITAL LP- IV LP & SUBSID

277 PARK AVENUE, 45TH FLOOR
NEW YORK, NY 10172

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

STARWOOD CAP DISTRESSED OPPORTUNITY

591 WEST PUTNAM AVENUE
GREENWICH, CT 06830

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

WARBURG PINCUS XI, LP

45-3414550

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

NORTHERN TRUST COLLECTIVE INVT TR

26-6411809

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

BOYD WATTERSON GSA FUND, LP

500 WEST MONROE STREET
SUITE 3850
CHICAGO, IL 60661

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

STARWOOD INTERNATIONAL OPP FUND

591 WEST PUTNAM AVENUE
GREENWICH, CT 06830

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

HIGHBRIDGE IRISH SPECIALTY LOAN FD

40 WEST 57TH STREET, FLOOR 32
NEW YORK, NY 10019

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

FIRST RESERVE GP XIII

ONE LAFAYETTE PLANCE
GREENWICH, CT 06830

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

ANGELO GORDON CAPITAL RECOVERY VIII

245 PARK STREET, 26TH FLOOR
NEW YORK, NY 10167

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

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

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

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

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

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

IWDC OF SW OH BENEFIT TRUST

31-6170926

(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?
14 50	RELATED FUND	597676	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EXETER TRUST

02-0476209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	369632	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	285000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

COOKE & BIELER, INC,

23-1392932

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	271364	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGATRUST

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	229459	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRIBUTARY CAPITAL

20-1736988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	162512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FIDELITY INVESTMENT ASSET MGMT

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	156216	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MANNING & NAPIER

16-0995736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	147008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL COMPANY MIDWEST

13-1975125

(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 16 50	NONE	140041	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

OVERMYER HALL ASSOCIATES

27-2481536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	130450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	75059	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FAULKNER, HOFFMAN & PHILLIPS, LLP

34-1909706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	34242	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

KEYBANK NA

31-0466650

(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 19 50 59 99	NONE	23295	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET - RUSSELL 2000 (R)

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	13066	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROSTAFF GRAPHICS

65 TAHLEQUAH TRAIL
SPRINGBORO, OH 45066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11956	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9365	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:	**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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

A Name of plan
IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY

D Employer Identification Number (EIN)
31-6038516

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIPLE-EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	54930471

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3350609-010	C	172222935

a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG GLOBAL EQUITY FUND

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3668265-002	C	41953812

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER NON US EQUITY CIT

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
02-0476209-034	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM CORE PLUS CL A

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-052	C	72788719

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 (R) IND NON-LENDING FD

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-013	C	25445071

a Name of MTIA, CCT, PSA, or 103-12 IE: COMMON ALL COUNTRY WORLD INVST MKT

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6411809-001	C	96189507

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

A Name of plan
IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY

D Employer Identification Number (EIN)
31-6038516

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4694771	4705393
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1907654	1469382
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	55186466	52486119
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9680431	3206242
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	191037834	103288232
(5) Partnership/joint venture interests	1c(5)	112934001	108872578
(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)	437838303	463530515
(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)	69190630	70433178
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	640913	605436
f	Total assets (add all amounts in lines 1a through 1e)	1f	883111003	808597075
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	200179	129531
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	42751383	18640368
k	Total liabilities (add all amounts in lines 1g through1j)	1k	42951562	18769899
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	840159441	789827176

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)	53808412	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		53808412
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	201035	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		201035
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	2346076	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2154481	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4500557
	(3) Rents	2b(3)		94197
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	226984318	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	197325651	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		29658667
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-34849826	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-34849826

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-18059035
(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)		-911933
c Other income	2c		1451901
d Total income. Add all **income** amounts in column (b) and enter total	2d		35893975
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	83265511	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		83265511
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	249342	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1661635	
(4) Other	2i(4)	1049752	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2960729
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		86226240
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-50332265
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLARK, SCHAEFER, HACKETT & CO. **(2)** EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4186439. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

A Name of plan
IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY

D Employer Identification Number (EIN)
31-6038516

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 68 % Investment-Grade Debt: 13 % High-Yield Debt: 8 % Real Estate: 9 % Other: 2 %

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

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

CLARK SCHAEFER HACKETT
CPAs & ADVISORS

10100 Innovation Drive, Suite 400, Dayton, Ohio 45342
P. 937.226.0070 | F. 937.226.1626 | cshco.com

INDEPENDENT AUDITORS' REPORT

To the Participants and Board of Trustees
Iron Workers District Council of Southern Ohio & Vicinity Pension Trust
Dayton, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, which comprise the statements of net assets available for benefits as of January 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the net assets available for benefits of the Iron Workers District Council of Southern Ohio & Vicinity Pension Trust as of January 31, 2019 and changes therein for the year then ended, and its financial status as of January 31, 2018 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying table of contents, are presented for the purpose of additional analysis and are not a required part of the financial statements. The schedule of assets (held at end of year) and the schedule of reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 21, 2019

Iron Workers District Council of Southern Ohio & Vicinity Pension Trust

Financial Statements and Supplemental Schedules

January 31, 2019 and 2018

with Independent Auditors' Report

CLARK SCHAEFER HACKETT

CPAs & ADVISORS

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CLARK SCHAEFER HACKETT
CPAs & ADVISORS

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INDEPENDENT AUDITORS' REPORT

To the Participants and Board of Trustees
Iron Workers District Council of Southern Ohio & Vicinity Pension Trust
Dayton, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, which comprise the statements of net assets available for benefits as of January 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the net assets available for benefits of the Iron Workers District Council of Southern Ohio & Vicinity Pension Trust as of January 31, 2019 and changes therein for the year then ended, and its financial status as of January 31, 2018 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying table of contents, are presented for the purpose of additional analysis and are not a required part of the financial statements. The schedule of assets (held at end of year) and the schedule of reportable transactions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 21, 2019

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Statements of Net Assets Available for Benefits
January 31, 2019 and 2018

	2019	2018
Assets		
Investments at fair value:		
Money market funds	$ 9,085,467	14,590,149
Repurchase agreements	12,740,000	29,500,000
Corporate obligations	3,206,242	9,680,431
Equity securities	85,634,791	150,881,814
Common/collective trusts	463,530,515	437,838,303
Partnership/joint venture interests	108,872,578	112,934,001
Registered investment companies	70,433,178	69,190,630
Securities pledged to creditors:		
Equity securities	17,653,441	40,156,020
Total investments	771,156,212	864,771,348
Cash	30,660,652	11,096,317
Accrued interest receivable	46,237	51,720
Employer contributions receivable	4,705,393	4,694,771
Due from broker for securities sold	-	420,172
Prepaid retiree insurance and tax withholdings	1,423,145	1,435,762
Property:		
Land	225,000	225,000
Building, at cost less accumulated depreciation of $989,547 and $954,070	380,436	415,913
Total assets	808,597,075	883,111,003
Liabilities		
Accounts payable	129,531	200,179
Accounts payable to related funds:		
Benefit Trust	412,474	540,886
Annuity Trust	134,468	275,459
IMPACT Fund	141,742	122,824
Fringe fund escrow	15,190	37,939
Obligation to return securities lending collateral	17,936,494	41,472,848
Due to broker for securities purchased	-	301,427
Total liabilities	18,769,899	42,951,562
Net assets available for benefits	$ 789,827,176	840,159,441

See accompanying notes to financial statements.

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended January 31, 2019 and 2018

	2019	2018
Investment income (loss):		
Net investment earnings (loss)	$ (18,008,634)	129,000,503
Rental income from related plans	94,197	91,439
	(17,914,437)	129,091,942
Investment expenses	(1,661,635)	(2,022,674)
Net investment income (loss)	(19,576,072)	127,069,268
Employer contributions, net of reciprocity	53,808,412	56,564,889
	34,232,340	183,634,157
Benefits paid	83,265,511	82,304,434
Administrative expenses - direct	701,418	701,069
Administrative expenses allocated from related plans	597,676	332,155
	84,564,605	83,337,658
Net increase (decrease)	(50,332,265)	100,296,499
Net assets available for benefits:		
Beginning of year	840,159,441	739,862,942
End of year	$ 789,827,176	840,159,441

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN:

The following brief description of the Iron Workers District Council of Southern Ohio & Vicinity Pension Trust (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the plan's provisions:

General

The Plan is a defined benefit pension plan covering employees of those employers who have agreed to make the required employer contributions to the Plan per collective bargaining agreements with various local Iron Workers unions located in Indiana, Kentucky, Ohio, and West Virginia. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and funding policy

In accordance with the collective bargaining agreements, employers are required to make monthly contributions at a fixed dollar amount for each hour worked by participants. No participant contributions to the Plan are permitted. The Plan's actuary has advised that the Plan has met the minimum funding requirements of ERISA.

Pension benefits

Pension benefits are determined based on the number of pension credits earned multiplied by fixed dollar amounts per specific year of service. Participants with five or more pension credits are entitled to full pension benefits beginning at a normal retirement age of 62. The Plan permits early retirement beginning at age 55 for employees with at least 15 pension credits. However, the pension benefit is reduced based upon the number of years the retirement date precedes the participant's normal retirement date. The Plan also provides a total and permanent disability pension for participants with five or more pension credits. Participants generally receive their pension benefits with a reduction reflecting a joint and survivor annuity. If joint and survivor benefits are rejected by the participant and spouse, or if not married, a higher monthly benefit is payable for the life of the employee. In the event a spouse predeceases the pensioner, the monthly benefit shall be adjusted to the life annuity as through the husband-and-wife pension had not been in effect.

A participant earns one one-hundredth of one pension credit for each 15 hours in covered employment, up to one pension credit in any year, plus the pension credit earned, if any, from the hour bank. Hours worked in excess of 2,000 hours per calendar year are added to the hour bank.

Death

The Plan provides for pre-retirement death benefits for spouses of participants with a minimum of five pension credits. The death benefit is either paid as a lump sum equal to 50% of the contributions received on behalf of the employee or, if sufficient pension credits existed, over a 60-month period at an amount the employee would have been entitled if they retired the day before death.

Vesting

Participants earn one year of vesting service for each calendar year in which the participant works 1,000 in covered employment. Participants are fully vested for benefits after completing five years of vesting service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies of the Plan:

Basis of accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 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 investment income (loss) includes interest, dividends and the Plan's gains and losses on investments bought and sold, as well as held during the year.

Cash
Cash includes amounts on deposit with financial institutions. The balances, at times, may exceed federally insured limits.

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

Property
Property is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful life of the building. Depreciation expense totaled $35,477 for each of the years ended January 31, 2019 and 2018.

Payments of benefits
Benefits are recorded when paid.

Related organizations
The Plan operates jointly with the Benefit Trust and Annuity Trust sponsored by the Iron Workers District Council of Southern Ohio & Vicinity. Transactions between the Plans are as follows:

The Benefit Trust and Annuity Trust lease office space from the Plan. Rent expense is determined annually based on an allocation of square footage. Rental income received from the related Plans was $94,197 and $91,439 for the years ended January 31, 2019 and 2018, respectively.

Certain administrative expenses benefiting all three plans are paid by the Benefit Trust. Such joint costs are allocated to each plan based on factors, including personnel time, governance time, contribution levels, postage usage, etc. The total expenses allocated to the Plan related to these joint administrative costs were $597,676 and $384,155 for the years ended January 31, 2019 and 2018, respectively. In addition, during 2018, the Plan received reimbursements totaling $52,000 from the related Benefit and Annuity Trusts for investment management fees that were previously paid by the Plan in error.

Employer contributions to the Plan and related plans are remitted jointly in a single monthly payment. These contributions are initially deposited into the Pension Trust and subsequently transferred to the appropriate plan after processing. Amounts held by the Pension Trust on behalf of the Benefit Trust and Annuity Trust are classified as part of amounts due to related plans.

At January 31, 2019, $412,474 and $134,468 was due to the Benefit and Annuity Trusts, respectively. At January 31, 2018, $540,886 and $275,459 was due to the Benefit and Annuity Trusts, respectively. These balances are the result of contributions pending transfer, rent charges, fiduciary insurance expenses allocated between the three related plans and the true-up of joint costs allocated from the Benefit Trust.

The Plan collects contributions for the national IMPACT Fund. These contributions are accumulated as received from contractors and remitted to the IMPACT Fund monthly. As the Plan is serving as a collection agent, the receipts and disbursements are not reflected in the statements of changes in net assets available for benefits. At January 31, 2019 and 2018, the Plan had $141,742 and $122,824, respectively, of contributions pending transfer to the national IMPACT fund.

Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Subsequent events
The Plan has evaluated subsequent events through the report date, the date the financial statements were available to be issued.

3. TAX STATUS:

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated January 15, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

4. INVESTMENTS:

The Plan's net investment income (loss) was as follows:

	2019	2018
Interest from cash, money market, and debt investments	$ 201,035	1,382,881
Dividends:		
Equity investments	2,346,076	2,482,918
Registered investment companies	2,154,481	1,094,811
	4,500,557	3,577,729
Unrealized appreciation (depreciation) from debt and equity investments held at year end:		
U.S. Government securities	-	386,885
Corporate obligations	-	(431,959)
Securities lending - corporate obligations	161,037	215,733
Equity securities	(35,010,863)	19,114,416
	(34,849,826)	19,285,075
Realized appreciation from debt and equity investments sold during the year	29,658,667	22,296,262
Net earnings (losses) from common/collective trust funds	(18,059,035)	67,204,653
Net depreciation from registered investment companies	(911,933)	(178,422)
Net earnings from partnerships/joint ventures	1,451,901	15,432,325
Net investment income (loss)	$ (18,008,634)	129,000,503

The Plan conducts securities lending activities, which are classified as secured borrowings. The Plan typically requires collateral equal to 102% of the fair value of the securities on loan, which is invested by Key Bank in money market funds, certain debt instruments and repurchase agreements. Collateral received from borrowers is recognized as a liability equal to the fair value on the date of receipt until the securities lending arrangement is settled and the collateral is returned to the borrower. The fair value and cost of collateral investments at January 31, 2019 was $16,101,367 and $17,936,494, respectively. The fair value and cost of collateral investments at January 31, 2018 was $39,476,684 and $41,472,848, respectively. The Plan recorded total gains of $161,037 and $215,733 for the years ended January 31, 2019 and 2018, respectively, related to collateral received from borrowers.

The Plan's securities lending activities are collateralized as described previously and in accordance with the terms of the securities lending agreement with the custodial bank, which requires the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans. As such, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or collateral, or that the bank's investment of cash collateral received from the borrowers of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

The fair value of securities on loan at January 31, 2019 and 2018 was as follows:

	2019	2018
Equity securities	$17,653,441	40,156,020

5. FAIR VALUE MEASUREMENTS:

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 31, 2019 and 2018.

Money market funds: Valued at cost, which approximates fair value.

Repurchase agreements: Valued at cost, which approximates fair value.

Corporate obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

Common/collective trusts: Valued at the net asset value (NAV) of units of the collective trusts. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

Partnership/joint venture interests: Valued at the net asset value per share or unit. The NAV, as provided by the investment manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the partnership will sell the investment for an amount different from the reported NAV.

Registered investment companies: Mutual funds are valued at the daily closing prices as reported by the funds. The funds held by the Plan are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded.

The carrying amounts of financial instruments including cash, contributions receivable, and accounts payable approximated fair value as of January 31, 2019 and 2018, because of the relatively short maturity of these instruments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan’s Trustees believe that the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the fair values of investment securities will occur in the near term and, that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2019:

Description	Level 1	Level 2	Level 3	Assets at NAV	Total
Money market funds	$ 9,085,467	-	-	-	9,085,467
Repurchase agreements	12,740,000	-	-	-	12,740,000
Corporate obligations	-	1,797,962	1,408,280	-	3,206,242
Equity securities	103,288,232	-	-	-	103,288,232
Common/collective trusts	-	-	-	463,530,515	463,530,515
Partnership/ joint venture interests	-	-	-	108,872,578	108,872,578
Registered investment companies	70,433,178	-	-	-	70,433,178
	$195,546,877	1,797,962	1,408,280	572,403,093	771,156,212

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2018:

Description	Level 1	Level 2	Level 3	Assets at NAV	Total
Money market funds	$ 14,590,149	-	-	-	14,590,149
Repurchase agreements	29,500,000	-	-	-	29,500,000
Corporate obligations	-	7,798,687	1,881,744	-	9,680,431
Equity securities	191,037,834	-	-	-	191,037,834
Common/collective trusts	-	-	-	437,838,303	437,838,303
Partnership/ joint venture interests	-	-	-	112,934,001	112,934,001
Registered investment companies	69,190,630	-	-	-	69,190,630
	$304,318,613	7,798,687	1,881,744	550,772,304	864,771,348

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended January 31, 2019 and 2018:

	Corporate obligations
Balance, January 31, 2017	$ 2,181,304
Realized gains	15,731
Unrealized gains	215,733
Sales/ principal	(531,024)
Balance, January 31, 2018	1,881,744
Realized gains	20,694
Unrealized gains	161,037
Sales/ principal	(655,195)
Balance, January 31, 2019	$ 1,408,280

The table below sets forth the fair value and redemption frequency for those assets whose fair value is estimated using the net asset value per share as of January 31, 2019:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/Collective trusts:				
Multi-Employer Property Trust (a)	$ 54,930,471	-	Quarterly	90 Days
FIAM Core Plus CL A (a)	72,788,719	-	Immediate	30 Days
Northern Trust Collective Invt Tr (a)	96,189,507	-	Immediate	None
State Street Russell 2000(R) Index (a)	25,445,071	-	Immediate	None
Thornburg Global Equity Fund (a)	41,953,812	-	Immediate	None
AFL-CIO Equity Index Fund (a)	172,222,935	-	Immediate	None
	463,530,515			
Partnerships/joint ventures:				
D.E. Shaw US Broad Market Core Alpha Extension Fund (b)	53,599,981	-	Limited	30 Days
Mesirow Financial Capital Partners X, L.P. (c)	1,735,925	120,000	Limited	Not applicable
Highstar Capital IV, L.P. & Subidiaries (d)	2,780,988	-	Limited	Not applicable
Starwood Distressed Opportunity Fund IX - 1 U.S., L.P. (e)	1,274,235	1,620,000	Limited	Not applicable
Starwood International Opportunity Fund - 1 International, L.P. (e)	270,526	2,652,739	Limited	Not applicable
Warburg Pincus XI, LP (f)	5,664,664	-	Limited	Not applicable
Highbridge Irish Specialty Loan Fund III plc (g)	1,334,554	272,749	Limited	Not applicable
First Reserve Fund XIII, L.P. (h)	2,591,824	1,645,097	Limited	Not applicable
EnTrust Special Opportunities Fund II Ltd (i)	1,130,099	402,460	Limited	Not applicable
Entrust Special Opportunities Fund III Ltd Class A (i)	5,965,057	-	Limited	Not applicable
Global Infrastructure Partners II B - Feeder Fund, L.P. (j)	4,747,834	325,778	Limited	Not applicable
Cornerstone Real Estate Fund VIII, LP (k)	4,403	382,976	Limited	Not applicable
Angelo Gordon Capital Recovery VIII Holdings, LP (l)	744,961	1,324,637	Limited	Not applicable
Angelo Gordon Realty Fund IX, LP(m)	6,900,810	1,125,750	Limited	Not applicable
Real Estate Equity Trust (n)	1,056,969	-	Limited	Not applicable
H.I.G. Advantage Buyout Fund, L.P. (o)	605,807	7,285,896	Limited	Not applicable
Boyd Watterson GSA Fund, LP and Subsidiary (p)	18,463,941	-	Limited	Not applicable
	108,872,578			
	$ 572,403,093			

The table below sets forth the fair value and redemption frequency for those assets whose fair value is estimated using the net asset value per share as of January 31, 2018:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/Collective trusts:				
Multi-Employer Property Trust (a)	$ 51,225,436	-	Quarterly	90 Days
FIAM Core Plus CL A (a)	71,278,871	-	Immediate	30 Days
Manning & Napier Non US Equity	62,423,694			
Collective Invt Tr (a)	26,368,436	-	Immediate	None
Thornburg Global Equity Fund (a)	50,201,143	-	Immediate	None
AFL-CIO Equity Index Fund (a)	176,340,723	-	Immediate	None
	437,838,303			
Partnerships/joint ventures:				
D.E. Shaw US Broad Market				
Core Alpha Extension Fund (b)	54,788,722	-	Limited	30 Days
Mesirow Financial Capital				
Partners X, L.P. (c)	1,831,945	120,000	Limited	Not applicable
Highstar Capital IV, L.P. &				
Subidiaries (d)	4,865,408	97,436	Limited	Not applicable
Starwood Distressed Opportunity				
Fund IX - 1 U.S., L.P. (e)	1,815,705	1,620,000	Limited	Not applicable
Starwood International Opportunity				
Fund - 1 International, L.P. (e)	484,953	2,652,739	Limited	Not applicable
Warburg Pincus XI, LP (f)	5,571,375	126,000	Limited	Not applicable
Highbridge Irish Specialty Loan				
Fund III plc (g)	2,720,818	543,188	Limited	Not applicable
First Reserve Fund XIII, L.P. (h)	2,073,808	2,642,531	Limited	Not applicable
EnTrust Special Opportunities				
Fund II Ltd (i)	1,564,465	402,460	Limited	Not applicable
Entrust Special Opportunities				
Fund III Ltd Class A (i)	8,331,200	71,666	Limited	Not applicable
Global Infrastructure Partners II				
B - Feeder Fund, L.P. (j)	4,275,197	500,650	Limited	Not applicable
Cornerstone Real Estate				
Fund VIII, LP (k)	313,825	385,226	Limited	Not applicable
Angelo Gordon Capital				
Recovery VIII Holdings, LP (l)	1,612,354	1,324,637	Limited	Not applicable
Angelo Gordon Realty Fund IX, LP(m)	5,274,250	2,982,000	Limited	Not applicable
Real Estate Equity Trust (n)	336,544	-	Limited	Not applicable
Boyd Watterson GSA Fund, LP				
and Subsidiary (p)	17,073,432	-	Limited	Not applicable
	112,934,001			
	$ 550,772,304			

(a) Direct filing entity (DFE). The Plan is not required to disclose the investment strategies of DFEs that file a Form 5500 annual report directly with the U.S. Department of Labor.

(b) The D.E. Shaw US Broad Market Core Alpha Extension Fund was established to maximize the risk-adjusted performance and minimize the correlation of excess returns to particular asset classes, style risk factors, or other macroeconomic variables. The fund invests solely in D.E. Shaw US Broad Market Core Alpha Extension Portfolios, L.L.C, the objective of which is to earn a return comparable to that of the Russell 1000 Index. The Plan can sell its investment in this fund with prior written consent for the transfer of ownership from the fund's managing member. The ability to transfer ownership is at the sole discretion of the managing member.

(c) Mesirow Financial Capital Partners X, L.P. specializes in buyouts, expansion, and growth capital investments, seeks to invest between $10 million and $15 million, and prefers to co-invest along with other funds of the sponsor. The Plan's investment in the fund is subject to lock-up until the end of the fund term, which is 10 years after the initial closing date in June 2011. The fund term is subject to three 1-year extensions to provide for orderly liquidation of remaining assets. The investment is deemed to be illiquid until the expiration of the fund term.

(d) Highstar Capital IV, LP & Subsidiaries was established to generate both current income and long-term capital appreciation for the limited partners of the fund by investing in infrastructure assets and businesses, including assets and businesses in energy, transportation, and environmental services sectors. The Plan's investment in the fund is subject to lock-up until the end of the fund term, which is 10 years after the final admission date, May 31, 2012, unless terminated earlier, or extended beyond that date, but the general partner for up to one year, or further extended by the general partner for up to three successive periods of one year each, provided that in no event the term of the fund be extended beyond the fifteenth anniversary of the initial closing. The fund term is subject to three 1-year extensions to provide for orderly liquidation of remaining assets. The investment is deemed to be illiquid until the expiration of the fund term.

(e) Starwood Distressed Opportunity Fund IX -1 U.S., L.P. and Starwood International Opportunity Fund -1 International, L.P. consists of multiple partnerships organized to generate returns by making opportunistic real estate equity and debt investments in office properties, retail centers, zoned residential land opportunities and other real estate assets located in the United States and abroad. Areas of investment focus include individual properties, as well as property portfolios. The partnerships may also make equity and debt investments in real estate related businesses, as well as in select development opportunities. The ability to transfer ownership or withdraw from the partnerships is restricted.

(f) Warburg Pincus XI, LP was organized in 2012 for the purpose of making private equity and related investments for a 12 year partnership life unless its term is extended or dissolved earlier. The entity consists of multiple partnerships and related companies which invest in portfolio companies in various geographic regions throughout the world. The partnership has no obligation to redeem or liquidate any limited partnership interest prior to the completion of the winding-up of the entity.

(g) Highbridge Irish Specialty Loan Fund III plc will continue until 2019, unless terminated earlier or extended beyond that date by the general partner and/or advisory committee or majority in interest. The objective of the fund is to generate both current income and long-term capital appreciation by investing primarily in senior debt. The Company will also invest some of its capital in second and third lien secured loans and other corporate instruments.

(h) First Reserve Fund XIII, L.P. was established during 2014 to make investments in private entities operating in the energy sector. The Plan's investment is considered illiquid until the expiration of the fund term.

(i) EnTrust Special Opportunities Fund II Ltd and EnTrust Special Opportunities Fund III Ltd Class A are funds-of-hedge funds. The Plan's investment in the funds is subject to lock-up, which is determined based upon the lock-up periods of the underlying investments. The investment is deemed to be illiquid until the expiration of the fund term.

(j) Global Infrastructure Partners II B – Feeder Fund, L.P. was organized to invest in portfolio companies that, own, operate, develop, manage or support infrastructure assets through Global Infrastructure Partners II-B, L.P. and GIP II-B Eagle AIV 1, L.P. The Partnership will continue until GIP II-B is dissolved. The investment is deemed to be illiquid until the expiration of the fund term.

(k) Cornerstone Real Estate Fund VIII, LP was established to acquire investments in real estate assets. The final real estate asset was sold on March 16, 2018. On March 1, 2019, the partnership expired. The partnership continued in existence after that date for the purpose of winding down the normal course operations and liquidating affairs, which will be handled as promptly as possible. The amount and timing of the ultimate liquidation of the Trust's assets have not been determined.

(l) Angelo Gordon Capital Recovery VIII Holdings, L.P. is a Cayman Islands exempted limited partnership. The fund invests solely in AG Capital Recovery Partners VIII, L.P., a Delaware limited partnership established to primarily invest in distressed issuers. The term of the fund shall continue until the dissolution of the partnership or unless the fund is sooner dissolved at the discretion of the partnership agreement of the general partner of the fund, AG Capital Recovery VIII L.L.C. The ability to transfer ownership from the fund is restricted.

(m) Angelo Gordon Realty Fund IX, L.P. holds AG Realty Fund, IX L.P. and AG Realty Fund IIX (A), L.P; both are Delaware limited partnerships. The fund has a general partner, AGR IX LLC. Angelo Gordon Realty Fund IX, L.P.'s principal objective is capital appreciation primarily through investments in distressed real estate assets and sub-performing and non-performing mortgages. The term of the fund shall continue eight years from the management fee start date on January 31, 2015 unless the fund's general partner extends the term for one or two additional one-year periods. The ability to transfer ownership from the fund is restricted.

(n) Real Estate Equity Trust I was established to acquire equity investments in new real estate development projects in the Greater Cincinnati, Ohio area. The entity is structured as a common/collective trust fund but does not file as a direct filing entity and therefore, is reported as a partnership. The underlying investments held by the trust were liquidated during the year ended December 31, 2018, and as of January 31, 2019 consisted of only cash. Subsequent to January 31, 2019, the trustee completed the process of distributing the remaining cash. The Plan has adjusted its balance to equal the distributions received subsequent to January 31, 2019, which totaled $1,056,969.

(o) H.I.G. Advantage Buyout Fund, L.P. was formed for the purpose of investing in equity and equity-related securities in conjunction with privately-negotiated transactions. The term of the fund shall continue ten years from the commencement of operations on October 25, 2017 or unless the fund is sooner dissolved at the discretion of the partnership agreement of the general partner of the fund. The ability to transfer ownership from the fund is restricted.

(p) Boyd Watterson GSA Fund, L.P. was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate that is leased to the U.S. federal government either through the General Services Administration or other federal government agencies. The ability to transfer ownership from the fund is restricted.

6. ACCUMULATED PLAN BENEFITS:

The actuarial present value of the accumulated plan benefits was calculated by the Plan's actuaries as the amount that results from applying actuarial assumptions to plan participant data to determine the accumulated plan benefits earned to date by the participants. The present value reflects the time value of money (through discounts for interest) and the probability of payment recognizing decrements such as for death, disability, withdrawal or retirement between the valuation date and the expected dates for payment.

The actuarial present value of accumulated plan benefits at January 31, 2018 is as follows:

Vested:	
Participants currently receiving benefits	$ 701,237,489
Other participants	337,613,730
	1,038,851,219
Nonvested:	50,948,443
Total actuarial present value of accumulated plan benefits	$ 1,089,799,662

The change in actuarial present value of accumulated plan benefits for the year ended January 31, 2018 is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 1,078,556,891
Increase (decrease) attributed to:	
Interest	77,548,149
Benefits paid	(82,304,434)
Benefits accumulated, net experience gain or loss, changes in data	22,253,963
Plan amendments	(6,254,907)
Net increase	11,242,771
Actuarial value of accumulated plan benefits at end of year	$ 1,089,799,662

The significant assumptions underlying the actuarial computations are as follows:

1. Healthy mortality rates: RP-2014 Blue Collar Employee Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016 for non-pensioners or beneficiaries. RP-2014 Blue Collar Healthy Annuitant Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using scale MP-2016 for pensioners and beneficiaries.

2. Disability mortality rates: Disabled after March 31, 2003 – RP-2014 Blue Collar Healthy Annuitant Mortality Table (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016, if not eligible for a Social Security Disability Pension and RP-2014 Disabled Retiree Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016, if eligible for a Social Security Disability Pension. Disabled from 1998 to March 31, 2003 – RP-2014 Disabled Retiree Mortality Tables

(sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016. Disabled before 1998 – RP-2014 Disabled Retire Mortality Tables (sex distinct), projected generationally from 2014 using Scale MP-2016.

3. Retirement age: At various rates between ages of 55 and 65.

4. Investment rate of return: 7.50%, net of investment expenses for the actuarial present value of accumulated plan benefits

5. Future benefit accruals: 0.95 pension credit, one year of vesting service and benefit accrual of $110 per year.

6. Actuarial cost method: Unit credit actuarial cost method. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated based on accruals under the Plan.

Effective January 1, 2018, the Plan was amended to eliminate pre-retirement death benefits for all participants and added a pre-retirement death benefit for non-married participants payable as a single lump sum to the non-spouse beneficiary. These amendments resulted in a $6,254,907 reduction of accumulated Plan benefits. Changes in actuarial assumptions reflected in the January 31, 2018 valuation include increasing the assumed per capita contribution hours from 1,750 to 1,800. This change had no effect on the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to investment return, inflation rates and participant 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.

At January 31, 2019 and 2018, the Plan was classified as endangered (Yellow Zone) under the provisions of the Pension Protection Act of 2006. Due to the funding deficiency, the Trustees have adopted a funding improvement plan which required contribution rate increases through 2016.

7. PLAN TERMINATION:

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination, subject to a statutory ceiling on the amount of an individual’s monthly benefit.

Whether all participants receive their benefits should the Plan terminate at some future time will depend of the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

SUPPLEMENTAL SCHEDULES

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Schedules of Investment and Administrative Expenses
Years Ended January 31, 2019 and 2018

	2019	2018
Investment expenses:		
Investment advisory - Segal Marco Advisors	$ 285,000	285,000
Services fees:		
Fidelity	156,216	151,216
Amalgatrust	229,459	215,884
Exeter Trust Company	369,632	403,071
Southern Sun	-	147,833
Manning & Napier	147,008	357,473
Key Trust	23,295	30,596
Cooke & Bieler	271,364	266,880
Tributary Capital	162,512	154,186
State Street Global Advisors	13,066	545
JP Morgan	4,083	9,990
	$ 1,661,635	2,022,674
Administrative expenses - direct:		
Insurance	$ 134,375	126,767
PBGC premium	231,448	230,776
Actuary and consulting	140,041	154,260
Legal fees	34,242	48,515
Accounting and audit	75,059	61,306
Miscellaneous	27,442	20,704
Real estate taxes	23,334	23,264
Depreciation	35,477	35,477
	701,418	701,069
Administrative expenses allocated from related Plans:		
Reimbursement of investment management fees	-	(52,000)
Trustee expenses and education	41,053	44,654
Collection costs	80,961	41,417
Personnel	267,023	202,137
Office pension cost and funded status change	102,566	(17,941)
Utilities, supplies, postage, and other	106,073	113,888
	597,676	332,155
	$ 1,299,094	1,033,224

See accompanying notes to financial statements.

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Investment manager: Segal Alternative Investments				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	4,591,528	$ 4,591,528	4,591,528
* Investment manager: Key Trust - Pension Cash				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	463,492	463,492	463,492
* Investment manager: SouthernSun				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	6,461	6,461	6,461
* Investment manager: Amalgatrust				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	1,162,931	1,162,931	1,162,931
	Equity securities:			
	ADOBE SYSTEMS INC	4,620	446,880	1,144,928
	ALIBABA GROUP HOLDING LTD	5,243	841,452	883,393
	ALPHABET INC	1,250	624,543	1,395,463
	AMAZON COM INC	1,055	470,034	1,813,260
	AMPHENOL CORP	12,433	371,466	1,093,109
	AUTODESK INC	7,481	1,001,725	1,101,203
	BOOKING HOLDINGS INC	618	1,171,639	1,132,677
	BROWN-FORMAN CORP	13,004	598,651	614,439
	BWX TECHNOLOGIES INC	14,920	822,187	692,586
	CINTAS CORP	5,862	1,015,465	1,099,184
	COSTCO WHOLESALE CORP	4,672	433,620	1,002,751

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	DANAHER CORP DEL	11,044	529,519	1,225,000
	DEXCOM INC	8,658	616,006	1,221,038
	EDWARDS LIFESCIENCES CORP	5,894	596,456	1,004,455
	ELECTRONICS ARTS INC	12,972	1,426,791	1,196,537
	ESTEE LAUDER COS INC	7,445	573,782	1,015,647
	FLEETCOR TECHNOLOGIES INC	2,433	379,661	491,004
	FORTIVE CORP	16,616	790,751	1,246,034
	GENPACT LTD	30,508	590,791	910,054
	INTUIT	7,054	914,774	1,522,394
	INTUITIVE SURGICAL INC	2,786	367,599	1,458,861
	MISCROSOFT CORP	11,424	1,181,894	1,193,008
	NXP SEMICONDUCTOR NV	9,215	830,048	801,981
	PAYPAL HOLDINGS INC	16,832	701,682	1,494,008
	ROPER TECHNOLOGIES INC	4,766	877,182	1,350,017
	SALESFORCE.COM INC	9,578	338,704	1,455,569
	SBA COMMUNICATIONS CORP	7,880	810,721	1,438,336
	SHERWIN WILLIAMS CO	3,045	1,249,799	1,283,528
	THERMO FISHER SCIENTIFIC INC	5,927	965,646	1,456,086
	TJX COS INC NEW	21,161	803,155	1,052,337
	VISA INC	11,518	527,095	1,555,045
	ZOETIS INC	18,051	1,055,513	1,555,277
	Total equity securities		23,925,231	37,899,209
	Total managed by Amalgatrust		25,088,162	39,062,140

* Investment manager: Manning & Napier - Equity
Money market funds:

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	FEDERATED PRIME CASH OBLIGATIONS IS	32,023	32,023	32,023
*	Investment manager: Manning & Napier - International			
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	168,453	168,453	168,453
*	Investment manager: Cooke & Bieler - Equity			
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	1,701,904	1,701,904	1,701,904
	Total Cash & Cash Equivalents		1,701,904	1,701,904
	Equity securities:			
	ABBOTT LABS	6,000	235,293	437,880
	ALLIANCE DATA SYSTEMS CORP	3,000	631,949	532,770
	AMETEK INC	9,000	466,594	656,100
	APPLIED MATERIALS INC	18,200	752,304	711,256
	ARCH CAPITAL GROUP LTD	30,300	895,111	889,305
	ARROW ELECTRONICS INC	17,700	1,358,781	1,344,315
	BECTON DICKINSON & CO	2,900	355,413	723,434
	BERKSHIRE HATHAWAY INC	3,000	372,684	616,620
	CARDINAL HEALTH INC	7,700	395,014	384,769
	CARNIVAL CORP	14,900	600,666	857,942
	CBRE GROUP INC	16,500	480,248	754,875
	COLFAX CORP	45,500	1,260,230	1,126,125
	CROWN HOLDINGS INC	24,800	1,140,578	1,264,800
	EXXON MOBIL CORP	13,900	893,003	1,018,592
	FIDELITY NATIONAL FINANCIAL INC	32,900	845,693	1,189,664

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	HANESBRANDS INC	45,700	907,791	685,043
	INTERCONTINENTAL EXCHANGE INC	12,600	770,836	967,176
	JOHNSON & JOHNSON	7,000	668,636	931,560
	JP MORGAN CHASE & CO	8,600	362,261	890,100
	LABORATORY CORP AMER HLDGS	5,200	584,721	724,620
	OMNICOM GROUP INC	12,900	703,651	1,004,652
	PHILIP MORRIS INTERNATIONAL INC	11,500	971,529	882,280
	PNC FINANCIAL SERVICES GROUP INC	6,000	485,178	736,020
	PROGRESSIVE CORP OHIO	9,100	207,805	612,339
	RELIANCE STEEL & ALUMINUM CO	7,900	629,241	646,852
	RENAISSANCE RE HLDGS LTD	2,800	311,900	386,484
	SNAP ON INC	5,500	837,868	912,945
	STATE STR CORP	16,600	1,054,749	1,176,940
	SYNCHRONY FINANCIAL	34,300	952,327	1,030,372
	UNITED PARCEL SERVICE INC	9,100	816,619	959,140
	UNITEDHEALTH GROUP INC	1,800	131,368	486,360
	VERIZON COMMUNICATIONS INC	17,500	912,593	963,550
	WELLS FARGO CO	20,800	857,228	1,017,328
	WHIRLPOOL CORP	6,000	981,606	798,060
	WORLD FUEL SVCS CORP	20,800	844,553	517,712
	AERCAP HOLDINGS NC	25,000	1,074,282	1,181,500
	ALLERGAN PLC	7,000	1,247,205	1,007,860
	AMDOCS LTD	14,900	970,433	832,612
	AXALTA COATING SYSTEMS LTD	29,600	784,496	758,352
	BROOKFIELD ASSET MGMT INC	25,200	892,706	1,084,860
	CHUBB LIMITED	8,900	1,070,434	1,184,145
	DIAGEO PLC	3,400	299,281	519,010
	EATON CORP PLC	13,300	815,700	1,014,125

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	GILDAN ACTIVEWEAR INC	33,000	894,483	1,118,040
	JOHNSON CONTROLS INTERNATIONAL	29,200	1,147,927	986,084
	SCHLUMBERGER LTD	14,200	861,225	627,782
	TE CONNECTIVITY LTD	9,000	693,245	728,550
	Total equity securities		35,427,438	39,880,900
	Total managed by Cooke & Bieler - Equity		37,129,342	41,582,804
*	Investment manager: Tributary Capital			
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	803,550	803,550	803,550
	Equity securities:			
	AGREE REALTY CORP	4,700	246,855	310,341
	AMERICAN WOODMARK CORP	5,000	447,049	349,750
	AMN HEALTHCARE SERVICES INC	12,300	244,717	796,917
	ANGIODYNAMICS INC	11,193	247,559	236,172
	ANIXTER INTL INC	5,200	360,378	315,692
	BALCHEM CORP	4,300	253,186	356,986
	BARNES GROUP INC	7,000	223,268	413,560
	BENCHMARK ELECTRS INC	11,400	320,756	289,788
	BIG LOTS INC	6,400	266,658	201,856
	CACI INTL INC	3,300	246,526	551,694
	CALAMP CORP	18,420	315,192	265,432
	CALLON PETROLEUM CO	42,300	408,061	344,322
	CAMBREX CORP	6,324	316,000	276,043

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	CAROLINA FINANCIAL CORP	10,100	422,519	349,662
	CARPENTER TECHNOLOGY CORP	6,900	317,708	326,094
	CARRIZO OIL & GAS INC	17,700	318,964	217,356
	COLUMBIA BKG SYS INC	7,300	291,441	268,275
	CTS CORP	8,600	299,145	243,982
	DAVE & BUSTERS ENTERTAINMENT INC	4,800	224,567	246,960
	DORMAN PRODUCTS INC	6,300	362,850	541,485
	EASTERLY GOVT PROPERTIES INC	25,900	495,983	465,164
	EMERGENT BIOSOLUTIONS INC	2,500	127,666	155,975
	EXLSERVICE HOLDINGS INC	7,100	287,636	408,250
	FORWARD AIR CORP	8,400	372,131	491,652
	FRANKLIN ELEC INC	8,400	316,110	401,352
	GRANITE CONSTR INC	8,700	315,375	376,014
	GREAT WESTERN BANCORP INC	7,400	288,661	261,146
	IDACORP INC	5,400	278,597	526,500
	INTEGRA LIFESCIENCES HOLDINGS	8,600	214,469	407,296
	KFORCE INC	10,200	214,512	334,662
	LA Z BOY INC	7,900	214,328	233,998
	LHC GROUP INC	5,224	285,874	552,334
	LITTELFUSE INC	1,900	165,547	333,868
	LTC PPTYS INC	8,600	374,585	407,984
	LYDALL INC	7,278	312,405	193,013
	MARCUS & MILLICHAP INC	12,900	315,386	510,840
	MASIMO CORP	2,400	53,892	298,536
	MATADOR RESOURCES CO	18,900	460,759	368,550
	MERCANTILE BANK CORP	7,600	251,927	252,320
	METHODE ELECTRONICS INC	9,100	311,041	234,325
	MSG NETWORKS INC	12,900	287,014	288,960

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	MTS SYS CORP	8,600	479,007	430,516
	MULTI COLOR CORP	6,100	274,722	283,955
	NAVIGANT CONSULTING CO	16,600	240,086	430,272
	NEXSTAR MEDIA GROUP INC	6,100	327,703	509,167
	OLD NATL BANCORP IND	23,400	305,844	377,676
	OMNICELL INC	7,100	285,267	462,423
	PC CONNECTION INC	8,900	252,550	294,857
	SELECTIVE INS GROUP INC	10,300	246,152	627,476
	SENSIENT TECHNOLOGIES CORP	6,000	302,464	376,680
	SOUTH STATE CORP	5,200	359,224	345,020
	STANDARD MOTOR PRODS	5,000	244,553	245,800
	STIFEL FINL CORP	9,700	397,973	464,339
	STURM RUGER & CO INC	4,200	259,371	228,816
	SYKES ENTERPRISES INC	12,100	352,151	333,597
	TETRA TECH INC NEW	7,700	208,772	424,963
	UMB FINANICAL CORP	5,100	275,935	328,236
	UNION BANKSHARES CORP	12,200	417,271	385,032
	UNITED BANKSHARES INC WEST VA	14,617	391,535	517,003
	UNTIL CORP	3,868	188,036	202,915
	VAREX IMAGING CORP	6,617	245,662	188,518
	AMBARELLA INC	6,100	341,348	231,800
	ARGO GROUP INTL HLDGS LTD	5,850	326,823	390,429
	SILICON MOTION TECHNOLOGY CORP	6,500	225,628	253,305
	Total equity securities		19,025,374	22,737,901
	Total managed by Tributary Capital		19,828,924	23,541,451

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Investment manager: JP Morgan			
	Equity securities:			
	EASTERLY GOVT PROPERTIES INC	154,244	3,040,149	2,770,222
	Total managed by JP Morgan		3,040,149	2,770,222
	Registered investment companies:			
*	BAIRD CORE PLUS INSTITUTIONAL BOND FUND	6,432,254	70,145,937	70,433,178
			70,145,937	70,433,178
	Common/collective trusts:			
*	MULTI-EMPLOYER PROPERTY TRUST	4,777	10,669,342	54,930,471
*	FIAM CORE PLUS CL A	3,511,274	31,001,368	72,788,719
*	NORTHERN TRUST COLLECTIVE INVT TR	558,524	95,953,305	96,189,507
*	STATE STREET RUSSELL 2000® INDEX	241,067	23,845,254	25,445,071
*	THORNBURG GLOBAL EQUITY FUND	1,887,261	25,437,799	41,953,812
*	AFL-CIO EQUITY INDEX FUND	7,212,801	88,731,794	172,222,935
			275,638,862	463,530,515
	Partnership/joint venture interests:			
*	D.E. SHAW US BROAD MARKET CORE ALPHA EXTENSION FUND		11,538,178	53,599,981
*	MESIROW FINANCIAL CAPITAL PARTNERS X, L.P.		1,127,312	1,735,925
*	HIGHSTAR CAPITAL IV, L.P. & SUBSIDIARIES		3,479,376	2,780,988
*	STARWOOD DISTRESSED OPPORTUNITY FUND IX - 1 U.S., L.P.		673,410	1,274,235
*	STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P.		145,071	270,526

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	WARBURG PINCUS XI, L.P.		3,318,519	5,664,664
*	HIGHBRIDGE IRISH SPECIALTY LOAN FUND III PLC		1,535,940	1,334,554
*	FIRST RESERVE FUND XIII. L.P.		2,078,589	2,591,824
*	ENTRUST SPECIAL OPPORTUNITIES FUND II LTD		781,786	1,130,099
*	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		5,407,138	5,965,057
*	GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P.		2,619,352	4,747,834
*	CORNERSTONE REAL ESTATE FUND VIII, L.P.		-	4,403
*	ANGELO GORDON CAPITAL RECOVERY VIII HOLDINGS, L.P.		541,203	744,961
*	ANGELO GORDON REALTY FUND IX, L.P.		5,547,596	6,900,810
*	REAL ESTATE EQUITY TRUST		434,198	1,056,969
*	H.I.G ADVANTAGE BUYOUT FUND, L.P.		714,104	605,807
*	BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY		15,000,000	18,463,941
			54,941,772	108,872,578
* Investment manager: Key Bank Securities Lending Pool				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS FD MONEY MARKET FUND	155,125	155,125	155,125
	Total money market funds		155,125	155,125
	Repurchase agreements:			
	CITIGROUP CORPORATE REPO REPURCHASE AGREEMENT	3,580,000	3,580,000	3,580,000
	WELLS FARGO CORP OBFR+15 REPURCHASE AGREEMENT	1,580,000	1,580,000	1,580,000
	GOLDMAN CORP EVERGREEN REPURCHASE AGREEMENT	3,580,000	3,580,000	3,580,000
	WELLS FARGO SECURITIES CORP REPURCHASE AGEREMENT	2,000,000	2,000,000	2,000,000
	MERRILL LYNCH EQUITY EVERGREEN REPURCHASE AGREEMENT	2,000,000	2,000,000	2,000,000

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Total repurchase agreements		12,740,000	12,740,000
	Corporate obligations:			
	NSTAR ELECTRIC CO C/P DISC		799,947	799,569
	NISSAN MOTOR ACCEPTANCE CORP		998,393	998,393
	VFNC TRUST NOTE DTD 10/01/09 FL RT% DUE 09/20/18 1MO LIBOR FLAT		1,312,502	888,769
	GRYPHON FUNDING LTD P-T NT DTD 07/23/08 ADJ% DUE 08/05/18 EXTENDIBLE PASS		1,930,527	519,511
	Total corporate obligations		5,041,369	3,206,242
	Total managed by Key Bank Securities Lending Pool		17,936,494	16,101,367
	Total investments		$ 509,011,599	771,156,212

* Party in interest

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
EIN #31-6038516 PLAN #001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended January 31, 2019

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value on Transaction Date	(i) Gain (Loss)
Category (i) - Single Transactions in Excess of 5 percent of Net Assets						
* Northern Trust Collective Investment Trust						
	Purchase	$ 51,550,082	-	51,550,082	51,550,082	-
	Purchase	$ 43,923,890	-	43,923,890	43,923,890	-
* Manning & Napier Non US Equity Collective Investment Trust						
	Sales	$ -	52,077,584	56,698,131	52,077,584	4,620,547
Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets						
* Keybank	Federated Government Obligations IS					
	Purchases	$ 83,206,678	-	83,206,678	83,206,678	-
	Sales	-	88,711,359	88,711,359	88,711,359	-
* Northern Trust Collective Investment Trust						
	Purchases	$ 95,936,612	-	95,936,612	95,936,612	-
* Manning & Napier Non US Equity Collective Investment Trust						
	Sales	$ -	52,393,840	47,714,857	52,393,840	4,678,983

* Party in interest

There were no reportable category (ii) or (iv) transactions for the year ended January 31, 2019.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Investment manager: Segal Alternative Investments				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	4,591,528	$ 4,591,528	4,591,528
* Investment manager: Key Trust - Pension Cash				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	463,492	463,492	463,492
* Investment manager: SouthernSun				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	6,461	6,461	6,461
* Investment manager: Amalgatrust				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	1,162,931	1,162,931	1,162,931
	Equity securities:			
	ADOBE SYSTEMS INC	4,620	446,880	1,144,928
	ALIBABA GROUP HOLDING LTD	5,243	841,452	883,393
	ALPHABET INC	1,250	624,543	1,395,463
	AMAZON COM INC	1,055	470,034	1,813,260
	AMPHENOL CORP	12,433	371,466	1,093,109
	AUTODESK INC	7,481	1,001,725	1,101,203
	BOOKING HOLDINGS INC	618	1,171,639	1,132,677
	BROWN-FORMAN CORP	13,004	598,651	614,439
	BWX TECHNOLOGIES INC	14,920	822,187	692,586
	CINTAS CORP	5,862	1,015,465	1,099,184
	COSTCO WHOLESALE CORP	4,672	433,620	1,002,751

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	DANAHER CORP DEL	11,044	529,519	1,225,000
	DEXCOM INC	8,658	616,006	1,221,038
	EDWARDS LIFESCIENCES CORP	5,894	596,456	1,004,455
	ELECTRONICS ARTS INC	12,972	1,426,791	1,196,537
	ESTEE LAUDER COS INC	7,445	573,782	1,015,647
	FLEETCOR TECHNOLOGIES INC	2,433	379,661	491,004
	FORTIVE CORP	16,616	790,751	1,246,034
	GENPACT LTD	30,508	590,791	910,054
	INTUIT	7,054	914,774	1,522,394
	INTUITIVE SURGICAL INC	2,786	367,599	1,458,861
	MISCROSOFT CORP	11,424	1,181,894	1,193,008
	NXP SEMICONDUCTOR NV	9,215	830,048	801,981
	PAYPAL HOLDINGS INC	16,832	701,682	1,494,008
	ROPER TECHNOLOGIES INC	4,766	877,182	1,350,017
	SALESFORCE.COM INC	9,578	338,704	1,455,569
	SBA COMMUNICATIONS CORP	7,880	810,721	1,438,336
	SHERWIN WILLIAMS CO	3,045	1,249,799	1,283,528
	THERMO FISHER SCIENTIFIC INC	5,927	965,646	1,456,086
	TJX COS INC NEW	21,161	803,155	1,052,337
	VISA INC	11,518	527,095	1,555,045
	ZOETIS INC	18,051	1,055,513	1,555,277
	Total equity securities		23,925,231	37,899,209
	Total managed by Amalgatrust		25,088,162	39,062,140

* Investment manager: Manning & Napier - Equity
Money market funds:

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	FEDERATED PRIME CASH OBLIGATIONS IS	32,023	32,023	32,023
*	Investment manager: Manning & Napier - International			
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	168,453	168,453	168,453
*	Investment manager: Cooke & Bieler - Equity			
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	1,701,904	1,701,904	1,701,904
	Total Cash & Cash Equivalents		1,701,904	1,701,904
	Equity securities:			
	ABBOTT LABS	6,000	235,293	437,880
	ALLIANCE DATA SYSTEMS CORP	3,000	631,949	532,770
	AMETEK INC	9,000	466,594	656,100
	APPLIED MATERIALS INC	18,200	752,304	711,256
	ARCH CAPITAL GROUP LTD	30,300	895,111	889,305
	ARROW ELECTRONICS INC	17,700	1,358,781	1,344,315
	BECTON DICKINSON & CO	2,900	355,413	723,434
	BERKSHIRE HATHAWAY INC	3,000	372,684	616,620
	CARDINAL HEALTH INC	7,700	395,014	384,769
	CARNIVAL CORP	14,900	600,666	857,942
	CBRE GROUP INC	16,500	480,248	754,875
	COLFAX CORP	45,500	1,260,230	1,126,125
	CROWN HOLDINGS INC	24,800	1,140,578	1,264,800
	EXXON MOBIL CORP	13,900	893,003	1,018,592
	FIDELITY NATIONAL FINANCIAL INC	32,900	845,693	1,189,664

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	HANESBRANDS INC	45,700	907,791	685,043
	INTERCONTINENTAL EXCHANGE INC	12,600	770,836	967,176
	JOHNSON & JOHNSON	7,000	668,636	931,560
	JP MORGAN CHASE & CO	8,600	362,261	890,100
	LABORATORY CORP AMER HLDGS	5,200	584,721	724,620
	OMNICOM GROUP INC	12,900	703,651	1,004,652
	PHILIP MORRIS INTERNATIONAL INC	11,500	971,529	882,280
	PNC FINANCIAL SERVICES GROUP INC	6,000	485,178	736,020
	PROGRESSIVE CORP OHIO	9,100	207,805	612,339
	RELIANCE STEEL & ALUMINUM CO	7,900	629,241	646,852
	RENAISSANCE RE HLDGS LTD	2,800	311,900	386,484
	SNAP ON INC	5,500	837,868	912,945
	STATE STR CORP	16,600	1,054,749	1,176,940
	SYNCHRONY FINANCIAL	34,300	952,327	1,030,372
	UNITED PARCEL SERVICE INC	9,100	816,619	959,140
	UNITEDHEALTH GROUP INC	1,800	131,368	486,360
	VERIZON COMMUNICATIONS INC	17,500	912,593	963,550
	WELLS FARGO CO	20,800	857,228	1,017,328
	WHIRLPOOL CORP	6,000	981,606	798,060
	WORLD FUEL SVCS CORP	20,800	844,553	517,712
	AERCAP HOLDINGS NC	25,000	1,074,282	1,181,500
	ALLERGAN PLC	7,000	1,247,205	1,007,860
	AMDOCS LTD	14,900	970,433	832,612
	AXALTA COATING SYSTEMS LTD	29,600	784,496	758,352
	BROOKFIELD ASSET MGMT INC	25,200	892,706	1,084,860
	CHUBB LIMITED	8,900	1,070,434	1,184,145
	DIAGEO PLC	3,400	299,281	519,010
	EATON CORP PLC	13,300	815,700	1,014,125

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	GILDAN ACTIVEWEAR INC	33,000	894,483	1,118,040
	JOHNSON CONTROLS INTERNATIONAL	29,200	1,147,927	986,084
	SCHLUMBERGER LTD	14,200	861,225	627,782
	TE CONNECTIVITY LTD	9,000	693,245	728,550
	Total equity securities		35,427,438	39,880,900
	Total managed by Cooke & Bieler - Equity		37,129,342	41,582,804
*	Investment manager: Tributary Capital			
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	803,550	803,550	803,550
	Equity securities:			
	AGREE REALTY CORP	4,700	246,855	310,341
	AMERICAN WOODMARK CORP	5,000	447,049	349,750
	AMN HEALTHCARE SERVICES INC	12,300	244,717	796,917
	ANGIODYNAMICS INC	11,193	247,559	236,172
	ANIXTER INTL INC	5,200	360,378	315,692
	BALCHEM CORP	4,300	253,186	356,986
	BARNES GROUP INC	7,000	223,268	413,560
	BENCHMARK ELECTRS INC	11,400	320,756	289,788
	BIG LOTS INC	6,400	266,658	201,856
	CACI INTL INC	3,300	246,526	551,694
	CALAMP CORP	18,420	315,192	265,432
	CALLON PETROLEUM CO	42,300	408,061	344,322
	CAMBREX CORP	6,324	316,000	276,043

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	CAROLINA FINANCIAL CORP	10,100	422,519	349,662
	CARPENTER TECHNOLOGY CORP	6,900	317,708	326,094
	CARRIZO OIL & GAS INC	17,700	318,964	217,356
	COLUMBIA BKG SYS INC	7,300	291,441	268,275
	CTS CORP	8,600	299,145	243,982
	DAVE & BUSTERS ENTERTAINMENT INC	4,800	224,567	246,960
	DORMAN PRODUCTS INC	6,300	362,850	541,485
	EASTERLY GOVT PROPERTIES INC	25,900	495,983	465,164
	EMERGENT BIOSOLUTIONS INC	2,500	127,666	155,975
	EXLSERVICE HOLDINGS INC	7,100	287,636	408,250
	FORWARD AIR CORP	8,400	372,131	491,652
	FRANKLIN ELEC INC	8,400	316,110	401,352
	GRANITE CONSTR INC	8,700	315,375	376,014
	GREAT WESTERN BANCORP INC	7,400	288,661	261,146
	IDACORP INC	5,400	278,597	526,500
	INTEGRA LIFESCIENCES HOLDINGS	8,600	214,469	407,296
	KFORCE INC	10,200	214,512	334,662
	LA Z BOY INC	7,900	214,328	233,998
	LHC GROUP INC	5,224	285,874	552,334
	LITTELFUSE INC	1,900	165,547	333,868
	LTC PPTYS INC	8,600	374,585	407,984
	LYDALL INC	7,278	312,405	193,013
	MARCUS & MILLICHAP INC	12,900	315,386	510,840
	MASIMO CORP	2,400	53,892	298,536
	MATADOR RESOURCES CO	18,900	460,759	368,550
	MERCANTILE BANK CORP	7,600	251,927	252,320
	METHODE ELECTRONICS INC	9,100	311,041	234,325
	MSG NETWORKS INC	12,900	287,014	288,960

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	MTS SYS CORP	8,600	479,007	430,516
	MULTI COLOR CORP	6,100	274,722	283,955
	NAVIGANT CONSULTING CO	16,600	240,086	430,272
	NEXSTAR MEDIA GROUP INC	6,100	327,703	509,167
	OLD NATL BANCORP IND	23,400	305,844	377,676
	OMNICELL INC	7,100	285,267	462,423
	PC CONNECTION INC	8,900	252,550	294,857
	SELECTIVE INS GROUP INC	10,300	246,152	627,476
	SENSIENT TECHNOLOGIES CORP	6,000	302,464	376,680
	SOUTH STATE CORP	5,200	359,224	345,020
	STANDARD MOTOR PRODS	5,000	244,553	245,800
	STIFEL FINL CORP	9,700	397,973	464,339
	STURM RUGER & CO INC	4,200	259,371	228,816
	SYKES ENTERPRISES INC	12,100	352,151	333,597
	TETRA TECH INC NEW	7,700	208,772	424,963
	UMB FINANICAL CORP	5,100	275,935	328,236
	UNION BANKSHARES CORP	12,200	417,271	385,032
	UNITED BANKSHARES INC WEST VA	14,617	391,535	517,003
	UNTIL CORP	3,868	188,036	202,915
	VAREX IMAGING CORP	6,617	245,662	188,518
	AMBARELLA INC	6,100	341,348	231,800
	ARGO GROUP INTL HLDGS LTD	5,850	326,823	390,429
	SILICON MOTION TECHNOLOGY CORP	6,500	225,628	253,305
	Total equity securities		19,025,374	22,737,901
	Total managed by Tributary Capital		19,828,924	23,541,451

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	Investment manager: JP Morgan			
	Equity securities:			
	EASTERLY GOVT PROPERTIES INC	154,244	3,040,149	2,770,222
	Total managed by JP Morgan		3,040,149	2,770,222
	Registered investment companies:			
*	BAIRD CORE PLUS INSTITUTIONAL BOND FUND	6,432,254	70,145,937	70,433,178
			70,145,937	70,433,178
	Common/collective trusts:			
*	MULTI-EMPLOYER PROPERTY TRUST	4,777	10,669,342	54,930,471
*	FIAM CORE PLUS CL A	3,511,274	31,001,368	72,788,719
*	NORTHERN TRUST COLLECTIVE INVT TR	558,524	95,953,305	96,189,507
*	STATE STREET RUSSELL 2000® INDEX	241,067	23,845,254	25,445,071
*	THORNBURG GLOBAL EQUITY FUND	1,887,261	25,437,799	41,953,812
*	AFL-CIO EQUITY INDEX FUND	7,212,801	88,731,794	172,222,935
			275,638,862	463,530,515
	Partnership/joint venture interests:			
*	D.E. SHAW US BROAD MARKET CORE ALPHA EXTENSION FUND		11,538,178	53,599,981
*	MESIROW FINANCIAL CAPITAL PARTNERS X, L.P.		1,127,312	1,735,925
*	HIGHSTAR CAPITAL IV, L.P. & SUBSIDIARIES		3,479,376	2,780,988
*	STARWOOD DISTRESSED OPPORTUNITY FUND IX - 1 U.S., L.P.		673,410	1,274,235
*	STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P.		145,071	270,526

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	WARBURG PINCUS XI, L.P.		3,318,519	5,664,664
*	HIGHBRIDGE IRISH SPECIALTY LOAN FUND III PLC		1,535,940	1,334,554
*	FIRST RESERVE FUND XIII. L.P.		2,078,589	2,591,824
*	ENTRUST SPECIAL OPPORTUNITIES FUND II LTD		781,786	1,130,099
*	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		5,407,138	5,965,057
*	GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P.		2,619,352	4,747,834
*	CORNERSTONE REAL ESTATE FUND VIII, L.P.		-	4,403
*	ANGELO GORDON CAPITAL RECOVERY VIII HOLDINGS, L.P.		541,203	744,961
*	ANGELO GORDON REALTY FUND IX, L.P.		5,547,596	6,900,810
*	REAL ESTATE EQUITY TRUST		434,198	1,056,969
*	H.I.G ADVANTAGE BUYOUT FUND, L.P.		714,104	605,807
*	BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY		15,000,000	18,463,941
			54,941,772	108,872,578
* Investment manager: Key Bank Securities Lending Pool				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS FD MONEY MARKET FUND	155,125	155,125	155,125
	Total money market funds		155,125	155,125
	Repurchase agreements:			
	CITIGROUP CORPORATE REPO REPURCHASE AGREEMENT	3,580,000	3,580,000	3,580,000
	WELLS FARGO CORP OBFR+15 REPURCHASE AGREEMENT	1,580,000	1,580,000	1,580,000
	GOLDMAN CORP EVERGREEN REPURCHASE AGREEMENT	3,580,000	3,580,000	3,580,000
	WELLS FARGO SECURITIES CORP REPURCHASE AGEREMENT	2,000,000	2,000,000	2,000,000
	MERRILL LYNCH EQUITY EVERGREEN REPURCHASE AGREEMENT	2,000,000	2,000,000	2,000,000

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Total repurchase agreements		12,740,000	12,740,000
	Corporate obligations:			
	NSTAR ELECTRIC CO C/P DISC		799,947	799,569
	NISSAN MOTOR ACCEPTANCE CORP		998,393	998,393
	VFNC TRUST NOTE DTD 10/01/09 FL RT% DUE 09/20/18 1MO LIBOR FLAT		1,312,502	888,769
	GRYPHON FUNDING LTD P-T NT DTD 07/23/08 ADJ% DUE 08/05/18 EXTENDIBLE PASS		1,930,527	519,511
	Total corporate obligations		5,041,369	3,206,242
	Total managed by Key Bank Securities Lending Pool		17,936,494	16,101,367
	Total investments		$ 509,011,599	771,156,212

* Party in interest

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
EIN #31-6038516 PLAN #001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended January 31, 2019

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value on Transaction Date	(i) Gain (Loss)
Category (i) - Single Transactions in Excess of 5 percent of Net Assets						
* Northern Trust Collective Investment Trust						
	Purchase	$ 51,550,082	-	51,550,082	51,550,082	-
	Purchase	$ 43,923,890	-	43,923,890	43,923,890	-
* Manning & Napier Non US Equity Collective Investment Trust						
	Sales	$ -	52,077,584	56,698,131	52,077,584	4,620,547
Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets						
* Keybank	Federated Government Obligations IS					
	Purchases	$ 83,206,678	-	83,206,678	83,206,678	-
	Sales	-	88,711,359	88,711,359	88,711,359	-
* Northern Trust Collective Investment Trust						
	Purchases	$ 95,936,612	-	95,936,612	95,936,612	-
* Manning & Napier Non US Equity Collective Investment Trust						
	Sales	$ -	52,393,840	47,714,857	52,393,840	4,678,983

* Party in interest

There were no reportable category (ii) or (iv) transactions for the year ended January 31, 2019.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

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

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

A Name of plan
IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION

D Employer Identification Number (EIN)
31-6038516

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

1a Enter the valuation date: Month 02 Day 01 Year 2018

b Assets		
(1) Current value of assets	1b(1)	840,159,441
(2) Actuarial value of assets for funding standard account	1b(2)	788,804,789
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1,089,799,662
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	1,089,799,662
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	2,165,368,476
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	44,997,831
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	82,964,698
(3) Expected plan disbursements for the plan year	1d(3)	84,104,698

Statement by Enrolled Actuary

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

SIGN HERE Daniel V. Ciner DVC — Signature of actuary — 10/30/2019 — Date

DANIEL V. CINER, MAAA — Type or print name of actuary — 1705773 — Most recent enrollment number

SEGAL CONSULTING — Firm name — 312-984-8500 — Telephone number (including area code)

101 NORTH WACKER DRIVE
CHICAGO IL 60606-1724
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	840,159,441
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		3,785	1,165,888,631
(2) For terminated vested participants		1,302	214,611,953
(3) For active participants:			
	(a) Non-vested benefits		110,159,110
	(b) Vested benefits		674,708,782
	(c) Total active	3,179	784,867,892
(4) Total		8,266	2,165,368,476
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	38.79%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/31/2019	53,808,412	0			

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.96 %			
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	6c(1)	A		A	
(2) Females	6c(2)	A		A	
d Valuation liability interest rate	6d	7.50%		7.50 %	
e Expense loading	6e	7.4 %	☐ N/A	%	☒ N/A
f Salary scale	6f	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.7 %			
h Estimated investment return on current value of assets for year ending on the valuation date	6h	17.5 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	18,482,536	1,947,754
3	-6,254,907	-659,164

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	15,950,795

			Outstanding balance	
c Amortization charges as of valuation date:				
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)		486,304,078	64,172,731
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c		9d		6,009,264
e Total charges. Add lines 9a through 9d		9e		86,132,790
Credits to funding standard account:				
f Prior year credit balance, if any		9f		56,494,746
g Employer contributions. Total from column (b) of line 3		9g		53,808,412
			Outstanding balance	
h Amortization credits as of valuation date	9h		128,814,459	16,019,190
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i		7,456,360
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)		401,448,445	
(2) "RPA '94" override (90% current liability FFL)	9j(2)		1,211,897,093	
(3) FFL credit		9j(3)		0
k (1) Waived funding deficiency		9k(1)		0
(2) Other credits		9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l		133,778,708
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m		47,645,918
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n		
9 o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2018 plan year		9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)		0
(3) Total as of valuation date		9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)		10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

Segal Consulting

May 1, 2018

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 - 17th Floor
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of February 1, 2018 for the following plan:

Name of Plan: *Iron Workers District Council of Southern Ohio and Vicinity Pension Trust*
Plan number: *EIN 31-6038516 / PN 001*
Plan sponsor: *Board of Trustees, Iron Workers District Council of Southern Ohio and Vicinity Pension Trust*
Address: *1470 Worldwide Place*
Vandalia, Ohio 45377-1156
Phone number: *(800) 331-4277*

As of February 1, 2018, the Plan is in endangered status. In addition, the Plan is not projected to be in critical status for any of the succeeding five plan years.

This certification notifies the IRS that the Plan is making the schedule progress in meeting the requirements of its funding improvement plan, based on information received from the plan sponsor.

If you have any questions on the attached certification, you may contact me at the following:

Segal Consulting
101 North Wacker Drive, Suite 500
Chicago, IL 60606
Phone number: (312) 984-8500

Sincerely,

Daniel V. Ciner, MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 17-05773

EIN 31-6038516 / PN 001

May 1, 2018

ACTUARIAL STATUS CERTIFICATION AS OF FEBRUARY 1, 2018 UNDER IRC SECTION 432

This is to certify that Segal Consulting, a Member of The Segal Group, Inc. ("Segal") has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Iron Workers District Council of Southern Ohio and Vicinity Pension Trust as of February 1, 2018 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

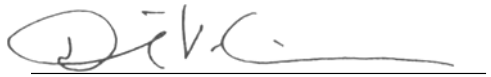
The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the February 1, 2017 actuarial valuation, dated November 7, 2017. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit V.

Segal Consulting does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretations on which this certification is based reflect Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the Plan.



Daniel V. Ciner , MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 17-05773

EIN 31-6038516 / PN 001

Certificate Contents

EXHIBIT I	Status Determination as of February 1, 2018
EXHIBIT II	Summary of Actuarial Valuation Projections
EXHIBIT III	Funding Standard Account Projections
EXHIBIT IV	Funding Standard Account – Projected Bases Assumed Established After February 1, 2017
EXHIBIT V	Actuarial Assumptions and Methodology

EIN 31-6038516 / PN 001

EXHIBIT I

Status Determination as of February 1, 2018

Status	Condition	Component Result	Final Result
Critical Status:			
	Determination of critical status:		
C1.	A funding deficiency is projected in four years?	No	No
C2.	(a) A funding deficiency is projected in five years,	No	
	(b) AND the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	N/A	
	(c) AND the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	N/A	No
C3.	(a) A funding deficiency is projected in five years,	No	
	(b) AND the funded percentage is less than 65%?	N/A	No
C4.	(a) The funded percentage is less than 65%,	No	
	(b) AND the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years?	N/A	No
C5.	The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
	Test regular emergence rules for failure:		
C6.	(a) Was in critical status for the immediately preceding plan year,	No	
	(b) AND EITHER a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	N/A	
	(c) OR insolvency is projected for the current year or any of the 30 succeeding plan years?	N/A	
	In Critical Status? (If any of (C1) through (C6) is Yes then Yes)		**No**
	Determination whether plan will be in critical status in any of the succeeding five plan years:		
C7.	(a) Is not in critical status,	Yes	
	(b) AND is projected to be in critical status in any of the next five years?	No	No
	In Critical Status in any of the five succeeding plan years?		**No**

EIN 31-6038516 / PN 001

EXHIBIT I (continued)

Status Determination as of February 1, 2018

Status	Condition	Component Result	Final Result
Endangered Status:			
E1. (a)	Is not in critical status,	Yes	
(b)	AND the funded percentage is less than 80%?	Yes	Yes
E2. (a)	Is not in critical status,	Yes	
(b)	AND a funding deficiency is projected in seven years?	No	No
In Endangered Status? (Yes when EITHER (E1) or (E2) is Yes)			**Yes**
In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)			**No**
Neither Critical Status Nor Endangered Status:			
Neither Critical nor Endangered Status?			**No**

This certification notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its funding improvement plan, based on information from the plan sponsor.

EIN 31-6038516 / PN 001

EXHIBIT II

Summary of Actuarial Valuation Projections

The actuarial factors as of February 1, 2018 (based on projections from the February 1, 2017 valuation certificate):

I.	**Financial Information**			
1.	Market value of assets			$840,645,331
2.	Actuarial value of assets			788,897,199
3.	Reasonably anticipated contributions			
	a. Upcoming year			56,994,300
	b. Present value for the next five years			239,239,592
	c. Present value for the next seven years			313,196,438
4.	Projected benefit payments			83,385,907
5.	Projected administrative expenses			1,129,336
II.	**Liabilities**			
1.	Present value of vested benefits for active participants			250,562,702
2.	Present value of vested benefits for non-active participants			784,667,505
3.	Total unit credit accrued liability			1,085,138,427
4.	Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
	a. Next five years	$360,115,040	$5,193,312	$365,308,352
	b. Next seven years	476,552,619	6,979,019	483,531,637
5.	Unit credit normal cost plus expenses			16,604,377
6.	Ratio of inactive participants to active participants			N/A
III.	**Funded Percentage** (I.2)/(II.3)			72.7%
IV.	**Funding Standard Account**			
1.	Credit Balance as of the end of prior year			$56,494,746
2.	Years to projected funding deficiency			N/A
V.	**Year Projected to be in Critical Status (based on test C7. in Exhibit I), if within next five years**			N/A

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EXHIBIT III

Funding Standard Account Projections

The table below presents the Funding Standard Account Projections for the Plan Years beginning February 1, 2017 through 2027

	Year Beginning February 1,										
	2017	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**2026**	**2027**
1. Credit balance at beginning of year	$55,332,159	$56,494,746	$50,787,201	$49,382,339	$54,775,999	$65,126,805	$76,924,157	$93,961,067	$115,452,160	$138,471,887	$162,694,581
2. Interest on (1)	4,149,912	4,237,106	3,809,040	3,703,675	4,108,200	4,884,510	5,769,312	7,047,080	8,658,912	10,385,392	12,202,094
3. Normal cost	15,597,674	15,475,041	15,576,628	15,678,396	15,704,786	15,702,602	15,748,820	15,748,014	15,617,971	15,413,612	15,281,384
4. Administrative expenses	1,096,443	1,129,336	1,163,216	1,198,112	1,234,055	1,271,077	1,309,209	1,348,485	1,388,940	1,430,608	1,473,526
5. Net amortization charges	40,676,485	47,652,588	43,116,424	36,557,540	32,260,210	31,601,898	27,466,611	24,473,336	24,640,318	25,289,998	24,968,999
6. Interest on (3), (4) and (5)	4,302,795	4,819,272	4,489,220	4,007,553	3,689,929	3,643,167	3,339,348	3,117,738	3,123,542	3,160,066	3,129,293
7. Expected contributions	56,564,889	56,994,300	56,994,300	56,994,300	56,994,300	56,994,300	56,994,300	56,994,300	56,994,300	56,994,300	56,994,300
8. Interest on (7)	2,121,183	2,137,286	2,137,286	2,137,286	2,137,286	2,137,286	2,137,286	2,137,286	2,137,286	2,137,286	2,137,286
9. Credit balance at end of year: (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	$56,494,746	$50,787,201	$49,382,339	$54,775,999	$65,126,805	$76,924,157	$93,961,067	$115,452,160	$138,471,887	$162,694,581	$189,175,059

EIN 31-6038516 / PN 001

EXHIBIT IV

Funding Standard Account – Projected Bases Assumed Established After February 1, 2017

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Loss	2/ 1/2018	$13,160,865	15	$1,386,938
Plan Amendment	2/ 1/2018	(5,686,881)	15	(599,303)
Experience Gain	2/ 1/2019	(9,879,199)	15	(1,041,104)
Experience Gain	2/ 1/2020	(26,993,554)	15	(2,844,675)
Experience Gain	2/ 1/2021	(19,917,858)	15	(2,099,013)
Experience Gain	2/ 1/2022	(2,317,873)	15	(244,266)
Experience Gain	2/ 1/2023	(1,383,430)	15	(145,791)
Experience Gain	2/ 1/2024	(538,198)	15	(56,717)
Experience Gain	2/ 1/2025	(125,611)	15	(13,237)
Experience Gain	2/ 1/2026	(53,187)	15	(5,605)
Experience Gain	2/ 1/2027	(17,794)	15	(1,875)

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EXHIBIT V
Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the February 1, 2017 actuarial valuation certificate, dated November 7, 2017, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Plan of Benefits:

The following changes are effective January 1, 2018:

- The 100% return of contributions pre-retirement death benefit was removed for all participants.
- A pre-retirement death benefit equal in value to a QPSA was added for non-married participants. This benefit is payable as a lump sum to the participant's non-spouse beneficiary.
- The 100% return of contributions payable to non-vested participants who become disabled was removed.

Asset Information:

The financial information as of February 1, 2018 was based on an unaudited financial statement provided by the Fund Administrator.

For projections after that date, the assumed administrative expenses were increased by 3% per year. Benefit payments were projected based on the February 1, 2017 actuarial valuation. The projected net investment return was assumed to be 7.50% of the average market value of assets for the 2018 - 2027 Plan Years. The actuarial value of assets was determined using the Plan's smoothing method. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

Projected Industry Activity:

As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, total hours of contribution are assumed to be 6.0 million hours for the Plan year ending 2018 (equivalent to 3,333 active participants working 1,800 hours per year), and remain level thereafter.

EIN 31-6038516 / PN 001

Future Normal Costs: Based on the assumed industry activity, we have determined the Normal Cost based on an open group forecast with the number of active participants assumed to increase from 3,192 to 3,333 for the Plan Year ending 2018, and remain level thereafter. New entrants are expected to have a demographic mix similar to recent new hires.

Segal Consulting ("Segal") does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

Line 4c

The Trustees adopted the original Funding Improvement Plan in December 2008, with the most recent update on November 13, 2018, and the Funding Improvement Period began on February 1, 2011.

The Plan Sponsor has verified (on April 12, 2019) that, to the best of their knowledge, they have complied with the requirements of the Funding Improvement Plan.

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	February 1 through January 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	• *Age Requirement:* 62 • *Service Requirement:* 5 pension credits • *Amount:* The sum of the following: (i) $35 times the pension credit earned before January 1, 1980; plus (ii) $120 times the pension credits earned January 1, 1980 through December 31, 2005, including hour bank pension credits earned prior to January 1, 2006; plus (iii) $120 times the pension credits earned after December 31, 2005, including hours from the hour bank. No pension credit accrual will be earned unless the participant works at least 250 hours in Covered Employment. Participants who work at least 250 hours, but less than 1,500 receive a prorated benefit accrual rate.
Thirty-and-Out Service Pension	• *Age Requirement:* 55 • *Service Requirement:* The sum of pension credits accrued prior to January 1, 2005 plus years of vesting service accrued on or after January 1, 2005 equal 30 or more. • *Amount:* – For participants retiring prior to January 1, 2010, regular pension accrued. – For participants retiring on or after January 1, 2010 with at least 30 years of participation based on vesting service, regular pension accrued. – For participants retiring on or after January 1, 2010 with less than 30 years of participation based on vesting service, regular pension accrued for pension credits earned for hours worked prior to January 1, 2010, plus regular pension accrued reduced by 4.5% for each year of age under 62 for pension credits earned for hours worked after January 1, 2010.

100-and-Out Service Pension	• *Age Requirement:* 58 • *Service Requirement:* Age added to pension credits equal to 100 or more • *Amount:* Regular pension accrued
Early Retirement	• *Age Requirement:* 55 • *Service Requirement:* 15 pension credits • *Amount:* Regular pension accrued, reduced by 6% for each year of age less than 62
Regular Disability	• *Age Requirement:* None • *Service Requirement:* 30 pension credits or 5 pension credits and qualified for a Social Security Disabilities benefit. • *Amount:* According to the following table **Pension Credits Earned** — **Amount of Disability Pension** 5 Pension Credits — 50% of the Regular Pension Each additional Pension Credit — 2% of the Regular Pension 30 or more Pension Credits — 100% of the Regular Pension
Temporary Disability	• *Age Requirement:* None • *Service Requirement:* 5 pension credits • *Amount:* – If the participant is totally and permanently disabled from employment as an iron worker, payments are made for 24 months, with the participant able to apply for a deferred benefit when otherwise eligible. – For participants awarded the temporary disability benefit on or after January 1, 2010, the amount of any other Pension benefits except for a regular disability pension will be actuarially reduced by the value of the temporary disability benefit payments received.
Pro-Rata	• *Age Requirement:* None • *Service Requirement:* 5 Combined Service Credits (pension credits under this Plan and any related Plan which has executed a Pro-Rata agreement) • *Amount:* Regular or early pension accrued based on Combined Service Credits, multiplied by the ratio of credits earned under this plan to Combined Service Credits

Vesting	• *Age Requirement:* None • *Service Requirement:* 5 pension credits earned during the contribution period or 5 years of vesting service *Or* • *Age and Service Requirement:* 65 • *Amount:* Regular or early pension accrued based on plan in effect when last active • *Normal Retirement Age:* 65
Pre-Retirement Death Benefit	• *Age Requirement:* None • *Service Requirement:* 5 pension credits during the contribution period or 5 years of vesting service. • *Amount:* – Married Participants: 50% of the benefit the participant would have received had he or she retired the day before death and elected the joint and survivor option. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date participant would have been eligible to retire. – Non-Married Participants: Single lump sum payment equal in value to the amount that would have been paid to the participant's qualified spouse (had he been married), paid immediately to a designated non-spouse beneficiary. • *Charge for Coverage:* None
Pre-Retirement 60-Payment Certain (Payable in lieu of Spouse's benefit)	• *Age Requirement:* 55 • *Service Requirement:* 15 pension credits or 5 pension credits at age 62. • *Amount:* Monthly benefit to which employee would have been entitled had he or she retired the day before death, payable to the designated beneficiary
Post-Retirement Death Benefit – Husband and Wife	If married, beginning at age 55 pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected and the spouse pre-deceases the participant, the participants monthly benefit will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, the benefits are payable for the life of the employee with five years of payment guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount. Regular Disability pensioners are guaranteed five years of payment based on early retirement pension for which they would have been eligible or 100% return of contributions.
Post-Retirement Death Benefit – Lump-Sum Benefit	For all participants who retire or have retired on a Regular, Early, Disability, or Thirty and Out Service pension, a $7,000 lump sum death benefit is payable at the time of death.

Optional Forms of Benefits	• Single Life Annuity with 60 months guaranteed • 75% and 100% Husband and Wife Pension Options with a "pop-up" feature • 50%, 75%, and 100% Joint-and-Survivor Options to a non-spouse • Social Security Level Income Option, assuming Social Security benefits would start at age 62
Participation	Earliest January 1 or July 1 after completion of 1,000 hours during a calendar year.
Pension Credit	One hundredth of a pension credit for each 15 hours in covered employment, up to one pension credit in any year; plus the pension credit earned, if any, from the hour bank. Hours in excess of 1,800 hours in a calendar year prior to 2005, and all hours in excess of 2,000 on or after January 1, 2005 are added to the hour bank.
Vesting Credit	One year of vesting service for each calendar year in which the employee works 1,000 hours in covered employment.
Contribution Rate	$9.50 per hour, effective June 1, 2016
Changes in Plan Provisions	The following changes to the plan of benefits were effective January 1, 2018: • The 100% return of contributions pre-retirement death benefit was removed for all participants. • The 100% return of contributions payable to non-vested participants who become disabled was removed. • A pre-retirement death benefit equal in value to the QPSA was added for non-married participants. This benefit is payable as a single lump sum to the participant's designated non-spouse beneficiary.

Justification for Change in Actuarial Assumptions **(Schedule MB, Line 11)**	For purposes of determining current liability, the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1 and reflect generational adjustment.

Mortality Rates	*Healthy Non-Pensioner or Beneficiary*: RP-2014 Blue Collar Employee Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016 *Healthy Pensioner or Beneficiary*: RP-2014 Blue Collar Healthy Annuitant Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016 *Disabled before 1998*: RP-2014 Disabled Retiree Mortality Tables (sex distinct), projected generationally from 2014 using Scale MP-2016 *Disabled from 1998 to March 31, 2003*: RP-2014 Disabled Retiree Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016 *Disabled after March 31, 2003:* a) RP-2014 Blue Collar Healthy Annuitant Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016, if not eligible for a Social Security Disability Pension b) RP-2014 Disabled Retiree Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016, if eligible for a Social Security Disability Pension The adjusted underlying tables with generational adjustment reasonably reflect the mortality experience of the Plan as of the measurement date. The tables were then adjusted to future years using the generational projection to reflect future mortality improvement. The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and change in liability and the projected number and expected liability change based on the prior year's assumption over the most recent five years.

Termination Rates Before Retirement

Age	Rate (%)			
	Mortality[1]			
	Male	Female	Disability[2]	Withdrawal[3]
20	0.07	0.02	0.07	3.97
25	0.08	0.02	0.23	3.86
30	0.07	0.03	0.39	3.61
35	0.08	0.04	0.53	3.14
40	0.10	0.06	0.81	2.58
45	0.16	0.09	1.37	1.99
50	0.27	0.15	2.84	1.28
55	0.45	0.23	3.65	0.00
60	0.76	0.34	7.31	0.00

[1] Mortality rates shown for base table.

[2] 80% of disabled participants are assumed to qualify for a Social Security Disability pension.

[3] Withdrawal rates cut out at early retirement age.

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the most recent five years.

Retirement Rates

	Rate (%)	
Age	Not Eligible for 30 and Out Service Pension	Eligible for 30 and Out Service Pension
55 – 57	2	50
58 – 60	5	50
61	20	50
62	75	75
63 – 64	50	50
65	100	100

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and change in liability and the projected number and expected liability change based on the prior year's assumption over the most recent five years.

Description of Weighted Average Retirement Age

Age 59, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the February 1, 2018 actuarial valuation.

Retirement Age for Inactive Vested Participants

62

The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and projected retirement ages based on the prior years' assumption over the most recent five years.

Future Benefit Accruals

0.95 pension credit, one year of vesting service, and benefit accrual of $110 per year

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown Data for Participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Liabilities for Future Pro-Rata Pensioners	2% load on active liabilities and normal cost. The load for pro-rata pensioners was based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Definition of Active Participants	Participants who had worked at least 250 hours in the pension credit year that ended on December 31, 2017 and accumulated at least one pension credit, excluding those who have retired as of the valuation date. Liabilities for active participants are valued as of February 1, 2018, and include an adjustment to benefit accruals for 1/12 plan year.
Inactive Vested Participants	Inactive participants over age 70 are assumed to never return and apply for a benefit. The retirement assumption of inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	80%
Age of Spouse	Females are 4 years younger than their spouses.
Sex of Spouse	Spouses are the opposite sex of participants. The percent married, age of spouse, and sex of spouse assumptions were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual demographic spousal data.
Benefit Election	Participants are assumed to elect a pension with the same value as the Single Life Annuity with 60 months guaranteed. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment.
Net Investment Return	7.50%, net of investment fees For FASB ASC 960 purposes, the assumed return is net of both investment fees and administrative expenses associated with providing accumulated benefits. The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$1,140,000 for the year beginning February 1, 2018 (equivalent to $1,096,443 payable at the beginning of the year) The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last four years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized 25% per year over a four-year period (10% over a ten-year period for the investment loss incurred during the Plan Year ended January 31, 2009). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated based on accruals under the Plan.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in *Exhibit 9*.
Current Liability Assumptions	*Interest: 2.96%*, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2016
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 5.7%, for the Plan Year ending January 31, 2018 *On current (market) value of assets (Schedule MB, line 6h):* 17.5%, for the Plan Year ending January 31, 2018
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 31 contribution date.

Plan Year	Expected Annual Benefit Payments[1]
2018	$82,924,186
2019	84,149,063
2020	84,964,341
2021	85,844,161
2022	86,754,049
2023	87,080,604
2024	87,381,873
2025	88,145,400
2026	88,967,195
2027	89,323,807

[1] Assuming as of the valuation date:

- no additional accruals,
- experience is in line with valuation assumptions, and
- no new entrants are covered by the plan.

The participant data is for the year ended January 31, 2018.

		Pension Credits								
Age	Total	1-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	164	158	6	–	–	–	–	–	–	–
25 – 29	326	213	97	16	–	–	–	–	–	–
30 – 34	439	167	147	123	2	–	–	–	–	–
35 - 39	484	103	125	136	111	9	–	–	–	–
40 - 44	515	59	85	119	173	75	4	–	–	–
45 - 49	540	28	56	108	155	134	54	5	–	–
50 - 54	427	19	39	59	74	106	80	49	1	–
55 - 59	225	12	19	26	40	52	44	22	10	–
60 - 64	44	1	2	5	11	11	6	4	2	2
65 - 69	4	2	1	–	–	–	–	–	–	1
70 & over	2	–	–	–	–	1	–	–	1	–
Unknown	9	9	–	–	–	–	–	–	–	–
Total	**3,179**	**771**	**577**	**592**	**566**	**388**	**188**	**80**	**14**	**3**

Note: Excludes 377 participants with less than one pension credit.

Schedule of FSA Bases (Charges)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Plan amendment	06/01/1989	$228,092	1.33	$300,458
Plan amendment	02/01/1990	2,647	2	5,109
Change in assumptions	02/01/1990	57,033	2	110,086
Plan amendment	06/01/1990	171,290	2.33	381,182
Plan amendment	06/01/1991	529,190	3.33	1,624,800
Plan amendment	06/01/1992	354,370	4.33	1,366,502
Plan amendment	02/01/1993	1,820,911	5	7,919,735
Plan amendment	02/01/1994	1,607,503	6	8,111,277
Experience loss	02/01/1995	1,429,273	7	8,138,059
Plan amendment	02/01/1996	2,251,176	8	14,174,759
Change in assumptions	02/01/1997	731,538	9	5,016,381
Change in assumptions	02/01/1998	317,251	10	2,340,958
Plan amendment	02/01/1998	2,885,563	10	21,292,247
Plan amendment	02/01/1999	1,612,102	11	12,677,698
Plan amendment	02/01/2000	1,874,439	12	15,586,754
Plan amendment	02/01/2002	2,596,325	14	23,693,644
Experience loss	02/01/2004	3,344,756	1	3,344,756
Experience loss	02/01/2005	3,463,872	2	6,686,079
Experience loss	02/01/2006	1,791,349	3	5,007,833
Experience loss	02/01/2008	2,047,609	5	8,905,719
Experience loss	02/01/2009	1,329,061	6	6,706,288

Schedule of FSA Bases (Charges)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Base due to Jan. 31, 2009 investment loss	02/01/2009	10,739,741	20	117,697,660
Base due to Jan. 31, 2009 investment loss	02/01/2010	569,818	20	6,244,683
Base due to Jan. 31, 2009 investment loss	02/01/2011	806,573	20	8,839,297
Change in assumptions	02/01/2012	862,560	9	5,914,833
Base due to Jan. 31, 2009 investment loss	02/01/2012	1,036,388	20	11,357,854
Base due to Jan. 31, 2009 investment loss	02/01/2013	1,302,453	20	14,273,682
Base due to Jan. 31, 2009 investment loss	02/01/2014	2,767,159	20	30,325,507
Experience loss	02/01/2015	1,834,004	12	15,250,523
Change in assumptions	02/01/2015	2,552,868	12	21,228,178
Change in assumptions	02/01/2016	985,493	13	8,608,559
Experience loss	02/01/2016	3,226,127	13	28,181,115
Change in assumptions	02/01/2017	2,089,520	14	19,068,625
Experience loss	02/01/2017	3,006,923	14	27,440,702
Experience loss	02/01/2018	1,947,754	15	18,482,536
Total		**$64,172,731**		**$486,304,078**

Schedule of FSA Bases (Credits)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Change in asset method	02/01/2009	$3,722,372	21	$41,670,065
Plan amendment	02/01/2010	588,797	7	3,352,517
Experience gain	02/01/2010	1,020,702	7	5,811,723
Experience gain	02/01/2011	2,906,454	8	18,300,785
Experience gain	02/01/2012	1,274,978	9	8,742,913
Experience gain	02/01/2013	2,674,306	10	19,733,403
Experience gain	02/01/2014	3,172,417	11	24,948,146
Plan amendment	02/01/2018	659,164	15	6,254,907
Total		**$16,019,190**		**$128,814,459**

Schedule R, Summary of Funding Improvement Plan
Plan Name: Iron Workers District Council of Southern Ohio & Vicinity Pension Trust
EIN: 31-6038516, PN: 001

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust

Funding Improvement Plan
For the Plan Year beginning February 1, 2018

INTRODUCTION

The Pension Protection Act of 2006 ("PPA")[1] requires the Trustees of a multiemployer pension plan that has been certified by the plan's actuary as being in endangered status (also known as "Yellow Zone" status) or seriously endangered status (also known as "Orange Zone" status) to develop a Funding Improvement Plan ("FIP"). A FIP must prescribe actions, including recommended actions to be taken by the bargaining parties, that are expected to enable a plan to meet stated financial benchmarks by the end of the Funding Improvement Period, based on reasonably anticipated experience and on reasonable actuarial assumptions.

The Iron Workers District Council of Southern Ohio and Vicinity Pension Trust ("Pension Trust") was first certified by its actuary to be in endangered status for the plan year beginning February 1, 2008. A FIP was adopted in compliance with the deadlines established by the PPA.

In 2009, the Pension Trust was certified by its actuary to be in seriously endangered status for the plan year beginning February 1, 2009 and an updated FIP was adopted in compliance with the PPA. The Pension Trust was certified to again be in seriously endangered status for the plan year beginning February 1, 2010. An updated FIP was adopted, unchanged from the prior year, except for the passage of another plan year.

For the plan years beginning February 1, 2011 through 2018, the Pension Trust was certified to be in endangered status. The Funding Improvement Period began February 1, 2011, and the Pension Trust was certified as making scheduled progress in meeting the requirements of the FIP every year since that date. The FIP has been updated annually in compliance with the deadlines established by the PPA, unchanged since 2009 except for the passage of each plan year.

Based upon the past practice of this Board of Trustees and the cooperation of the participating Local Unions, the Trustees have determined that the Schedules under this FIP will be effective as detailed below. The Trustees anticipate that the contribution rate increases will be paid to the Pension Trust from negotiated wage and benefits packages that are already in the existing Collective Bargaining Agreements ("CBA") or other written Agreements until such Agreements are renewed. The last contribution rate increase under this FIP was effective June 1, 2016. All bargaining parties adopted that increase and are subject to the Alternative Schedule described below.

[1] Section 202 of the Pension Protection Act of 2006, Public Law 109-280 ("PPA"), amended the Employee Retirement Income Security Act of 1974 ("ERISA") by adding Section 305, and Section 212 of the PPA amended the Internal Revenue Code ("IRC") by adding Section 432, to provide additional rules for multiemployer defined benefit pension plans in endangered or critical status.

FUNDING IMPROVEMENT PERIOD

The start of the Pension Trust's Funding Improvement Period was determined to be February 1, 2011, based on the collective bargaining agreements in effect at that time. Based on the Pension Trust's endangered status, the Funding Improvement Period is the period of 10 plan years beginning February 1, 2011. If the actuary certifies before the end of this period that the Pension Trust is no longer in endangered or seriously endangered status for a plan year, the Funding Improvement Period will end as of the close of the preceding plan year.

FUNDING IMPROVEMENT PLAN - SCHEDULES

The FIP must be designed to accomplish the following:

1. An increase in the Pension Trust's PPA funded percentage by the end of the Funding Improvement Period of at least 33% of the difference between the funded percentage as of the beginning of the period (February 1, 2011) and 100%; and
2. No accumulated funding deficiency for any plan year during the Funding Improvement Period.

Based on the funded percentage as of February 1, 2011 of 71.8%, the FIP must contain schedules of plan and/or contribution changes that are projected to enable the funded percentage to improve to at least 81.1% by the end of the Funding Improvement Period and avoid a projected accumulated funding deficiency for any plan year during the specified period.

Projections based on reasonable assumptions, and the FIP Schedules described below, indicate the Pension Trust will meet these requirements. Both the Default Schedule (the schedule that would be applicable should a schedule not be adopted in collective bargaining on a timely basis) and the Alternative Schedule remain unchanged for the eighth consecutive year. Details of each Schedule are shown below.

Default Schedule

1. A contribution rate less than $9.50 per hour for every year (beginning with adoption of this updated FIP) that the Pension Trust is in endangered or seriously endangered status, and
2. The plan of benefits in effect, including all amendments adopted by the date this updated FIP is adopted by the Trustees, for all current and future active participants and for every year that the Plan is in endangered or seriously endangered status, except for:
   a) A 45% reduction in the benefit accrual rate for service earned on or after January 1, 2017 (*i.e. benefit accrual rate of $66 per pension credit*), and
   b) Any benefit changes required for the Plan to continue meeting the requirements to maintain its tax qualification under the Internal Revenue Code and comply with other applicable law.

Alternative Schedule

1. Contribution rates no less than the following until the Pension Trust is no longer in endangered or seriously endangered status:

Period of Hours Worked	Hourly Contribution Rate
On or after June 1, 2016	$9.50

2. The plan of benefits in effect, including all amendments adopted by the date this updated FIP is adopted by the Trustees, for all current and future active participants and for every year that the Plan is in endangered or seriously endangered status, except for any benefit changes required for the Plan to continue meeting the requirements to maintain its tax qualification under the Internal Revenue Code and comply with other applicable law.

Regardless of the Schedule implemented, plan amendments increasing benefits will not be allowed unless the actuary determines that they will be financed out of contributions not contemplated for the FIP and will not impede the Pension Trust's progress toward achieving the PPA benchmarks for plans in endangered status.

As noted below, these schedules are subject to revision if the Trustees determine that is necessary in light of the Pension Trust's financial condition and legal requirements, or as appropriate.

AUTOMATIC IMPLEMENTATION OF FIP DEFAULT SCHEDULE

Generally, if a Collective Bargaining Agreement providing for contributions under the Pension Trust that was in effect at the time the Plan entered endangered status expires, and after receiving FIP schedules, the bargaining parties fail to adopt a Collective Bargaining Agreement that provides for contributions at the scheduled rates, the Default Schedule will be implemented automatically 180 days after the date on which the Collective Bargaining Agreement expires, provided the employer has not withdrawn from the Pension Trust.

If a Collective Bargaining Agreement providing for contributions under a FIP Schedule (or the FIP Default Schedule is imposed as described above) expires while the Plan is in endangered status, and after receiving one or more updated FIP Schedules, the bargaining parties fail to adopt an updated FIP Schedule within 180 days after the date on which the Collective Bargaining Agreement expired, the Trustees will at that time implement the Schedule that was applicable under the expired Collective Bargaining Agreement, as updated and in effect on the date the Collective Bargaining Agreement expired.

ADOPTION OF FUNDING IMPROVEMENT PLAN

The Trustees have adopted this updated FIP in compliance with the statutory deadline under the PPA. As detailed above, it was anticipated that the Alternative Schedule would be adopted through allocation of current wage and benefit packages outlined in the Collective Bargaining Agreements as of June 1, 2016.

MONITORING AND ANNUAL UPDATING OF FUNDING IMPROVEMENT PLAN

Each year the plan's actuary will review and certify the status of the Pension Trust under the PPA funding rules and whether the Pension Trust is making the scheduled progress toward the requirements of the FIP. If the Trustees determine that it is necessary in light of updated information, they will revise the FIP and the benefit and contribution schedules recommended under it. Notwithstanding subsequent changes in benefit and contribution schedules, a schedule of contribution rates provided by the Trustees and relied upon by the bargaining parties in negotiating a Collective Bargaining Agreement shall remain in effect for the duration of that Collective Bargaining Agreement.

ADOPTION BY THE BOARD OF TRUSTEES

The Board of Trustees for the Iron Workers District Council of Southern Ohio and Vicinity Pension Trust indicated their adoption and approval of the aforesaid Funding Improvement Plan on November 13, 2018 in accordance with the requirements of the PPA and authorized the Co-Chairmen of the Trust to sign as follows:

UNION CO-CHAIRMAN

EMPLOYER CO-CHAIRMAN

5786942v3/01037.001

FSA Contribution Timing	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 31 contribution date.

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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Iron Workers District Council of SO OH & Vicinity Pension Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1962

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

1470 Worldwide Pl

Vandalia OH 45377-1156

2b Employer Identification Number (EIN) 31-6038516

2c Plan Sponsor's telephone number (937)454-1744

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	[signature]	11-7-19	Bradley Winans
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	11/7/19	Clinton Suggs
	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