

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☒ 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.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>SHEET METAL, AIR, RAIL & TRANSPORTATION ASSOCIATION LOCAL NO. 33 YOUNGSTOWN DISTRICT PENSION FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1964</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1939172</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>330-270-0453</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>236110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1964</u>		2b Employer Identification Number (EIN) <u>34-1939172</u>		2c Plan Sponsor's telephone number <u>330-270-0453</u>		2d Business code (see instructions) <u>236110</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>11/01/1964</u>											
2b Employer Identification Number (EIN) <u>34-1939172</u>											
2c Plan Sponsor's telephone number <u>330-270-0453</u>											
2d Business code (see instructions) <u>236110</u>											
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) <u>BOARD OF TRUSTEES SHEET METAL, AIR YOUNGSTOWN DISTRICT</u> <u>33 FITCH BLVD</u> <u>YOUNGSTOWN, OH 44515-2202</u>	<u>33 FITCH BLVD</u> <u>YOUNGSTOWN, OH 44515-2202</u>										

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2020	KEVIN REILLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2020	JESSE WRIGHT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 665
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 202 6a(2) 207 6b 252 6c 176 6d 635 6e 42 6f 677 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 32

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

1A

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **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 SHEET METAL, AIR, RAIL & TRANSPORTATION ASSOCIATION LOCAL NO. 33 YOUNGSTOWN DISTRICT PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES SHEET METAL, AIR YOUNGSTOWN DISTRICT	D Employer Identification Number (EIN) 34-1939172

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month 01 Day 01 Year 2019	
b Assets	
(1) Current value of assets	1b(1) 58421193
(2) Actuarial value of assets for funding standard account	1b(2) 62316882
c (1) Accrued liability for plan using immediate gain methods	1c(1) 67345667
(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) 67345667
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) 116292137
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2675868
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4284319
(3) Expected plan disbursements for the plan year	1d(3) 4454319

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	09/21/2020
Signature of actuary	Date
RICHARD L. KUBIAK	20-08540
Type or print name of actuary	Most recent enrollment number
CUNI, RUST & STRENK	513-891-0270
Firm name	Telephone number (including area code)
4555 LAKE FOREST DRIVE, SUITE 620, CINCINNATI, OH 45242-3760	
Address of the firm	

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

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

Schedule MB (Form 5500) 2019
v. 190130

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	58421193
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	290	60249111
(2) For terminated vested participants	173	17374829
(3) For active participants:		
(a) Non-vested benefits.....		6934040
(b) Vested benefits.....		31734157
(c) Total active.....	202	38668197
(4) Total	665	116292137
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.24 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2019	0				
12/31/2019	2427140				
Totals ▶			3(b)	2427140	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	92.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a		3.06 %
	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	7.00 %	7.00 %
e Expense loading	6e	12.2 % ☐ N/A	% ☒ N/A
f Salary scale	6f	% ☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-4.8 %	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1369700	140547
4	-121545	-12472

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	
b Employer's normal cost for plan year as of valuation date.....	9b	1387976
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)	27771492
(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	351807
e Total charges. Add lines 9a through 9d.....	9e	5377623

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	12813946
g Employer contributions. Total from column (b) of line 3.....	9g	2427140
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	9928761
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1309917
		1072183

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	24745244
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	44343499
(3) FFL credit.....	9j(3)	
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	17623186
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	12245563
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2019 plan year.....	9o(1)	
(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)	
(3) Total as of valuation date.....	9o(3)	
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..... ☒ 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SHEET METAL, AIR, RAIL & TRANSPORTATION ASSOCIATION LOCAL NO. 33 YOUNGSTOWN DISTRICT PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SHEET METAL, AIR YOUNGSTOWN DISTRICT	D Employer Identification Number (EIN) 34-1939172	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(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

(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

(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

(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)

AMERICAN REALTY ADVISORS

515 S. FLOWER ST. 49TH FLOOR
LOS ANGELES, CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28	INVESTMENT CUSTODIAN	108804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NWQ INVESTMENT MANAGEMENT COMPANY

2049 CENTURY PARK EAST, SUITE 1600
LOS ANGELES, CA 90067

04-3161875

(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	INVESTMENT MANAGER	63922	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CUNI, RUST & STRENK

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	56850	Yes ☐ No ☒	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)

FMI CORPORATION

5171 GLENWOOD AVE
RALEIGH, NC 27612

(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	INVESTMENT MANAGER	49265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENESYS, INC.

33 FITCH BLVD.
YOUNGSTOWN, OH 44515

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	THIRD PARTY ADMINISTRATOR	48068	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK, NATIONAL ASSOCIATION

1900 E 9TH STREET
CLEVELAND, OH 44114

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	INVESTMENT CUSTODIAN	34508	Yes ☐ No ☒	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)

ANDCO CONSULTING

5000 ROCKSIDE ROAD
INDEPENDENCE, OH 44131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTANT	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PBGC PREMIUM

P.O. BOX 77000
DETROIT, MI 48277-0430

(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?
73	PENSION INSURANCE	19285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SULLIVAN, WARD, ASHER & PATTON

400 GALLERIA OFFICENTRE
SOUTHFIELD, MI 48034

(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?
	ATTORNEY	14260	Yes ☐ No ☒	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)

SHEET METAL COLLECTION AGENCY

33 FITCH BLVD.
YOUNGSTOWN, OH 44515

34-1296006

(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?
64	COLLECTION AGENCY	8000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL, BARTH & KING LLC

6603 SUMMIT DRIVE
CANFIELD, OH 44406

34-1897225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	8000	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:	RANDY SMITH	b EIN:	31-1939172
c Position:			
d Address:	4555 LAKE FOREST DRIVE, SUITE 620 CINCINNATI, OH 45242-3760	e Telephone:	

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019					
A Name of plan SHEET METAL, AIR, RAIL & TRANSPORTATION ASSOCIATION LOCAL NO. 33 YOUNGSTOWN DISTRICT PENSION FUND				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SHEET METAL, AIR YOUNGSTOWN DISTRICT				D Employer Identification Number (EIN) 34-1939172	
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: AMERICAN CORE REALTY FUND					
b Name of sponsor of entity listed in (a): AMIERCAN REALTY ADVISORS					
c EIN-PN 95-4871432-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10039009	
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)	
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)	
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					

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SHEET METAL, AIR, RAIL & TRANSPORTATION ASSOCIATION LOCAL NO. 33 YOUNGSTOWN DISTRICT PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SHEET METAL, AIR YOUNGSTOWN DISTRICT	D Employer Identification Number (EIN) 34-1939172	

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	617333	612165
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	225086	191227
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	63474	142138
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1970335	6173733
(2) U.S. Government securities	1c(2)	3682022	2503918
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	2277022	3948396
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	13446944	13743622
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	9547903	10039009
(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)	26645945	30390731
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	47	25

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	58476111	67744964

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	54918	120204
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	54918	120204

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	58421193	67624760
---	-----------	----------	----------

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)	2402996	
(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)		2402996
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	240023	
(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)	584453	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		824476
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	260917	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	477225	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		738142
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14096130	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12903675	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1192455
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	15456	
(B) Other	2b(5)(B)	8713141	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8728597

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		32144
d Total income. Add all income amounts in column (b) and enter total	2d		13918810

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4238407	
(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)		4238407
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)	172270	
(2) Contract administrator fees	2i(2)	48068	
(3) Investment advisory and management fees	2i(3)	256498	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		476836
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4715243

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9203567
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: HILL, BARTH & KING LLC

(2) EIN: 34-1897225

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:

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.)

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.)

	Yes	No	Amount
4a		X	
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>SHEET METAL, AIR, RAIL & TRANSPORTATION ASSOCIATION LOCAL NO. 33 YOUNGSTOWN DISTRICT PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES SHEET METAL, AIR YOUNGSTOWN DISTRICT</u>	D Employer Identification Number (EIN) <u>34-1939172</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

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

Schedule R (Form 5500) 2019
v. 190130

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 **D&G MECHANICALS, INC**

b EIN **25-1517563**

c Dollar amount contributed by employer **380492**

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 **05** Day **31** Year **2020**

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) **7.73**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **DE-CAL, INC**

b EIN **38-3023202**

c Dollar amount contributed by employer **198943**

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 **05** Day **31** Year **2020**

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) **7.10**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **THOMPSON MECHANICAL, INC**

b EIN **34-1168891**

c Dollar amount contributed by employer **171238**

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 **05** Day **31** Year **2020**

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) **5.77**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **S-J2 MECHANICAL**

b EIN **81-3366852**

c Dollar amount contributed by employer **129946**

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 **05** Day **31** Year **2020**

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) **7.87**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **YORK MAHONING COMPANY**

b EIN **34-1630346**

c Dollar amount contributed by employer **562868**

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 **05** Day **31** Year **2020**

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) **7.20**

(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer **ROTH BROTHERS, INC**

b EIN **34-0676951**

c Dollar amount contributed by employer **324097**

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 **05** Day **31** Year **2020**

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) **7.82**

(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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____</p>
20	<p>PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No</p> <p>b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____</p>

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

**SHEET METAL, AIR, RAIL AND TRANSPORTATION
ASSOCIATION LOCAL UNION NO. 33
YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018



--- o o O o o ---

C O N T E N T S

P A G E

Independent Auditor's Report.....	1-2
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits - January 1, 2019	5
Notes to Financial Statements.....	6-15
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of Year	16-20

--- o o O o o ---



October 2, 2020

Board of Trustees
Sheet Metal, Air, Rail and Transportation
Association Local Union No.33
Youngstown District Pension Fund
Youngstown, Ohio

Independent Auditor's Report

Report on the Financial Statements

We have audited the accompanying financial statements of Sheet Metal Air, Rail and Transportation Association Local Union No. 33 Youngstown District Pension Fund (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, and statement of accumulated plan benefits as of January 1, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Sheet Metal, Air, Rail and Transportation Association Local Union No. 33 Youngstown District Pension Fund as of December 31, 2019 and 2018, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets held for investment purposes at end of year, referred to as "supplemental schedule", is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information 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.

Hill, Barth & King LLC

Certified Public Accountants

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<u>ASSETS</u>		
Cash and cash equivalents	\$ 612,166	\$ 617,333
Investments at fair value - NOTE D:		
Interest-bearing cash	6,173,733	1,970,335
Government securities	2,503,918	3,682,022
Corporate bonds	3,948,396	2,277,022
Common stocks	13,743,622	13,446,944
Asset backed securities	25	47
Registered investment companies	30,390,731	26,645,945
	<u>56,760,425</u>	<u>48,022,315</u>
Investments at estimated fair value - NOTE D:		
Commingled real estate fund	10,039,009	9,547,903
TOTAL INVESTMENTS	<u>66,799,434</u>	<u>57,570,218</u>
Receivables:		
Contributions	191,227	225,086
Dividends and interest	140,873	62,229
Employer withdrawal liability	291,097	315,241
	<u>623,197</u>	<u>602,556</u>
Less allowance for doubtful accounts	291,097	315,241
TOTAL RECEIVABLES	<u>332,100</u>	<u>287,315</u>
Prepaid expenses	1,265	1,245
TOTAL ASSETS	<u>67,744,965</u>	<u>58,476,111</u>
 <u>LIABILITIES</u>		
Accounts payable	120,204	54,918
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 67,624,761</u>	<u>\$ 58,421,193</u>

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

Years ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
<u>ADDITIONS TO NET ASSETS</u>		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 9,921,051	\$ (4,334,281)
Dividends and interest	<u>1,562,618</u>	<u>1,615,795</u>
	<u>11,483,669</u>	<u>(2,718,486)</u>
Less investment expenses	<u>256,498</u>	<u>265,444</u>
NET INVESTMENT INCOME (LOSS)	<u>11,227,171</u>	<u>(2,983,930)</u>
Contributions:		
Employer	<u>2,402,996</u>	<u>2,493,794</u>
Other income:		
Employer withdrawal liability	<u>24,144</u>	<u>26,156</u>
Other	<u>8,000</u>	<u>1,036</u>
TOTAL OTHER INCOME	<u>32,144</u>	<u>27,192</u>
TOTAL ADDITIONS (REDUCTIONS)	<u>13,662,311</u>	<u>(462,944)</u>
<u>DEDUCTIONS FROM NET ASSETS</u>		
Administrative expenses:		
Collection and administration agency	<u>8,000</u>	<u>14,828</u>
Administrator's fees	<u>48,068</u>	<u>45,960</u>
Actuarial services	<u>56,850</u>	<u>30,350</u>
Consulting services	<u>30,000</u>	<u>30,000</u>
Trustee's international foundation	<u>7,659</u>	<u>7,267</u>
Legal fees	<u>19,697</u>	<u>19,084</u>
Accounting and auditing services	<u>8,000</u>	<u>8,000</u>
Insurance	<u>19,683</u>	<u>19,183</u>
Pension benefit guaranty premiums	<u>19,285</u>	<u>18,564</u>
Printing, supplies and bank charges	<u>3,066</u>	<u>4,133</u>
Miscellaneous	<u>28</u>	<u>105</u>
	<u>220,336</u>	<u>197,474</u>
Benefits to participants	<u>4,238,407</u>	<u>4,110,695</u>
TOTAL DEDUCTIONS	<u>4,458,743</u>	<u>4,308,169</u>
NET INCREASE (DECREASE)	<u>9,203,568</u>	<u>(4,771,113)</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>58,421,193</u>	<u>63,192,306</u>
End of year	<u>\$ 67,624,761</u>	<u>\$ 58,421,193</u>

See accompanying notes to financial statements

STATEMENT OF ACCUMULATED PLAN BENEFITS

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

January 1, 2019

Actuarial present value of accumulated plan
benefits - NOTE B:

Vested benefits -

Active participants	\$ 15,628,727
Deferred vested participants	8,275,999
Pensioners	41,567,854
	<hr/> 65,472,580
Nonvested benefits	3,814,577

TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<hr/> <u>\$ 69,287,157</u>
---	----------------------------

At January 1, 2018, the total actuarial present value of accumulated plan benefits was \$67,636,217. During the period from January 1, 2018 through December 31, 2018, the actuarial present value of accumulated plan benefits increased \$1,650,940, consisting of the change in the discount period resulting in an increase of \$4,428,974 and a net benefit decrease of \$2,778,034. There were no plan amendments. Significant changes in actuarial assumptions include the mortality rates projection table, an increase in the expense load and hours worked and an update to the discount rate and changes of the Current Liability mortality and interest rates mandated by the IRS. See Note C for description of current actuarial assumptions.

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND

December 31, 2019 and 2018

NOTE A - DESCRIPTION OF PLAN

The following brief description of Sheet Metal, Air, Rail and Transportation Association Local Union No. 33 Youngstown District Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

Sheet Metal, Air, Rail and Transportation Association Local Union No. 33 Youngstown District established the Plan effective November 1, 1964, a defined benefit pension plan, for the benefit of their union members through their collective bargaining agreements. The Plan is subject to the reporting and disclosure requirements, the minimum participation and vesting standards and the fiduciary responsibility requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration:

The Plan is administered by BeneSys, Inc. BeneSys Inc.'s powers and duties relate to the issuance of interpretive rules and regulations in accordance with the Plan document, including determination of the method and time of benefit distributions and authorization of disbursements from the Plan.

The assets of the various investment accounts are maintained and administered by PNC Bank, the trustee, which is responsible for the custody of Plan assets. The commingled real estate fund is maintained and administered by American Realty Advisors. The Plan agreement provides that the trustee of the Plan shall hold, invest, reinvest, manage and administer all assets of the Plan for the exclusive benefit of participants and their beneficiaries.

Eligibility:

Employees become eligible on January 1st or July 1st following 775 hours worked in the first 12 months of employment.

Contributions:

Pursuant to collective bargaining agreements, employers contribute to the Trust Fund at specified rates per hour worked by participants in the Plan.

Period When Service Was Ended	Specified Rates Per Hour Worked by Participants					
	Class "A" Journeyman, Sub-foremen, Foremen, Service Techs	Industrial	Residential	Apprentices In Program Prior to June 2012	Apprentices In Program After June 2012	
					Second & Third Year	Fourth & Fifth Year
June 1, 2019 - December 31, 2019	8.27	\$ 3.38	\$ 3.58	0.55	2.07	4.14
June 1, 2018 - May 31, 2019	8.17	3.34	3.53	0.55	2.04	4.09
June 1, 2017 - May 31, 2018	7.97	3.34	3.43	0.55	1.99	3.99

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Benefits:

Pension credits are earned by members at the rate of one-tenth credit for each 155 hours worked. Under this formula a member may accrue more than one full year of pension credit in a calendar year. One-fifth of a year of vesting service will be credited to a member for each 155 hours of work in covered employment for each calendar year during the contribution period with a maximum credit of no more than one full year if a member works at least 775 hours. Prior to January 1, 1997 regular, early and disability pensions each required ten pension credits before payment of benefits. On or after January 1, 1997, participants who meet the age requirements can receive pension benefit payments if they have at least 5 years of vesting service. Prior to January 1, 1997, a deferred pension required either 5 years vesting service or five pension credits. A deferred pension recipient vested 50% after 5 years of service plus 10% per year for the next 5 years. On or after January 1, 1997, when a participant has completed at least 55 hours of service in covered employment, they shall be entitled to a fully vested deferred pension if they have at least 5 years of vesting service.

At retirement, death or disability, the participants or their beneficiaries receive payments from the Trust Fund according to benefit schedules established by a joint employer-union Board of Trustees.

Monthly pension benefit amounts for members are calculated by multiplying the following applicable accrual rates times pension credits:

Period When Service Was Ended	Benefit Accrual Rate Schedule	
	Class "A"	Class "B" Industrial and Residential Employees
On or After June 2014 **	\$ 100.00	\$ 100.00
June 2013 - May 2014 **	\$ 93.00	\$ 93.00
January 2001 - May 2013	\$ 83.00	\$ 36.00
June 1994 - December 2000	\$ 80.00	\$ 36.00
January 1990 - May 1994	\$ 74.00	\$ 32.00
May 1983 - December 1989	\$ 55.00	\$ 27.50
May 1980 - April 1983	\$ 55.00	\$ 18.50
November 1974 - April 1980	\$ 20.00	\$ 18.50
May 1970 - October 1974	\$ 16.00	\$ 14.50
November 1964 - April 1970	\$ 12.00	\$ 10.50
Prior to November 1964 *	\$ 4.00	\$ 2.50
	*(max of 10 credits)	*(max of 10 credits)

** Provided that effective June 1, 2013, the benefit amount per Pension Credit for Active Sheet Metal Workers, including apprentices and service tech trainees, will be prorated based on the actual contribution rates in proportion to the journeyman contribution rate provided by the Collective Bargaining Agreement, except that the benefit amount per Pension Credit earned as an apprentice or service tech trainee on or after January 1, 2013, shall be \$83.00 per Pension Credit, and shall not be prorated, for Active Participants who began working as apprentices or service tech trainees prior to January 1, 2013.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE A - DESCRIPTION OF PLAN (CONTINUED)

Benefits (Continued):

The above benefit accrual rate schedules for Class "A" employees applies to those participants who worked in covered employment on or after January 1, 1990. For those participants who did not work in covered employment after December 31, 1989, the benefit accrual rate is \$42.95 per pension credit earned after April 30, 1980.

Monthly pension benefit amounts for those who retired before January 1, 1997, were calculated under the rate schedules in effect at the time of their retirement and have been adjusted by increases of 10% granted by the Trustees effective January 1, 1982, and January 1, 1985, 5% effective January 1, 1987, 10% effective January 1, 1989 and January 1, 1990, 5% effective June 1, 1993, January 1, 1996 and January 1, 1997.

Monthly benefits for pensioners and beneficiaries on the rolls as of June 1, 1999 were increased by 5%.

Early Retirement Benefits:

Normal retirement providing full benefits under the plan was lowered from age 58 to age 57 effective January 1, 2000 for Class "A" employees. Normal retirement for Class "B" industrial employees and residential employees remains at age 62. Monthly benefits are increased by four-tenths of one percent ($\frac{4}{10}$ of 1 %) for each full month over age 60 for Class "A" employees and age 62 for Class "B" employees. The minimum age requirement for early retirement is 55 with the amount of benefit calculated under the regular accrued pension reduced by 4.8 percent for each year of age less than normal retirement age. There is no age requirement and no reduction of benefits for a disability pension and the minimum amount is \$40 per month.

Effective October 1, 1995, the Plan was amended to provide a Level Income Option. Under this option, a member who retires prior to social security age (62 or 65 currently) will receive a higher amount than the actual calculated benefit from the Plan until social security begins, and then a lower amount than the actual calculated Plan benefit after social security begins. The amount of the benefit payable from the Plan prior to the receipt of the social security benefit is equal to the total benefit received from social security plus the Plan after social security begins. The adjustments in the Plan benefit depend upon the amount of the social security benefit, the age at which the benefit begins, the age at which social security begins, and the appropriate actuarial equivalent factors.

If married, pension benefits are paid in the form of a joint and 50% survivor annuity unless this form is rejected in writing by the member with the spouse's written consent. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable monthly for the life of the member with 60 payments guaranteed.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accounting records of the Plan are maintained on the accrual basis. Investments are stated at the current market price at the statement of net assets date. The change in the difference between the current value and the cost of investments is reflected in the statements of changes in net assets available for benefits as net appreciation or depreciation in fair value of investments.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Investment Valuation:

Investments and operations are managed by the Institutional Asset Management Department of PNC Bank. The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodians.

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

Cash Equivalents:

The Plan considers highly liquid debt instruments purchased with original maturity dates of three months or less to be cash equivalents.

Income Taxes:

The Plan obtained its latest determination letter dated March 11, 2016, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Use of Estimates:

The preparation of financial statements in accordance with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts, disclosures and the actuarial present value of accumulated plan benefits. Actual results may differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service members have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated members or their beneficiaries, (b) beneficiaries of members who have died, and (c) present members or their beneficiaries.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued):

Benefits under the Plan are based on employee's compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented on December 31, 2018. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date of payment.

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

Administrative Expenses:

The Plan's expenses are paid by the Plan as provided by the Plan document. Expenses incurred in connection with the administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Subsequent Events:

Management evaluated all activity of the Plan through October 2, 2020, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes except as noted below.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to instability in financial markets. Because the values of the Plan's individual investments may fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE C - BENEFITS

Valuation assumptions:

Interest Rates: 7.00%/3.06%/6.75% (Funding/Current Liability/ASC 960)

Mortality Rates:	Funding:	
	Non-disabled	RP-2014 Table with Blue Collar adjustment
	Disabled	RP-2014 Disabled Retiree Mortality Table
	Future Mortality Projection	Generationally projected using Scale MP-2018
	Current Liability:	2019 Static Mortality Table (IRS Notice 2018-02)

Asset Valuation Method: Unit Credit

Retirement Rates:		Terminated		
		Age	Active	Vested
	55	0.10	0.10	
	56-59	0.20	0.10	
	60-61	0.30	0.10	
	62	0.25	0.10	
	63-64	0.15	0.10	
	65-66	0.15	0.05	
	67-71	1.00	0.05	
	72-79	1.00	0.01	
	80	1.00	1.00	

Termination/Disability Rates:		Age	Termination	Disability
	25	0.13380	0.00030	
	35	0.08010	0.00050	
	45	0.06134	0.00110	
	55	0.00000	0.00280	
	65	0.00000	0.00000	

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE C - BENEFITS (CONTINUED)

Expense Load: \$170,000 per year

Valuation assumptions (Continued):

Hours Worked: 1,720 per year

Benefit Credit Earned: \$100 per year

Actuarial Value of Assets: Market Value of Assets minus a decreasing fraction ($\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$, and $\frac{1}{5}$) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

NOTE D - INVESTMENTS AND FAIR VALUE MEASUREMENTS

FASB ASC 820 required the Plan to classify its assets and liabilities based on valuation methods using three levels. Level 1 inputs are based on quoted prices in active markets for identical investments. Level 2 inputs are based on significant observable market inputs, such as quoted prices for similar investments and quoted prices in inactive markets. Level 3 inputs are based on significant unobservable inputs that reflect the Plan's determination of assumptions that market participants might reasonably use in valuing the investments. The valuation levels are not necessarily an indication of risk or liquidity associated with the underlying investments.

Level 1 Fair Value Measurements

The fair value of equity securities is based on quoted prices in an active market. The fair value of interest-bearing cash is based on quoted prices of the underlying investments in an active market.

Level 2 Fair Value Measurements

The fair value of government securities and corporate bonds is based upon the value of similar investments using a matrix-pricing model.

Level 3 Fair Value Measurements

The fair value of commingled real estate funds is unobservable.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE D - INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Investments are comprised of the following:

	Investments at Fair Value			
	Level 1	Level 2	Level 3	Total
<u>December 31, 2019</u>				
Interest-bearing cash	\$ 6,173,733	\$ 0	\$ 0	\$ 6,173,733
Government securities	0	2,503,918	0	2,503,918
Corporate bonds	0	3,948,396	0	3,948,396
Common stocks	13,743,622	0	0	13,743,622
Commingled real estate fund	0	0	10,039,009	10,039,009
Asset backed securities	0	25	0	25
Registered investment companies	30,390,731	0	0	30,390,731
TOTAL INVESTMENTS	\$ 50,308,086	\$ 6,452,339	\$ 10,039,009	\$ 66,799,434
<u>December 31, 2018</u>				
Interest-bearing cash	\$ 1,970,335	\$ 0	\$ 0	\$ 1,970,335
Government securities	0	3,682,022	0	3,682,022
Corporate bonds	0	2,277,022	0	2,277,022
Common stocks	13,446,944	0	0	13,446,944
Commingled real estate fund	0	0	9,547,903	9,547,903
Asset backed securities	0	47	0	47
Registered investment companies	26,645,945	0	0	26,645,945
TOTAL INVESTMENTS	\$ 42,063,224	\$ 5,959,091	\$ 9,547,903	\$ 57,570,218

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the years ended December 31, 2019 and 2018:

	2019	2018
Beginning balance	\$ 9,547,903	\$ 7,461,156
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	15,457	194,108
Issuances	475,649	1,892,639
Ending balance	\$ 10,039,009	\$ 9,547,903

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE E - RISKS AND UNCERTAINTIES

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

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

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, should the Plan be terminated at some future time, its net assets generally will not be available on a pro-rata basis to provide all of the participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided from the then existing assets and the PBGC guaranty while other benefits may not be provided at all.

Upon termination of the Plan, the Fund shall be allocated to active members, retired members and their eligible beneficiaries in the following order of preference:

- | | |
|---------|---|
| FIRST: | To the extent assets are sufficient, payment of retirement benefits paid to members who have retired or whose retirement has been postponed, and payment of death benefits. |
| SECOND: | Payment of early retirement benefits to members eligible. |
| THIRD: | Payment to the remaining members will be in proportion to the liability for their accrued benefits. |

This description summarized the major provisions of the Plan. It is not intended to be nor should it be interpreted as a complete statement of all Plan provisions. Participants should refer to the Plan agreement for more complete information.

NOTE G - RELATED PARTY AND PARTY-IN-INTEREST

Certain Plan assets are invested in funds managed by custodians of the Plan. As described in Note B, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

December 31, 2019 and 2018

NOTE H - EMPLOYER WITHDRAWAL LIABILITY

In 2015, Hiem Sheet Metal withdrew from the Plan and was assessed an employer withdrawal liability of \$407,793. The amount of the withdrawal liability is payable in 240 equal installments. As of December 31, 2019, the Plan had received \$116,696 of the employer withdrawal liability, with the remainder of \$291,097 receivable at December 31, 2019. An allowance for doubtful accounts has been recorded for the employer withdraw liability due to the uncertainty of collecting the full amount due.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

1. Effective Date: November 1, 1964.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees covered by the Local 33 Collective Bargaining Agreement.
4. Eligibility: January 1st or July 1st following 775 hours worked in the first 12 months of employment.
5. Vesting Service: 1 Year of Service for each Plan Year with 775 hours worked.
6. Pension Credit: 1 Year of Credit for each Plan Year with 1,550 hours worked, prorated for hours that differ from 1,550.
7. Pre-Retirement Death:
 - a. Eligibility Immediate.
 - b. Monthly Benefit For participants who are married with 5 Years of Vesting Service, calculated as for an age 55 Early Retirement, reflecting a 100% Joint & Survivor Annuity payment form with death immediately after Early Retirement (QPSA).
 - c. Return of Contributions For beneficiaries of non-vested participants, calculated with simple interest of 3.0% per year.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

8. Hourly Contribution Rates:
(Effective 6/1/2019 & 7/1/2019)

Journeyman & Air Balance: \$8.27; Trainee: \$2.07 /
\$4.14 (2nd & 3rd years, 4th & 5th years); Residential:
\$3.58; Fabrication: \$3.38.

9. Normal Retirement:

- a. Eligibility

Age 57 and 5 Years of Vesting Service (Normal Retirement Age defined as later of age 65 or 5 years).

- b. Monthly Benefit

The sum of the following per Pension Credits:

<u>Time Period</u>	<u>Class A</u>	<u>Class B & Residential</u>
Before 11/1/1964	\$4.00	\$2.50
11/1/1964 – 04/30/1970	\$12.00	\$10.50
05/1/1970 – 10/31/1974	\$16.00	\$14.50
11/1/1974 – 04/30/1980	\$20.00	\$18.50
05/1/1980 – 04/30/1983	\$55.00	\$18.50
05/1/1983 – 12/31/1989	\$55.00	\$27.50
01/1/1990 – 05/31/1994	\$74.00	\$32.00
06/1/1994 – 12/31/2000	\$80.00	\$36.00
01/1/2001 – 05/31/2013	\$83.00	\$36.00
06/1/2013 – 05/31/2014		\$93.00*
06/1/2014 and later		\$100.00*

*Journeyman contribution rate (prorated for rates other than Journeyman rate).

Benefits are increased for late commencement.

10. Disability Benefit:

- a. Eligibility

Total and Permanent Disability and 5 Years of Vesting Service.

- b. Monthly Benefit

Calculated as for Normal Retirement, unreduced for early commencement.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

**E.I.N.: 34-1939172
PLAN NUMBER: 001**

December 31, 2019

(a)	(b) Identity of issuer, 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
	Interest-bearing cash:			
*	PNC Government Money Market		\$ 6,173,733	\$ 6,173,733
	Government Securities:			
	USA Treasury Notes	2.375% 5/15/2027	1,200,698	1,281,077
	USA Treasury Notes	2.250% 11/15/2027	230,120	241,683
	USA Treasury Notes	2.625% 2/18/2029	283,263	291,651
	USA Treasury Notes	VAR% 4/30/2021	194,948	194,893
	Federal Home Loan Bank	2.662% 1/4/2021	225,000	224,978
	Federal Home Loan Bank	VAR% 9/13/2021	269,646	269,636
	Total Government Securities		2,403,675	2,503,918
	Corporate Bonds:			
	American Express Credit	VAR% 3/3/2022	211,591	212,765
	Apple, Inc.	VAR% 2/9/2022	152,093	151,237
	Bank of America Corp	VAR% 1/20/2023	146,979	147,101
	Bank of America Corp	VAR% 3/5/2024	150,309	150,705
	Citigroup, Inc	VAR% 5/17/2024	95,462	96,261
	Comcast Corp	VAR% 4/15/2024	194,643	196,956
	Goldman Sachs Group, Inc.	VAR% 11/29/2023	173,512	176,086
	Goldman Sachs Group, Inc.	VAR% 5/1/2029	128,671	143,335
	Intel Corp.	VAR% 5/15/2029	246,482	246,044
	IBM Corp	3.500% 5/11/2022	216,152	215,182
	John Deere Captial Corp.	VAR% 9/8/2022	130,046	130,634
	JP Morgan Chase & Co.	VAR% 7/23/2024	105,296	105,836
	JP Morgan Chase & Co.	VAR% 10/15/2030	201,693	205,031
	Morgan Stanley	VAR% 5/8/2024	105,760	106,874
	Morgan Stanley	VAR% 7/22/2028	94,128	106,331
	Morgan Stanley	VAR% 1/24/2029	101,586	102,263
	PNC Bank	VAR% 6/10/2021	300,000	300,084
	Suntrust Bank	VAR% 8/2/2022	125,098	125,391
	US Bank	VAR% 5/23/2022	295,156	296,251
	United Parcel Service	VAR% 5/16/2022	246,324	246,225
	Walt Disney Company	VAR% 3/4/2022	190,255	191,051
	Wells Fargo & Company	VAR% 1/24/2023	96,605	96,240
	Wells Fargo & Company	4.150% 1/24/2029	199,494	200,513
	Total Corporate Bonds		3,907,335	3,948,396
	Asset Backed Securities:			
	GE Capital Mtg Services, Inc.	6.265% 4/25/2029	25	25
	Total Asset Backed Securities		25	25

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

**E.I.N.: 34-1939172
PLAN NUMBER: 001**

December 31, 2019

(a)	(b) Identity of issuer, 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
Common Stocks:				
	Consumer Discretionary:			
	American Eagle Outfitters Inc		\$ 64,498	\$ 65,562
	Booking Holdings, Inc		160,942	184,836
	Cars.Com Inc		33,031	33,238
	Deckers Outdoor Corp		60,938	70,415
	Dollar General Corp		183,672	379,811
	Dollar Tree, Inc.		242,528	251,114
	Stoneridge Inc		42,406	88,429
	Taylor Morrison Home Corp		136,778	151,555
	TJX Companies, Inc.		159,303	266,527
		Total Consumer Discretionary	<u>1,084,096</u>	<u>1,491,487</u>
	Consumer Staples:			
	Landec Corp		165,211	153,929
	Nestle S.A.		164,832	264,154
	PepsiCo, Inc.		184,722	248,056
	Unilever PLC		193,798	238,971
		Total Consumer Staples	<u>708,563</u>	<u>905,110</u>
	Energy:			
	Equitrans Midstream Corp		178,787	115,764
	PDC Energy Inc		151,573	74,297
	Schlumberger Ltd		315,613	226,929
	WPX Energy Inc		118,769	126,477
		Total Energy	<u>764,742</u>	<u>543,467</u>
	Financial:			
	Ameris Bancorp		214,505	251,071
	Banc of California Inc		53,803	56,608
	Berkshire Hathaway		270,297	510,531
	Chubb Ltd.		245,523	278,631
	First Hawaiian Inc		57,278	64,480
	First Horizon Natl Corp		164,878	148,808
	Homestreet, Inc		81,031	116,552
	JPMorgan Chase & Co		192,107	400,078
	Northern Trust Corp		137,759	163,610
	Pacwest Bancorp		100,482	117,374
	Renaissance Holdings LTD		127,573	187,787
	Schwab Charles Corp New		165,207	214,258
	Texas Cap Bancshares, Inc.		86,040	63,980
	The Bank of N T Butterfield		154,706	200,278
	Western Alliance Bancorp		82,469	285,228
		Total Financial	<u>2,133,658</u>	<u>3,059,274</u>

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

**E.I.N.: 34-1939172
PLAN NUMBER: 001**

December 31, 2019

(a)	(b) Identity of issuer, 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
Common Stocks (Continued):				
	Health Care:			
	Cerner Corp		\$ 146,898	\$ 201,822
	Livanova PLC		105,123	97,984
	Quest Diagnostics, Inc.		295,654	310,225
	Smith & Nephew P/C		199,694	256,694
	UnitedHealth Group, Inc		129,968	437,442
		Total Health Care	<u>877,337</u>	<u>1,304,167</u>
	Industrials:			
	Alamo Group, Inc.		94,654	124,921
	Albany International Corp		27,847	63,393
	Apogee Enterprises, Inc.		82,170	57,785
	Astronics Corp		100,876	90,530
	BMC Stock Holdings, Inc		136,428	178,567
	Eaton Corp PLC		128,460	132,608
	Enersys		131,788	167,993
	Expeditors International		107,448	218,456
	Federal Signal Corp		57,760	73,627
	GP Strategies Corp		94,800	58,014
	HD Supply Holdings		193,456	190,040
	HNI Corp		95,104	92,339
	Honeywell International, Inc.		190,810	344,265
	Kennametal Inc		61,692	71,382
	Knight Swift Transportation		153,481	170,742
	Masco Corp		258,695	347,688
	Nvent Electric PLC		123,186	145,678
	Paccar, Inc.		138,564	214,757
	Quanta Svcs Inc		126,465	150,586
	Southwest Airlines Co		118,515	115,517
	Stanley Black & Decker, Inc.		58,875	94,472
		Total Industrials	<u>2,481,074</u>	<u>3,103,360</u>
	Information Technology:			
	Accenture Place Class A		81,493	276,900
	Adesto Technologies LTD		79,935	71,681
	Coherent Inc		92,469	124,596
	Entergris, Inc		23,782	100,831
	Euronet Worldwide Inc		14,476	44,905
	Fabrinet		58,711	70,676
	Kimball Electronics Inc		30,689	33,468
	MellanoX Technologies		78,703	205,064
	Methode Electronics		115,945	120,765
	Rambus Inc		83,306	122,735
		Carried Forward	659,509	1,171,621

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

**E.I.N.: 34-1939172
PLAN NUMBER: 001**

December 31, 2019

(a)	(b) Identity of issuer, 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
		Brought Forward	\$ 659,509	\$ 1,171,621
	Common Stocks (Continued):			
	Information Technology (Continued):			
		TE Connectivity Ltd	95,272	189,763
		Teradata Corp	106,118	113,773
		Viasat Inc	96,601	96,983
		Vishay Precision Group	66,718	65,008
		Total Information Technology	<u>1,024,218</u>	<u>1,637,148</u>
	Materials:			
		Boise Cascade	19,088	25,133
		Kaiser Aluminum Corp	84,065	94,922
		Materion Corp	58,908	76,453
		Neenah Inc	107,748	126,422
		Nutrien Ltd	192,529	116,661
		PPG Industries, Inc.	156,997	202,905
		Total Materials	<u>619,335</u>	<u>642,496</u>
	Real Estate:			
		Brandywine Realty Trust	156,830	162,855
		Healthcare Realty Trust	95,374	96,439
		Potlatchdeltic Corp	62,396	74,814
		RPT Realty	274,031	266,208
		Stag Industries Inc	93,165	99,004
		Total Real Estate	<u>681,796</u>	<u>699,320</u>
	Telecommunication Services:			
		Comcast Corporation CL A	80,983	80,705
		Omnicom Group	249,110	277,088
		Total Telecommunication Services	<u>330,093</u>	<u>357,793</u>
		Total Common Stocks	<u>10,704,912</u>	<u>13,743,622</u>
	Registered Investment Companies:			
	Large Blend:			
		Vanguard 500 Index Fund	4,466,226	6,265,945
	Large Growth:			
		Vanguard Growth Index Fund	4,271,765	6,648,536
	Mid Blend:			
		Vanguard Mid Cap Index Fund	4,035,331	6,385,177
		Carried Forward	<u>12,773,322</u>	<u>19,299,658</u>

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR (CONTINUED)

**SHEET METAL, AIR, RAIL AND TRANSPORTATION ASSOCIATION
LOCAL UNION NO. 33 YOUNGSTOWN DISTRICT PENSION FUND**

**E.I.N.: 34-1939172
PLAN NUMBER: 001**

December 31, 2019

(a)	(b) Identity of issuer, 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
		Brought Forward	\$ 12,773,322	\$ 19,299,658
	Registered Investment Companies:			
	Foreign Value:			
		Dodge & Cox International Stock Fund	924,091	973,019
	Foreign Growth:			
		WCM Focused International Growth Fund	1,120,996	1,583,218
	Emerging Market Stock:			
		Oppenheimer Developing Markets Fund	2,131,430	2,830,385
	Foreign Blend:			
		Vanguard Total International Stock Index Fund	1,192,581	1,337,228
	Intermediate Core:			
		Western Asset Intermediate Bond Fund	4,190,690	4,367,223
		Total Registered Investment Companies	<u>22,333,110</u>	<u>30,390,731</u>
	Commingled Real Estate:			
		American Core Realty Fund	8,538,134	10,039,009
		Total Investments	<u>\$ 54,060,924</u>	<u>\$ 66,799,434</u>

INT'L ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS LOCAL UNION NO. 33

**CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645
216.267.1110 FAX**

**YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX**

**OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER**

YOUNGSTOWN DISTRICT ARCHITECTURAL AGREEMENT

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

TOTAL PACKAGE: \$ 43.56

BASE WAGE: RATES: (TAXABLE)

JOURNEYMAN \$ 26.52

FRINGES:

NATIONAL PENSION FUND	\$ 3.07	- HOURS WORKED
LOCAL PENSION FUND (50% of BT Jymn rate)	\$ 4.14	- HOURS WORKED
HEALTH & WELFARE	\$ 8.33	- HOURS WORKED
ANNUITY FUND	\$ 1.00	- HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	\$ 0.12	- HOURS WORKED
APPRENTICESHIP FUND	\$ 0.15	- HOURS WORKED
NEMI	\$ 0.03	- HOURS WORKED
INDUSTRY FUND	\$ 0.18	- HOURS WORKED
SMOHIT	\$ 0.02	- HOURS WORKED

TO BE DEDUCTED FROM BASE WAGE RATE:

ADMINISTRATIVE DUES	\$ 0.89	- HOURS WORKED
VACATION FUND	\$ 0.50	- HOURS WORKED
P.A.L.	\$ 0.02	- HOURS WORKED
COPE	\$ 0.02	- HOURS WORKED
REC FUND	\$ 0.03	- HOURS WORKED
TARGET	\$ 0.10	- HOURS WORKED
BUILDING CORP	\$ 0.10	- HOURS WORKED
I.A. WORK ASSESSMENT	\$ 0.17	- HOURS WORKED

TAKE HOME PAY \$ 24.69

*** ANY INCREASES IN NAT'L PENSION, LOCAL PENSION (50% OF BT JYMN RATE) AND/OR
HEALTH & WELFARE CONTRIBUTIONS WILL BE PAID BY EMPLOYERS UNDER THIS
AGREEMENT WITHOUT REDUCTION TO EMPLOYEES' TAKE HOME PAY AS IDENTIFIED ABOVE**

SHEET METAL WORKERS' LOCAL NO. 33

YOUNGSTOWN ARCHITECTURAL AGREEMENT - TRAINEES

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

EXHIBIT A

	TAKE HOME PAY	IA ASSESS	WORK DUES	TAXABLE HOURLY RATE	NON-TAXABLE CONTRIBUTIONS			TOTAL WAGE PACKAGE	CONTRACTORS COST		TOTAL HOURLY COST
					* NATIONAL PENSION	LOCAL PENSION	* HEALTH & WELFARE		ITI .12 NEMI .03 SMOHIT .02 IND. .18	APPR Fund	
FIRST 60 DAYS	\$15.10	0.17	0.33	\$ 15.60	*		*	*	*	*	\$ 15.60
61ST DAY - FIRST 12 MONTHS	\$15.12	0.17	0.62	\$ 15.91	3.07	2.07	\$8.33	\$ 29.38	0.35	0.15	\$ 29.88
SECOND YEAR	\$19.02	0.17	0.70	\$ 19.89	3.07	2.07	\$8.33	\$ 33.36	0.35	0.15	\$ 33.86
THIRD YEAR	\$22.92	0.17	0.78	\$ 23.87	3.07	2.07	\$8.33	\$ 37.34	0.35	0.15	\$ 37.84

* ANY INCREASES IN NATIONAL PENSION, LOCAL PENSION AND/OR HEALTH & WELFARE CONTRIBUTIONS WILL BE PAID BY EMPLOYERS UNDER THIS AGREEMENT WITHOUT REDUCTION TO EMPLOYEES' TAKE HOME PAY AS IDENTIFIED ABOVE.

INT'L ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS LOCAL UNION NO. 33

**CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645 PHONE
216.267.1110 FAX**

**YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX**

**OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER**

YOUNGSTOWN DISTRICT AIR BALANCE

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

TOTAL PACKAGE: \$ 56.11

WAGES:

JOURNEYMAN	\$ 30.72
LEADMAN	\$ 32.22
FOREMAN	\$ 32.82
GENERAL FOREMAN	\$ 33.27

FRINGES:

NATIONAL PENSION FUND	\$ 3.07	HOURS WORKED
LOCAL PENSION FUND	\$ 8.27	HOURS WORKED
HEALTH & WELFARE (\$8.33) SUPPLEMENT (\$0.34) MEDICAL SAVINGS (\$.45)	\$ 9.12	HOURS WORKED
ANNUITY FUND	\$ 4.76	HOURS WORKED
NEMI	\$ 0.03	HOURS WORKED
SMOHIT	\$ 0.02	HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	\$ 0.12	HOURS WORKED

TO BE DEDUCTED FROM BASE RATE:

ADMINISTRATIVE DUES	\$ 1.98	HOURS WORKED
VACATION	\$ 1.00	HOURS WORKED
PAL	\$ 0.04	HOURS WORKED
COPE	\$ 0.05	HOURS WORKED
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	HOURS WORKED
TARGET	\$ 0.40	HOURS WORKED
I.A. WORK ASSESSMENT	\$ 0.17	HOURS WORKED

INT'L ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS LOCAL NO. 33

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645
216.267.1110 FAX

YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT APPRENTICES

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

BASE WAGE:

JOURNEYMAN		\$ 30.72	
FIRST FULL YEAR	45%	\$ 13.82	+ H&W (8.33), NPF (1.38), ITI (0.12) NEMI (0.03), SMOHIT (0.02)
SECOND FULL YEAR	55%	\$ 16.90	+ FULL FRINGE BENEFITS
THIRD FULL YEAR	60%	\$ 18.43	+ FULL FRINGE BENEFITS
FOURTH FULL YEAR	65%	\$ 19.97	+ FULL FRINGE BENEFITS
FIFTH FULL YEAR	70%	\$ 21.50	+ FULL FRINGE BENEFITS

FRINGES:

NATIONAL PENSION	(\$1.38 for First Full Year)	\$ 3.07	- HOURS WORKED
* LOCAL PENSION FUND		See Below	- HOURS WORKED
HEALTH & WELFARE		\$ 8.33	- HOURS WORKED
** ANNUITY FUND		See Below	HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE		\$ 0.12	- HOURS WORKED
APPRENTICESHIP FUND		\$ 0.60	HOURS WORKED
NEMI		\$ 0.03	HOURS WORKED
INDUSTRY FUND		\$ 0.34	HOURS WORKED
SMOHIT		\$ 0.02	- HOURS WORKED
SERVICE TECHNICIAN TRAINING FUND		\$ 0.11	- HOURS WORKED

TO BE DEDUCTED FROM BASE RATE:

1ST & 2ND YR			
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	HOURS WORKED	
COPE	\$ 0.05	HOURS WORKED	
I.A. WORK ASSESSMENT	\$ 0.17	HOURS WORKED	
3RD THRU 5TH YR			
WORKING DUES	\$ 0.27	HOURS WORKED	
COPE	\$ 0.05	HOURS WORKED	
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	HOURS WORKED	
I.A. WORK ASSESSMENT	\$ 0.17	HOURS WORKED	

% OF 30.72

* Second & Third year apprentices receive 25% of journeyman's local pension contr.	\$2.07
Fourth & fifth year apprentices receive 50% of journeyman's local pension contrib.	\$4.14
** Second & third year apprentices receive 25% of journeyman's annuity contribution	\$1.19
Fourth & fifth year apprentices receive 50% of journeyman's annuity contribution	\$2.38

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267-1645 PHONE
216.267.1110 FAX

YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT RESIDENTIAL AGREEMENT

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

TOTAL PACKAGE: **\$33.29**

FRINGES FOR RESIDENTIAL JOURNEYMEN AND TRAINEES:

LOCAL PENSION FUND	3.58	- HOURS WORKED
HEALTH & WELFARE (7.85) SUPPLEMENT (.29) MEDICAL SAVINGS (.45)	8.59	- HOURS WORKED
ANNUITY	3.00	- HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	0.12	- HOURS WORKED
SMOHIT	0.02	- HOURS WORKED
NEMI	0.03	- HOURS WORKED
APPRENTICESHIP FUND	0.11	- HOURS WORKED
SERVICE TECHNICIAN TRAINING FUND	0.03	- HOURS WORKED
INDUSTRY FUND	<u>0.18</u>	- HOURS WORKED

BASE WAGE: **\$17.63**

TO BE DEDUCTED FROM BASE WAGE OF RESIDENTIAL JOURNEYMEN

ADMINISTRATIVE DUES	\$ 0.50	HOURS WORKED
VACATION FUND	\$ 1.74	HOURS WORKED
PAL	\$ 0.04	HOURS WORKED
COPE	\$ 0.05	HOURS WORKED
REC FUND (.05) / RETIREES' FUND (.01)	\$ 0.06	HOURS WORKED
TARGET FUND	\$ 0.06	HOURS WORKED
BUILDING CORP	\$ 0.01	HOURS WORKED
I. A . WORK ASSESSMENT	\$ 0.17	HOURS WORKED

RESIDENTIAL TRAINEE:

60% (FIRST 60 DAYS)	\$10.58
60% (61ST DAY THRU 90TH DAY)	\$10.58 + ITI (.12) / NEMI (.03) / SMOHIT (.02)
70% (91ST DAY)	\$12.34 - \$.54 ADMIN DUES/COPE/REC/RETIREES FUND/IA WORK ASSESS/BLDG = \$ 11.80 + H&W (7.85) contributed back to the 61st day /Local Pen (3.58) /ITI(.12) /NEMI(.03) /SMOHIT(.02)
75% SECOND YEAR	\$13.22 - \$.54 ADMIN DUES/COPE/REC/RET FUND/IA WK ASSESS/BLDG = \$ 12.68 + FULL FRINGES
80% THIRD YEAR	\$14.10 - \$.54 ADMIN DUES/COPE/REC/RET FUND/IA WK ASSESS/BLDG = \$ 13.56 + FULL FRINGES
90% FOURTH YEAR	\$15.87 - \$.54 ADMIN DUES/COPE/REC/RET FUND/IA WK ASSESS/BLDG = \$ 15.33 + FULL FRINGES

RESIDENTIAL UTILITY WORKER

50% (FIRST 60 DAYS)	8.82
50% (61ST DAY THRU 90TH DAY)	8.82+ ITI (.12)/NEMI (.03)/SMOHIT (.02)
55% (91ST DAY)	\$ 9.70 - \$.54 ADMIN DUES/COPE/REC/RET FUND/IA WK ASSESS/BLDG = \$ 9.16 + H&W (7.85) contributed back to the 61st day/ ITI (.12)/ NEMI (.03)/ SMOHIT (.02)
60% SECOND YEAR	\$ 10.58 - \$.54 ADMIN DUES/COPE/REC/RET FUND/IA WK ASSESS/BLDG = \$ 10.04 + H&W (7.85) / ITI (.12)/ NEMI (.03)/ SMOHIT (.02)
65% THIRD YEAR	\$ 11.46 - \$.54 ADMIN DUES/COPE/REC/RET FUND/IA WK ASSESS/BLDG = \$ 10.92 + H&W (7.85) / ITI (.12)/ NEMI (.03)/ SMOHIT (.02)

ADMINISTRATIVE DUES	\$ 0.25	HOURS WORKED
REC (.05) RETIREES' FUND (.01)	\$ 0.06	HOURS WORKED
COPE	\$ 0.05	HOURS WORKED
BUILDING CORP.	\$ 0.01	HOURS WORKED
I.A. WORK ASSESSMENT	\$ 0.17	HOURS WORKED

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION LOCAL UNION NO. 33 OF NORTHERN OHIO
SERVICE TECHNICIANS AND RESIDENTIAL WORKERS'
YOUNGSTOWN DISTRICT**

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2018 - EXPIRES: MAY 31, 2019

RESIDENTIAL JOURNEYMAN: TOTAL PACKAGE \$33.04

NATIONAL PENSION	4.04	(HOURS WORKED)
ANNUITY	1.90	(HOURS WORKED)
*** HEALTH & WELF. (8.15) MEDICAL SAVING (\$.30)	8.45	(HOURS WORKED)
INTERNATIONAL TRAINING INSTITUTE	0.12	(HOURS WORKED)
NEMI	0.03	(HOURS WORKED)
SMOHIT	0.02	(HOURS WORKED)
SMWISF	0.01	(HOURS WORKED)
LOCAL TRAINING FUND/SERVICE TECH	0.25	(HOURS WORKED)
INDUSTRY FUND	0.18	(HOURS WORKED)

BASIC TAXABLE \$18.04

WORKING DUES ASSESSMENT	0.50	(HOURS WORKED)
VACATION FUND	0.58	(HOURS WORKED)
I.A. WORK ASSESSMENT	0.17	(HOURS WORKED)
BUILDING CORP.	0.02	(HOURS WORKED)
*** TARGET	0.10	(HOURS WORKED)
*** REC FUND	0.05	(HOURS WORKED)

TAKE HOME \$16.62

RESIDENTIAL TRAINEE:

60% (FIRST 60 DAYS)	\$10.82
60% (61ST DAY THRU 90TH DAY)	\$10.82 + ITI (.12) / NEMI (.03) / SMOHIT (.02) / Nat'l Pension (4.04)
70% (91ST DAY)	\$12.63 - \$.25 WKG DUES/\$.58 VAC/\$.17 IA ASSESS/\$.10 TARGET/\$.05 REC/\$.02 BLDG = \$ 11.46 + H&W (8.15) contributed back to the 61st day / Nat'l Pen (4.04) / ITI(.12) / NEMI(.03) / SMOHIT(.02)
75% SECOND YEAR	\$13.53 - \$.25 WKG DUES/\$.58 VAC/\$.17 IA ASSESS/\$.10 TARGET/\$.05 REC/\$.02 BLDG = \$ 12.36 + FULL FRINGES
80% THIRD YEAR	\$14.43 - \$.25 WKG DUES/\$.58 VAC/\$.17 IA ASSESS/\$.10 TARGET/\$.05 REC/\$.02 BLDG = \$ 13.26 + FULL FRINGES
90% FOURTH YEAR	\$16.24 - \$.25 WKG DUES/\$.58 VAC/\$.17 IA ASSESS/\$.10 TARGET/\$.05 REC/\$.02 BLDG = \$ 15.07 + FULL FRINGES

RESIDENTIAL UTILITY WORKER:	\$9.02	FIRST 60 DAYS 50% - (BUT NOT LESS THAN MINIMUM WAGE)
50% 61ST DAY THRU 90TH DAY	\$9.02	(BUT NOT LESS THAN MINIMUM WAGE) + ITI (.12), NEMI (.03), SMOHIT (.02)
55% 91ST DAY	\$ 9.92	- \$.25 WKG DUES /\$.58 VAC / \$.17 IA ASSESS/ \$.10 TARGET/ \$.05 REC/\$.02 BLDG= \$8.75 + Health & Welfare (\$8.15) contributed back to the 61st day / Nat'l Pension (.05) ITI (.12) / NEMI (.03) / SMOHIT (.02)
60% SECOND YEAR	\$ 10.82	- \$.25 WKG DUES /\$.58 VAC / \$.17 IA ASSESS/ \$.10 TARGET/ \$.05 REC/\$.02 BLDG= \$9.65 + Health & Welfare (\$8.15) / Nat'l Pension 0.05 / ITI (.12) / NEMI (.03) / SMOHIT(.02)
65% THIRD YEAR	\$ 11.73	- \$.25 WKG DUES /\$.58 VAC / \$.17 IA ASSESS/ \$.10 TARGET/ \$.05 REC/\$.02 BLDG= \$10.56 + Health & Welfare (\$8.15) / Nat'l Pension 0.05 / ITI (.12) / NEMI (.03) / SMOHIT(.02)

ALL FRINGE BENEFIT CONTRIBUTIONS ARE TO BE REPORTED ONLINE THROUGH THE NATIONAL PENSION FUND INTERNET PAYMENT SYSTEM, WEBSITE AT <https://employers.smwnpf.org/nd/smwnpf01.txt/input>.

IF PAYING BY CHECK PLEASE SEND TO:

NATIONAL FUNDS (NATIONAL PENSION, ITI, NEMI AND SMOHIT)TO:

**S.M.W. NATIONAL FUNDS
P.O. BOX 79321
BALTIMORE, MD 21279**

LOCAL FUNDS TO:

**SHEET METAL WORKERS' LOCAL 33 FUNDS
P.O. BOX 636945
CINCINNATI, OH 45263-6945**

***** REMIT PAYMENT FOR HEALTH & WELFARE, REC AND TARGET TO:**

**33 FITCH BLVD.
YOUNGSTOWN, OH 44514**

INT'L ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS LOCAL UNION NO. 33

**CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645
216.267.1110 FAX**

**YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX**

**OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER**

YOUNGSTOWN DISTRICT JOURNEYMEN

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

TOTAL PACKAGE: \$ 57.17

BASE WAGE: RATES: (TAXABLE)

JOURNEYMAN	\$ 30.72
LEADMAN	\$ 32.22
FOREMAN	\$ 32.82
GENERAL FOREMAN	\$ 33.27

FRINGES:

NATIONAL PENSION FUND	\$ 3.07	- HOURS WORKED
LOCAL PENSION FUND	\$ 8.27	- HOURS WORKED
HEALTH & WELFARE (8.33) SUPPLEMENT (0.34) MEDICAL SAVINGS (\$.45)	\$ 9.12	- HOURS WORKED
ANNUITY FUND	\$ 4.76	- HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	\$ 0.12	- HOURS WORKED
APPRENTICESHIP FUND	\$ 0.60	- HOURS WORKED
NEMI	\$ 0.03	- HOURS WORKED
INDUSTRY FUND	\$ 0.34	- HOURS WORKED
SMOHIT	\$ 0.02	- HOURS WORKED
SMWISF	\$ 0.01	- HOURS WORKED
SERVICE TECHNICIAN TRAINING FUND	\$ 0.11	- HOURS WORKED

TO BE DEDUCTED FROM BASE WAGE RATE:

ADMINISTRATIVE DUES	\$ 1.98	- HOURS WORKED
VACATION FUND	\$ 1.10	- HOURS WORKED
P.A.L.	\$ 0.04	- HOURS WORKED
COPE	\$ 0.05	- HOURS WORKED
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	- HOURS WORKED
TARGET	\$ 0.40	- HOURS WORKED
BUILDING CORP	\$ 0.30	- HOURS WORKED
I.A. WORK ASSESSMENT	\$ 0.17	- HOURS WORKED

TAKE HOME PAY \$ 26.59

INT'L ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS LOCAL UNION NO. 33
 CLEVELAND OFFICE
 12515 CORPORATE DRIVE
 PARMA, OHIO 44130
 (216) 267-1645 PHONE
 (216) 267-1110 FAX

YOUNGSTOWN OFFICE
 200 MCCLURG RD
 BOARDMAN OH 44512-6740
 (330) 793-3393 PHONE
 (330) 793-0201 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
 PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT FOOD SERVICE and/or BEVERAGE DISPENSING EQUIPMENT BRANCHES

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

FOOD AND BEVERAGE MECHANIC: (55%) of building trades taxable wage

TOTAL PACKAGE	\$29.51	
NATIONAL PENSION FUND	\$ 3.07	HOURS WORKED
HEALTH & WELFARE FUND (\$8.33) SUPPLEMENT (\$0.34) MEDICAL SAVINGS (\$0.45)	\$ 9.12	HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	\$ 0.12	HOURS WORKED
LOCAL TRAINING FUND	\$ 0.25	HOURS WORKED
NEMI	\$ 0.03	HOURS WORKED
SMOHIT	\$ 0.02	HOURS WORKED

BASIC TAXABLE \$16.90

TO BE DEDUCTED FROM BASE RATE:

WORKING DUES (FOOD/BEV MECH)	\$ 0.45	HOURS WORKED
PAL	\$ 0.04	HOURS WORKED
COPE	\$ 0.05	HOURS WORKED
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	HOURS WORKED

FOOD AND BEVERAGE TRAINEE:

PROBATIONARY PERIOD: 60 DAYS	\$ 7.95	(NO FRINGES)
FIRST YEAR 30% =	\$ 9.22	+ FULL FRINGE BENEFITS
SECOND YEAR 40% =	\$ 12.29	+ FULL FRINGE BENEFITS
THIRD YEAR 45% =	\$ 13.82	+ FULL FRINGE BENEFITS
FOURTH YEAR 50% =	\$ 15.36	+ FULL FRINGE BENEFITS

TO BE DEDUCTED FROM BASE RATE:

1ST THRU 4TH YR TRAINEE:

PAL	\$ 0.04	HOURS WORKED
COPE	\$ 0.05	HOURS WORKED
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	HOURS WORKED

5TH YR: SAME DEDUCTIONS AS FOOD/BEV MECHANIC

% OF \$30.72

SEE REMITTANCE FORMS FOR MAILING INSTRUCTIONS

SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION LOCAL UNION #33 OF NORTHERN OHIO

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645 PHONE
216.267.4335 FAX

YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT INDUSTRIAL FABRICATION AND MANUFACTURING ADDENDUM

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

TOTAL PACKAGE: CLASS "B" \$ 32.88

***** IF RUNNING OR DIRECTING WORK AN ADDITIONAL \$.50 \$ 33.38**

FRINGES:

NATIONAL PENSION FUND	\$ 1.07	HOURS WORKED
LOCAL PENSION FUND	\$ 3.38	HOURS WORKED
HEALTH & WELFARE (\$8.33) SUPPLEMENT (\$.29) MEDICAL SAVINGS (\$.45)	\$ 9.07	HOURS WORKED
ANNUITY FUND	\$ 2.99	HOURS WORKED
INDUSTRY FUND	\$ 0.16	HOURS WORKED
APPRENTICE FUND	\$ 0.02	HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	\$ 0.12	HOURS WORKED
NEMI	\$ 0.03	HOURS WORKED
SMOHIT	\$ 0.02	HOURS WORKED

BASE WAGE:

CLASS "B" (First 60 working days)	\$ 8.50	No Fringe Benefits
CLASS "B" (Next 60 working days)	\$ 9.50	All Applicable Benefits
CLASS "B" (Next 60 working days)	\$ 10.50	All Applicable Benefits
CLASS "B"	\$ 16.02	All Applicable Benefits

CLASS "C" \$ 12.25

Probationary period for a Class "C" worker is 60 days

*** After 120 days the Class "C" worker: Health & Welfare (8.33), ITI (.12), NEMI (.03), SMOHIT (.02)

*** Health & Welfare will only apply to employees hired after June 1, 2007

TO BE DEDUCTED FROM BASE WAGE CLASS "B"

PAL	\$ 0.04
REC FUND \$.02 / RETIREES' FUND (.01)	\$ 0.03
COPE	\$ 0.05
TARGET	\$ 0.05

SEE REMITTANCE FORMS FOR MAILING INSTRUCTIONS

**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION LOCAL UNION NO. 33 OF NORTHERN OHIO
SERVICE TECHNICIANS AND RESIDENTIAL WORKERS'
YOUNGSTOWN DISTRICT**

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2018 - EXPIRES: MAY 31, 2019

RESIDENTIAL JOURNEYMAN: TOTAL PACKAGE \$33.04

NATIONAL PENSION	4.04	(HOURS WORKED)
ANNUITY	1.90	(HOURS WORKED)
*** HEALTH & WELF. (8.15) MEDICAL SAVING (\$.30)	8.45	(HOURS WORKED)
INTERNATIONAL TRAINING INSTITUTE	0.12	(HOURS WORKED)
NEMI	0.03	(HOURS WORKED)
SMOHIT	0.02	(HOURS WORKED)
SMWISF	0.01	(HOURS WORKED)
LOCAL TRAINING FUND/SERVICE TECH	0.25	(HOURS WORKED)
INDUSTRY FUND	0.18	(HOURS WORKED)

BASIC TAXABLE \$18.04

WORKING DUES ASSESSMENT	0.50	(HOURS WORKED)
VACATION FUND	0.58	(HOURS WORKED)
I.A. WORK ASSESSMENT	0.17	(HOURS WORKED)
BUILDING CORP.	0.02	(HOURS WORKED)
*** TARGET	0.10	(HOURS WORKED)
*** REC FUND	0.05	(HOURS WORKED)

TAKE HOME \$16.62

RESIDENTIAL TRAINEE:

60% (FIRST 60 DAYS)	\$10.82
60% (61ST DAY THRU 90TH DAY)	\$10.82 + ITI (.12) / NEMI (.03) / SMOHIT (.02) / Nat'l Pension (4.04)
70% (91ST DAY)	\$12.63 - \$.25 WKG DUES/\$.58 VAC/\$.17 IA ASSESS/\$.10 TARGET/\$.05 REC/\$.02 BLDG = \$ 11.46 + H&W (8.15) contributed back to the 61st day / Nat'l Pen (4.04) / ITI(.12) / NEMI(.03) / SMOHIT(.02)
75% SECOND YEAR	\$13.53 - \$.25 WKG DUES/\$.58 VAC/\$.17 IA ASSESS/\$.10 TARGET/\$.05 REC/\$.02 BLDG = \$ 12.36 + FULL FRINGES
80% THIRD YEAR	\$14.43 - \$.25 WKG DUES/\$.58 VAC/\$.17 IA ASSESS/\$.10 TARGET/\$.05 REC/\$.02 BLDG = \$ 13.26 + FULL FRINGES
90% FOURTH YEAR	\$16.24 - \$.25 WKG DUES/\$.58 VAC/\$.17 IA ASSESS/\$.10 TARGET/\$.05 REC/\$.02 BLDG = \$ 15.07 + FULL FRINGES

RESIDENTIAL UTILITY WORKER: \$9.02 FIRST 60 DAYS 50% - (BUT NOT LESS THAN MINIMUM WAGE)

50% 61ST DAY THRU 90TH DAY \$9.02 (BUT NOT LESS THAN MINIMUM WAGE) + ITI (.12), NEMI (.03), SMOHIT (.02)

55% 91ST DAY \$ 9.92 - \$.25 WKG DUES /\$.58 VAC / \$.17 IA ASSESS/ \$.10 TARGET/ \$.05 REC/\$.02 BLDG= \$8.75 +
Health & Welfare (\$8.15) contributed back to the 61st day / Nat'l Pension (.05)
ITI (.12) / NEMI (.03) / SMOHIT (.02)

60% SECOND YEAR \$ 10.82 - \$.25 WKG DUES /\$.58 VAC / \$.17 IA ASSESS/ \$.10 TARGET/ \$.05 REC/\$.02 BLDG= \$9.65 +
Health & Welfare (\$8.15) / Nat'l Pension 0.05 / ITI (.12) / NEMI (.03) / SMOHIT(.02)

65% THIRD YEAR \$ 11.73 - \$.25 WKG DUES /\$.58 VAC / \$.17 IA ASSESS/ \$.10 TARGET/ \$.05 REC/\$.02 BLDG= \$10.56 +
Health & Welfare (\$8.15) / Nat'l Pension 0.05 / ITI (.12) / NEMI (.03) / SMOHIT(.02)

ALL FRINGE BENEFIT CONTRIBUTIONS ARE TO BE REPORTED ONLINE THROUGH THE NATIONAL PENSION FUND INTERNET PAYMENT SYSTEM, WEBSITE AT <https://employers.smwnpf.org/nd/smwnpf01.txt/input>.

IF PAYING BY CHECK PLEASE SEND TO:

NATIONAL FUNDS (NATIONAL PENSION, ITI, NEMI AND SMOHIT)TO:

**S.M.W. NATIONAL FUNDS
P.O. BOX 79321
BALTIMORE, MD 21279**

LOCAL FUNDS TO:

**SHEET METAL WORKERS' LOCAL 33 FUNDS
P.O. BOX 636945
CINCINNATI, OH 45263-6945**

***** REMIT PAYMENT FOR HEALTH & WELFARE, REC AND TARGET TO:**

**33 FITCH BLVD.
YOUNGSTOWN, OH 44514**

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 444130
216.267.1645 PHONE
216.267.1110 FAX

YOUNGSTOWN OFFICE
200 McCLURG ROAD
BOARDMAN, OH 44512
330-758-3393 PHONE
330-758-2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT SERVICE TECH TRAINEE WAGE SHEET

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2019 - EXPIRES: MAY 31, 2020

BASE WAGE RATES:

FIRST FULL YEAR	45% = \$13.82 + H & W(8.33), NPF(1.38), ITI(0.12), NEMI(0.03), SMOHIT(0.02)
SECOND FULL YEAR	55% = \$16.90 + Fringes below
THIRD FULL YEAR	60% = \$18.43 + Fringes below
FOURTH FULL YEAR	65% = \$19.97 + Fringes below
FIFTH FULL YEAR	70% = \$21.50 + Fringes below

FRINGES:

NATIONAL PENSION FUND (\$1.38 for First Full Year)	\$ 3.07	HOURS WORKED
* LOCAL PENSION FUND	See Below	HOURS WORKED
HEALTH & WELFARE	\$ 8.33	HOURS WORKED
** ANNUITY FUND	See Below	HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	\$ 0.12	HOURS WORKED
APPRENTICESHIP FUND	\$ 0.60	HOURS WORKED
NEMI	\$ 0.03	HOURS WORKED
INDUSTRY FUND	\$ 0.34	HOURS WORKED
SMOHIT	\$ 0.02	HOURS WORKED
SERVICE TECHNICIAN TRAINING FUND	\$ 0.11	HOURS WORKED

TO BE DEDUCTED FROM BASE RATE:

ADMINISTRATIVE DUES (AFTER 90 DAYS)	\$ 0.51	HOURS WORKED
VACATION FUND	\$ 1.00	HOURS WORKED
PAL	\$ 0.04	HOURS WORKED
COPE	\$ 0.05	HOURS WORKED
REC FUND (.08) / RETIREES' FUND (.01) (AFTER 90 DAYS)	\$ 0.09	HOURS WORKED
I.A. WORK ASSESSMENT	\$ 0.17	HOURS WORKED

% of \$30.43

* Second & third year receive 25% of journeyman's local pension contribution	\$ 2.07
Fourth & fifth year receive 50% of journeyman's local pension contribution	\$ 4.14
** Second & third year receive 25% of journeyman's annuity contribution	\$ 1.19
Fourth & fifth year receive 50% of journeyman's annuity contribution	\$ 2.38

INT'L ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS LOCAL UNION NO. 33

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645
216.267.1110 FAX

YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT ARCHITECTURAL AGREEMENT

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2018 - EXPIRES: MAY 31, 2019

TOTAL PACKAGE: \$ 42.86

BASE WAGE: RATES: (TAXABLE)

JOURNEYMAN \$ 26.52

FRINGES:

NATIONAL PENSION FUND	\$ 3.07	- HOURS WORKED
LOCAL PENSION FUND	\$ 3.99	- HOURS WORKED
HEALTH & WELFARE	\$ 7.83	- HOURS WORKED
ANNUITY FUND	\$ 1.00	- HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	\$ 0.12	- HOURS WORKED
APPRENTICESHIP FUND	\$ 0.15	- HOURS WORKED
NEMI	\$ 0.03	- HOURS WORKED
INDUSTRY FUND	\$ 0.13	- HOURS WORKED
SMOHIT	\$ 0.02	- HOURS WORKED

TO BE DEDUCTED FROM BASE WAGE RATE:

ADMINISTRATIVE DUES	\$ 0.88	- HOURS WORKED
VACATION FUND	\$ 0.50	- HOURS WORKED
P.A.L.	\$ 0.02	- HOURS WORKED
COPE	\$ 0.02	- HOURS WORKED
REC FUND (.06) / RETIREES' FUND (.01)	\$ 0.03	- HOURS WORKED
TARGET	\$ 0.10	- HOURS WORKED
BUILDING CORP	\$ 0.10	- HOURS WORKED
I.A. WORK ASSESSMENT	\$ 0.17	- HOURS WORKED

TAKE HOME PAY \$ 24.70

* ANY INCREASES IN NATIONAL PENSION AND/OR HEALTH & WELFARE CONTRIBUTIONS
WILL BE PAID BY EMPLOYERS UNDER THIS AGREEMENT WITHOUT REDUCTION TO
EMPLOYEES' TAKE HOME PAY AS IDENTIFIED ABOVE

SHEET METAL WORKERS' LOCAL NO. 33

YOUNGSTOWN ARCHITECTURAL AGREEMENT - TRAINEES

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2018 - EXPIRES: MAY 31, 2019

EXHIBIT A

	TAKE HOME PAY	IA ASSESS	WORK DUES	TAXABLE HOURLY RATE	NON-TAXABLE CONTRIBUTIONS			TOTAL WAGE PACKAGE	CONTRACTORS COST		TOTAL HOURLY COST
					* NATIONAL PENSION	LOCAL PENSION	* HEALTH & WELFARE		ITI .12 NEMI .03 SMOHIT .02 IND. .13	APPR Fund	
FIRST 60 DAYS	\$15.12	0.17	0.31	\$ 15.60	*		*	*	*	*	\$ 15.60
61ST DAY - FIRST 12 MONTHS	\$15.13	0.17	0.61	\$ 15.91	3.07	1.99	\$7.83	\$ 28.80	0.30	0.15	\$ 29.25
SECOND YEAR	\$19.04	0.17	0.68	\$ 19.89	3.07	1.99	\$7.83	\$ 32.78	0.30	0.15	\$ 33.23
THIRD YEAR	\$22.94	0.17	0.76	\$ 23.87	3.07	1.99	\$7.83	\$ 36.76	0.30	0.15	\$ 37.21

* ANY INCREASES IN NATIONAL PENSION AND/OR HEALTH & WELFARE CONTRIBUTIONS WILL BE PAID BY EMPLOYERS UNDER THIS AGREEMENT WITHOUT REDUCTION TO EMPLOYEES' TAKE HOME PAY AS IDENTIFIED ABOVE.

INT'L ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS LOCAL UNION NO. 33

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645
216.267.1110 FAX

YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT JOURNEYMEN

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2018 - EXPIRES: MAY 31, 2019

TOTAL PACKAGE: \$ 55.92

BASE WAGE: RATES: (TAXABLE)

JOURNEYMAN	\$ 30.43
LEADMAN	\$ 31.93
FOREMAN	\$ 32.53
GENERAL FOREMAN	\$ 32.98

FRINGES:

NATIONAL PENSION FUND	\$ 3.07	- HOURS WORKED
LOCAL PENSION FUND	\$ 8.17	- HOURS WORKED
HEALTH & WELFARE (7.83) SUPPLEMENT (0.34) MEDICAL SAVINGS (\$.45)	\$ 8.62	- HOURS WORKED
ANNUITY FUND	\$ 4.50	- HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	\$ 0.12	- HOURS WORKED
APPRENTICESHIP FUND	\$ 0.50	- HOURS WORKED
NEMI	\$ 0.03	- HOURS WORKED
INDUSTRY FUND	\$ 0.34	- HOURS WORKED
SMOHIT	\$ 0.02	- HOURS WORKED
SMWISF	\$ 0.01	- HOURS WORKED
SERVICE TECHNICIAN TRAINING FUND	\$ 0.11	- HOURS WORKED

TO BE DEDUCTED FROM BASE WAGE RATE:

ADMINISTRATIVE DUES	\$ 1.94	- HOURS WORKED
VACATION FUND	\$ 1.10	- HOURS WORKED
P.A.L.	\$ 0.04	- HOURS WORKED
COPE	\$ 0.05	- HOURS WORKED
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	- HOURS WORKED
TARGET	\$ 0.30	- HOURS WORKED
BUILDING CORP	\$ 0.30	- HOURS WORKED
I.A. WORK ASSESSMENT	\$ 0.17	- HOURS WORKED

TAKE HOME PAY \$ 26.44

INT'L ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS LOCAL NO. 33

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645
216.267.1110 FAX

YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT APPRENTICES

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2018 - EXPIRES: MAY 31, 2019

BASE WAGE:

JOURNEYMAN		\$ 30.43	
FIRST FULL YEAR	45%	\$ 13.69	+ H&W (7.83), NPF (1.38), ITI (0.12) NEMI (0.03), SMOHIT (0.02)
SECOND FULL YEAR	55%	\$ 16.74	+ FULL FRINGE BENEFITS
THIRD FULL YEAR	60%	\$ 18.26	+ FULL FRINGE BENEFITS
FOURTH FULL YEAR	65%	\$ 19.78	+ FULL FRINGE BENEFITS
FIFTH FULL YEAR	70%	\$ 21.30	+ FULL FRINGE BENEFITS

FRINGES:

NATIONAL PENSION	(\$1.38 for First Full Year)	\$ 3.07	- HOURS WORKED
* LOCAL PENSION FUND		See Below	- HOURS WORKED
HEALTH & WELFARE		\$ 7.83	- HOURS WORKED
** ANNUITY FUND		See Below	HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE		\$ 0.12	- HOURS WORKED
APPRENTICESHIP FUND		\$ 0.50	HOURS WORKED
NEMI		\$ 0.03	HOURS WORKED
INDUSTRY FUND		\$ 0.34	HOURS WORKED
SMOHIT		\$ 0.02	- HOURS WORKED
SERVICE TECHNICIAN TRAINING FUND		\$ 0.11	- HOURS WORKED

TO BE DEDUCTED FROM BASE RATE:

1ST & 2ND YR			
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	HOURS WORKED	
COPE	\$ 0.05	HOURS WORKED	
I.A. WORK ASSESSMENT	\$ 0.17	HOURS WORKED	
3RD THRU 5TH YR			
WORKING DUES	\$ 0.27	HOURS WORKED	
COPE	\$ 0.05	HOURS WORKED	
REC FUND (.08) / RETIREES' FUND (.01)	\$ 0.09	HOURS WORKED	
I.A. WORK ASSESSMENT	\$ 0.17	HOURS WORKED	

% OF 30.43

* Second & Third year apprentices receive 25% of journeyman's local pension contr.	\$2.04
Fourth & fifth year apprentices receive 50% of journeyman's local pension contrib.	\$4.09
** Second & third year apprentices receive 25% of journeyman's annuity contribution	\$1.13
Fourth & fifth year apprentices receive 50% of journeyman's annuity contribution	\$2.25

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267-1645 PHONE
216.267.1110 FAX

YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT RESIDENTIAL AGREEMENT

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2018 - EXPIRES: MAY 31, 2019

TOTAL PACKAGE: **\$32.44**

FRINGES FOR RESIDENTIAL JOURNEYMEN AND TRAINEES:

LOCAL PENSION FUND	3.53	- HOURS WORKED
HEALTH & WELFARE (7.35) SUPPLEMENT (.29) MEDICAL SAVINGS (.45)	8.09	- HOURS WORKED
ANNUITY	2.88	- HOURS WORKED
INTERNATIONAL TRAINING INSTITUTE	0.12	- HOURS WORKED
SMOHIT	0.02	- HOURS WORKED
NEMI	0.03	- HOURS WORKED
APPRENTICESHIP FUND	0.10	- HOURS WORKED
SERVICE TECHNICIAN TRAINING FUND	0.03	- HOURS WORKED
INDUSTRY FUND	0.18	- HOURS WORKED

BASE WAGE: **\$17.46**

TO BE DEDUCTED FROM BASE WAGE OF RESIDENTIAL JOURNEYMEN

ADMINISTRATIVE DUES	\$ 0.49	HOURS WORKED
VACATION FUND	\$ 1.59	HOURS WORKED
PAL	\$ 0.04	HOURS WORKED
COPE	\$ 0.05	HOURS WORKED
REC FUND (.05) / RETIREES' FUND (.01)	\$ 0.06	HOURS WORKED
TARGET FUND	\$ 0.06	HOURS WORKED
I. A . WORK ASSESSMENT	\$ 0.17	HOURS WORKED

RESIDENTIAL TRAINEE:

60% (FIRST 60 DAYS)	\$10.48
60% (61ST DAY THRU 90TH DAY)	\$10.48 + ITI (.12) / NEMI (.03) / SMOHIT (.02)
70% (91ST DAY)	\$12.22 - \$.53 ADMIN DUES/COPE/REC/RETIREES FUND/IA WORK ASSESS = \$ 11.69 + H&W (7.35) contributed back to the 61st day /Local Pen (3.53) /ITI(.12) /NEMI(.03) /SMOHIT(.02)
75% SECOND YEAR	\$13.10 - \$.53 ADMIN DUES/COPE/REC/RETIREES FUND/IA WORK ASSESS = \$ 12.57 + FULL FRINGES
80% THIRD YEAR	\$13.97 - \$.53 ADMIN DUES/COPE/REC/RETIREES FUND/IA WORK ASSESS = \$ 13.44 + FULL FRINGES
90% FOURTH YEAR	\$15.71 - \$.53 ADMIN DUES/COPE/REC/RETIREES FUND/IA WORK ASSESS = \$ 15.18 + FULL FRINGES

RESIDENTIAL UTILITY WORKER

50% (FIRST 60 DAYS)	8.73
50% (61ST DAY THRU 90TH DAY)	8.73 + ITI (.12)/NEMI (.03)/SMOHIT (.02)
55% (91ST DAY)	\$ 9.60 - \$.53 ADMIN DUES/COPE/REC/RETIREES FUND/IA WORK ASSESS = \$ 9.07 + H&W (7.35) contributed back to the 61st day/ ITI (.12)/ NEMI (.03)/ SMOHIT (.02)
60% SECOND YEAR	\$ 10.48 - \$.53 ADMIN DUES/COPE/REC/RETIREES FUND/IA WORK ASSESS = \$ 9.95 + H&W (7.35) / ITI (.12)/ NEMI (.03)/ SMOHIT (.02)
65% THIRD YEAR	\$ 11.35 - \$.53 ADMIN DUES/COPE/REC/RETIREES FUND/IA WORK ASSESS = \$ 10.82 + H&W (7.35) / ITI (.12)/ NEMI (.03)/ SMOHIT (.02)

ADMINISTRATIVE DUES	\$ 0.25	HOURS WORKED
REC (.05) RETIREES' FUND (.01)	\$ 0.06	HOURS WORKED
COPE	\$ 0.05	HOURS WORKED
I.A. WORK ASSESSMENT	\$ 0.17	HOURS WORKED

SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION LOCAL UNION #33 OF NORTHERN OHIO

CLEVELAND OFFICE
12515 CORPORATE DRIVE
PARMA, OHIO 44130
216.267.1645 PHONE
216.267.4335 FAX

YOUNGSTOWN OFFICE
200 MCCLURG RD
BOARDMAN OH 44512-6740
330.758.3393 PHONE
330.758.2301 FAX

OH COUNTIES: COLUMBIANA, MAHONING, TRUMBULL
PA COUNTIES: MERCER

YOUNGSTOWN DISTRICT INDUSTRIAL FABRICATION AND MANUFACTURING ADDENDUM

EFFECTIVE: FIRST FULL PAY PERIOD IN JUNE, 2018 - EXPIRES: MAY 31, 2019

TOTAL PACKAGE: CLASS "B" $+.75$ \$ 32.13 32.88

***** IF RUNNING OR DIRECTING WORK AN ADDITIONAL \$.50 \$ 32.63 33.38**

FRINGES:

$+.04$	NATIONAL PENSION FUND	3.38	\$ 1.07	HOURS WORKED
$+.50$	LOCAL PENSION FUND	9.07	\$ 3.34	HOURS WORKED
	HEALTH & WELFARE (\$7.83) SUPPLEMENT (\$.29) MEDICAL SAVINGS (\$.45)		\$ 8.57	HOURS WORKED
	ANNUITY FUND		\$ 2.99	HOURS WORKED
	INDUSTRY FUND		\$ 0.16	HOURS WORKED
	APPRENTICE FUND		\$ 0.02	HOURS WORKED
	INTERNATIONAL TRAINING INSTITUTE		\$ 0.12	HOURS WORKED
	NEMI		\$ 0.03	HOURS WORKED
	SMOHIT		\$ 0.02	HOURS WORKED

BASE WAGE:

CLASS "B" (First 60 working days)	\$ 8.50	No Fringe Benefits
CLASS "B" (Next 60 working days)	\$ 9.50	All Applicable Benefits
CLASS "B" (Next 60 working days)	\$ 10.50	All Applicable Benefits
CLASS "B" $(.75-.04 LP-.50 H\&W) = .21$	16.02 \$ 15.81	All Applicable Benefits
CLASS "C" $(.75-.50 H\&W) = .25$	12.25 \$ 12.00	
Probationary period for a Class "C" worker is 60 days 8.33		
*** After 120 days the Class "C" worker: Health & Welfare (7.83), ITI (.12), NEMI (.03), SMOHIT (.02)		

*** Health & Welfare will only apply to employees hired after June 1, 2007

TO BE DEDUCTED FROM BASE WAGE CLASS "B"

PAL	\$ 0.04
REC FUND \$.02 / RETIREES' FUND (.01)	\$ 0.03
COPE	\$ 0.05
TARGET	\$ 0.05

SEE REMITTANCE FORMS FOR MAILING INSTRUCTIONS

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Charge Bases:

<u>Date</u>		<u>Initial</u>	<u>Rem.</u>		<u>Remaining</u>
<u>Established</u>	<u>Type</u>	<u>Balance</u>	<u>Years</u>	<u>Payment</u>	<u>Balance</u>
01/01/1990	Amendment	\$1,709,399	1	\$ 133,204	\$ 133,204
01/01/1991	Amendment	683,676	2	53,169	102,860
01/01/1992	Amendment	999,810	3	77,607	217,923
01/01/1992	Assumption	46,696	3	3,627	10,184
01/01/1993	Amendment	43,192	4	3,346	12,122
01/01/1994	Amendment	904,069	5	69,917	306,739
01/01/1996	Amendment	1,119,916	7	86,307	497,691
01/01/1996	Assumption	761,275	7	58,668	338,305
01/01/1997	Assumption	301,420	8	23,190	148,174
01/01/1998	Amendment	1,008,190	9	77,442	539,870
01/01/1998	Assumption	106,051	9	8,146	56,783
06/01/1999	Amendment	1,786,347	10	136,385	1,054,650
01/01/2000	Amendment	327,396	11	25,070	201,155
01/01/2001	Amendment	767,458	12	58,682	498,715
01/01/2002	Assumption	654,348	13	49,963	446,797
01/01/2005	Experience	1,564,875	1	163,155	163,155
01/01/2006	Experience	933,334	2	97,117	187,883
01/01/2008	Assumption	30,621	4	3,174	11,507
01/01/2009	Asset Loss	5,041,686	19	385,771	4,266,271
01/01/2009	Experience	51,555	5	5,334	23,403
01/01/2010	Experience	2,428,464	6	250,832	1,279,293
01/01/2011	Asset Loss	3,481,209	19	272,301	3,011,398
01/01/2012	Asset Loss	5,722,719	19	453,254	5,012,573
01/01/2013	Assumption	798,720	9	82,087	572,250
01/01/2013	Experience	1,351,901	9	138,939	968,581
01/01/2014	Assumption	2,378,595	10	244,072	1,834,257
01/01/2014	Experience	405,323	10	41,591	312,564
01/01/2015	Assumption	1,229,741	11	126,186	1,012,463
01/01/2015	Experience	308,694	11	31,676	254,150
01/01/2016	Assumption	38,582	12	3,959	33,646
01/01/2016	Experience	2,007,807	12	206,025	1,750,936
01/01/2017	Assumption	903,338	13	92,693	828,926
01/01/2017	Experience	201,549	13	20,681	184,946
01/01/2018	Experience	133,741	14	13,723	128,418
01/01/2019	Experience	1,369,700	15	140,547	1,369,700
Total Charges				\$3,637,840	\$27,771,492

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Credit Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/2010	Asset Loss	\$2,031,628	19	\$ 157,102	\$ 1,737,407
01/01/2011	Experience	3,477,965	7	358,616	2,067,977
01/01/2012	Assumption	1,459,272	8	150,216	959,780
01/01/2012	Experience	2,747,272	8	282,802	1,806,909
01/01/2013	Amendment	113,961	9	11,712	81,648
01/01/2018	Assumption	3,284,189	14	336,997	3,153,495
01/01/2019	Assumption	121,545	15	<u>12,472</u>	<u>121,545</u>
	Total Credits			\$1,309,917	\$ 9,928,761
1.	Net Amortization				\$17,842,731
2.	Credit Balance				\$12,813,946
3.	Balance Test: [(1) - (2)]				\$ 5,028,785
4.	Unfunded Accrued Liability:				
	a. Accrued Liability				\$67,345,667
	b. Actuarial Value of Assets				<u>62,316,882</u>
	c. Unfunded Accrued Liability: [(a) - (b)]				<u>\$ 5,028,785</u>

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Effective with the January 1, 2019 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality projection scale was updated.
- The assumed hours worked was changed to 1,720 hours per year.
- The annual expense load was increased from \$160,000 to \$170,000.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

1. Effective Date: November 1, 1964.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees covered by the Local 33 Collective Bargaining Agreement.
4. Eligibility: January 1st or July 1st following 775 hours worked in the first 12 months of employment.
5. Vesting Service: 1 Year of Service for each Plan Year with 775 hours worked.
6. Pension Credit: 1 Year of Credit for each Plan Year with 1,550 hours worked, prorated for hours that differ from 1,550.
7. Pre-Retirement Death:
 - a. Eligibility Immediate.
 - b. Monthly Benefit For participants who are married with 5 Years of Vesting Service, calculated as for an age 55 Early Retirement, reflecting a 100% Joint & Survivor Annuity payment form with death immediately after Early Retirement (QPSA).
 - c. Return of Contributions For beneficiaries of non-vested participants, calculated with simple interest of 3.0% per year.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

8. Hourly Contribution Rates:
(Effective 6/1/2019 & 7/1/2019)
- Journeyman & Air Balance: \$8.27; Trainee: \$2.07 / \$4.14 (2nd & 3rd years, 4th & 5th years); Residential: \$3.58; Fabrication: \$3.38.

9. Normal Retirement:

- a. Eligibility
- Age 57 and 5 Years of Vesting Service (Normal Retirement Age defined as later of age 65 or 5 years).

- b. Monthly Benefit
- The sum of the following per Pension Credits:

<u>Time Period</u>	<u>Class A</u>	<u>Class B & Residential</u>
Before 11/1/1964	\$4.00	\$2.50
11/1/1964 – 04/30/1970	\$12.00	\$10.50
05/1/1970 – 10/31/1974	\$16.00	\$14.50
11/1/1974 – 04/30/1980	\$20.00	\$18.50
05/1/1980 – 04/30/1983	\$55.00	\$18.50
05/1/1983 – 12/31/1989	\$55.00	\$27.50
01/1/1990 – 05/31/1994	\$74.00	\$32.00
06/1/1994 – 12/31/2000	\$80.00	\$36.00
01/1/2001 – 05/31/2013	\$83.00	\$36.00
06/1/2013 – 05/31/2014		\$93.00*
06/1/2014 and later		\$100.00*

*Journeyman contribution rate (prorated for rates other than Journeyman rate).

Benefits are increased for late commencement.

10. Disability Benefit:

- a. Eligibility
- Total and Permanent Disability and 5 Years of Vesting Service.

- b. Monthly Benefit
- Calculated as for Normal Retirement, unreduced for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

11. Early Retirement:

- a. Eligibility Age 55 and 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement, reduced $\frac{4}{10}$ of 1% for each month that Early Retirement precedes age 57.

12. Vested Retirement:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement, reduced $\frac{4}{10}$ of 1% for each month that Early Retirement precedes age 60 (reduced from age 62 for Class B & Residential).

13. Payment Forms:

- a. Normal Life Annuity with 5-years guaranteed for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity with Pop-Up (QJSA) for married participants.
- b. Optional Actuarially Equivalent 75% (QOSA) or 100% Joint & Survivor Annuity with Pop-Up, or Level Income Options.

14. Changes Since Last Year: None.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

1. Interest Rates:

- a. Funding Liability 7.00%.
- b. Current Liability 3.06%.

2. Mortality Rates:

- a. Funding
 - i. Non-Disabled RP-2014 with Blue Collar adjustment.
 - ii. Disabled RP-2014 Disabled Retiree.
 - iii. Base Year Adjustment 2006 using Scale MP-2014.
 - iv. Future Projections Projected generationally using Scale MP-2018.
- b. Current Liability 2019 Static Mortality Table (IRS Notice 2018-02).

3. Actuarial Cost Method: Unit Credit.4. Retirement Rates:

<u>Age</u>	<u>Active</u>	Terminated
		<u>Vested</u>
55	0.10	0.10
56-59	0.20	0.10
60-61	0.30	0.10
62	0.25	0.10
63-64	0.15	0.10
65-66	0.15	0.05
67-71	1.00	0.05
72-79	1.00	0.01
80	1.00	1.00

The weighted average retirement age is 59.8.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

5. Expense Load: \$170,000 per year.

6. Hours Worked: 1,720 per year.

7. <u>Termination/Disability Rates</u> :	<u>Age</u>	<u>Termination</u>	<u>Disability</u>
	25	0.13380	0.0003
	35	0.08010	0.0005
	45	0.06134	0.0011
	55	0.00000	0.0028
	65	0.00000	0.0000

8. Benefit Credit Earned: \$100 per year.

9. <u>Payment Form Election</u> :	<u>Payments Forms</u>	<u>% Electing</u>
	5-Year C&L	49%
	50% J&S	26%
	75% J&S	12%
	100% J&S	13%

10. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

11. Actuarial Value of Assets: Market Value of Assets minus a decreasing fraction ($\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$ and $\frac{1}{5}$) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

11. Changes Since Last Year:

The mortality rates projection scale was updated, the hours worked assumption and expense load were increased, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Rationale for the Selection of Significant Assumptions:

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Mortality Rates: RP-2014 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2014 Disabled Retiree table used to reflect expected disabled mortality experience. Both RP-2014 tables adjusted to base year 2006 to reflect the mortality experience used to develop the RP-2014 table and for expected generational mortality improvement. Other adjustments based on the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement from 2006 base year using Scale MP-2018.
3. Retirement Rates: Based on the Plan's most recent experience study.
4. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
5. Termination/Disability Rates: Based on the Plan's most recent experience study.
6. Payment Form Election: Based on the Plan's most recent experience study.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2019****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

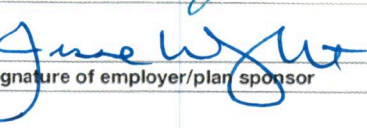
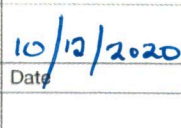
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan SHEET METAL, AIR, RAIL & TRANSPORTATION ASSOCIATION LOCAL NO. 33 YOUNGSTOWN DISTRICT PENSION FUND	1b Three-digit plan number (PN) ► 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES SHEET METAL, AIR YOUNGSTOWN DISTR 33 FITCH BLVD YOUNGSTOWN OH 44515-2202	1c Effective date of plan 11/01/1964 2b Employer Identification Number (EIN) 34-1939172 2c Plan Sponsor's telephone number 330-270-0453 2d Business code (see instructions) 236110

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			KEVIN REILLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			JESSE WRIGHT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">3b Administrator's EIN</td> </tr> <tr> <td style="padding: 5px;">3c Administrator's telephone number</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">4b EIN</td> </tr> <tr> <td style="padding: 5px;">4d PN</td> </tr> </table>	4b EIN	4d PN
4b EIN			
4d PN			

5 Total number of participants at the beginning of the plan year	5	665
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)	202
a (2) Total number of active participants at the end of the plan year	6a(2)	207
b Retired or separated participants receiving benefits	6b	252
c Other retired or separated participants entitled to future benefits	6c	176
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	635
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	42
f Total. Add lines 6d and 6e	6f	677
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	32

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

1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ 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)** ☒ **R** (Retirement Plan Information)
(2) ☒ **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)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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 2019 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► **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 <u>SMARTA Local Union No. 33 Youngstown District Pension Fund</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOT, SMARTA Local Union No. 33 Youngstown District Pension Fund</u>	D Employer Identification Number (EIN) <u>34-1939172</u>	
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		

1a Enter the valuation date: Month 01 Day 01 Year 2019

b Assets:		
(1) Current value of assets	1b(1)	58,421,193
(2) Actuarial value of assets for funding standard account	1b(2)	62,316,882
c (1) Accrued liability for plan using immediate gain methods	1c(1)	67,345,667
(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)	67,345,667
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	1d(1)	0
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	116,292,137
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,675,868
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	4,284,319
(3) Expected plan disbursements for the plan year	1d(3)	4,454,319

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 <u>Richard L. Kubiak</u> Type or print name of actuary <u>Cuni, Rust & Strenk</u> Firm name <u>4555 Lake Forest Drive, Suite 620</u> <u>US Cincinnati OH 45242-3760</u> Address of the firm	<u>09/21/2020</u> Date <u>20-08540</u> Most recent enrollment number <u>(513) 891-0270</u> Telephone number (including area code)
----------------------	---	--

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 ☐

For Paperwork Reduction Act Notice, see the instructions for Form 5500 or Form 5500-SF.

Schedule MB (Form 5500) 2019
v.190130

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	58,421,193
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	290	60,249,111
(2) For terminated vested participants	173	17,374,829
(3) For active participants:		
(a) Non-vested benefits		6,934,040
(b) Vested benefits		31,734,157
(c) Total active	202	38,668,197
(4) Total	665	116,292,137
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.24 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2019	0				
12/31/2019	2,427,140				
Totals ▶ 3(b)				2,427,140	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	92.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.06	%
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A	Post-retirement ☐ 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	7.00	%	7.00 %
e Expense loading	6e	12.2	%	☐ N/A ☒ N/A
f Salary scale	6f	%	☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.9 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-4.8 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,369,700	140,547
4	(121,545)	(12,472)

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			
b Employer's normal cost for plan year as of valuation date	9b	1,387,976		
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)	27,771,492	3,637,840	
(2) Funding waivers	9c(2)	0	0	
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0	
d Interest as applicable on lines 9a, 9b, and 9c	9d	351,807		
e Total charges. Add lines 9a through 9d	9e	5,377,623		

Credits to funding standard account:

f	Prior year credit balance, if any	9f	12,813,946
g	Employer contributions. Total from column (b) of line 3	9g	2,427,140
		Outstanding balance	
h	Amortization credits as of valuation date	9h	9,928,761
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,072,183

j Full funding limitation (FFL) and credits:

(1)	ERISA FFL (accrued liability FFL)	9j(1)	24,745,244
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	44,343,499
(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	17,623,186
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	12,245,563
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 2019 plan year	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3)	Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No	

Schedule MB, line 3 - Withdrawal Liability Amounts.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Plan Year	Withdrawal Liability Payments
2019	\$24,144

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

1. Effective Date: November 1, 1964.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees covered by the Local 33 Collective Bargaining Agreement.
4. Eligibility: January 1st or July 1st following 775 hours worked in the first 12 months of employment.
5. Vesting Service: 1 Year of Service for each Plan Year with 775 hours worked.
6. Pension Credit: 1 Year of Credit for each Plan Year with 1,550 hours worked, prorated for hours that differ from 1,550.
7. Pre-Retirement Death:
 - a. Eligibility Immediate.
 - b. Monthly Benefit For participants who are married with 5 Years of Vesting Service, calculated as for an age 55 Early Retirement, reflecting a 100% Joint & Survivor Annuity payment form with death immediately after Early Retirement (QPSA).
 - c. Return of Contributions For beneficiaries of non-vested participants, calculated with simple interest of 3.0% per year.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

8. Hourly Contribution Rates:
(Effective 6/1/2019 & 7/1/2019)

Journeyman & Air Balance: \$8.27; Trainee: \$2.07 /
\$4.14 (2nd & 3rd years, 4th & 5th years); Residential:
\$3.58; Fabrication: \$3.38.

9. Normal Retirement:

- a. Eligibility

Age 57 and 5 Years of Vesting Service (Normal Retirement Age defined as later of age 65 or 5 years).

- b. Monthly Benefit

The sum of the following per Pension Credits:

<u>Time Period</u>	<u>Class A</u>	<u>Class B & Residential</u>
Before 11/1/1964	\$4.00	\$2.50
11/1/1964 – 04/30/1970	\$12.00	\$10.50
05/1/1970 – 10/31/1974	\$16.00	\$14.50
11/1/1974 – 04/30/1980	\$20.00	\$18.50
05/1/1980 – 04/30/1983	\$55.00	\$18.50
05/1/1983 – 12/31/1989	\$55.00	\$27.50
01/1/1990 – 05/31/1994	\$74.00	\$32.00
06/1/1994 – 12/31/2000	\$80.00	\$36.00
01/1/2001 – 05/31/2013	\$83.00	\$36.00
06/1/2013 – 05/31/2014		\$93.00*
06/1/2014 and later		\$100.00*

*Journeyman contribution rate (prorated for rates other than Journeyman rate).

Benefits are increased for late commencement.

10. Disability Benefit:

- a. Eligibility

Total and Permanent Disability and 5 Years of Vesting Service.

- b. Monthly Benefit

Calculated as for Normal Retirement, unreduced for early commencement.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

11. Early Retirement:

- a. Eligibility Age 55 and 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement, reduced $\frac{4}{10}$ of 1% for each month that Early Retirement precedes age 57.

12. Vested Retirement:

- a. Eligibility 5 Years of Vesting Service.
- b. Monthly Benefit Calculated as for Normal Retirement, reduced $\frac{4}{10}$ of 1% for each month that Early Retirement precedes age 60 (reduced from age 62 for Class B & Residential).

13. Payment Forms:

- a. Normal Life Annuity with 5-years guaranteed for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity with Pop-Up (QJSA) for married participants.
- b. Optional Actuarially Equivalent 75% (QOSA) or 100% Joint & Survivor Annuity with Pop-Up, or Level Income Options.

14. Changes Since Last Year: None.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

1. Interest Rates:

- a. Funding Liability 7.00%.
- b. Current Liability 3.06%.

2. Mortality Rates:

- a. Funding
 - i. Non-Disabled RP-2014 with Blue Collar adjustment.
 - ii. Disabled RP-2014 Disabled Retiree.
 - iii. Base Year Adjustment 2006 using Scale MP-2014.
 - iv. Future Projections Projected generationally using Scale MP-2018.
- b. Current Liability 2019 Static Mortality Table (IRS Notice 2018-02).

3. Actuarial Cost Method: Unit Credit.4. Retirement Rates:

<u>Age</u>	<u>Active</u>	Terminated
		<u>Vested</u>
55	0.10	0.10
56-59	0.20	0.10
60-61	0.30	0.10
62	0.25	0.10
63-64	0.15	0.10
65-66	0.15	0.05
67-71	1.00	0.05
72-79	1.00	0.01
80	1.00	1.00

The weighted average retirement age is 59.8.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

5. Expense Load: \$170,000 per year.

6. Hours Worked: 1,720 per year.

7. <u>Termination/Disability Rates</u> :	<u>Age</u>	<u>Termination</u>	<u>Disability</u>
	25	0.13380	0.0003
	35	0.08010	0.0005
	45	0.06134	0.0011
	55	0.00000	0.0028
	65	0.00000	0.0000

8. Benefit Credit Earned: \$100 per year.

9. <u>Payment Form Election</u> :	<u>Payments Forms</u>	<u>% Electing</u>
	5-Year C&L	49%
	50% J&S	26%
	75% J&S	12%
	100% J&S	13%

10. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

11. Actuarial Value of Assets: Market Value of Assets minus a decreasing fraction ($\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$ and $\frac{1}{5}$) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

11. Changes Since Last Year:

The mortality rates projection scale was updated, the hours worked assumption and expense load were increased, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Rationale for the Selection of Significant Assumptions:

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.
2. Mortality Rates: RP-2014 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. RP-2014 Disabled Retiree table used to reflect expected disabled mortality experience. Both RP-2014 tables adjusted to base year 2006 to reflect the mortality experience used to develop the RP-2014 table and for expected generational mortality improvement. Other adjustments based on the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement from 2006 base year using Scale MP-2018.
3. Retirement Rates: Based on the Plan's most recent experience study.
4. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.
5. Termination/Disability Rates: Based on the Plan's most recent experience study.
6. Payment Form Election: Based on the Plan's most recent experience study.

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

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

<u>1/1 Plan Year</u>	<u>Expected Annual Benefit Payments</u>
2019	\$4,274,487
2020	\$4,423,902
2021	\$4,556,702
2022	\$4,663,237
2023	\$4,729,832
2024	\$4,835,114
2025	\$4,939,063
2026	\$5,033,601
2027	\$5,104,512
2028	\$5,184,702

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund
 EIN: 34-1939172
 PN: 001

EIN: 34-1939172

PN: 001

[illegible][illegible]

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Charge Bases:

<u>Date</u>		<u>Initial</u>	<u>Rem.</u>		<u>Remaining</u>
<u>Established</u>	<u>Type</u>	<u>Balance</u>	<u>Years</u>	<u>Payment</u>	<u>Balance</u>
01/01/1990	Amendment	\$1,709,399	1	\$ 133,204	\$ 133,204
01/01/1991	Amendment	683,676	2	53,169	102,860
01/01/1992	Amendment	999,810	3	77,607	217,923
01/01/1992	Assumption	46,696	3	3,627	10,184
01/01/1993	Amendment	43,192	4	3,346	12,122
01/01/1994	Amendment	904,069	5	69,917	306,739
01/01/1996	Amendment	1,119,916	7	86,307	497,691
01/01/1996	Assumption	761,275	7	58,668	338,305
01/01/1997	Assumption	301,420	8	23,190	148,174
01/01/1998	Amendment	1,008,190	9	77,442	539,870
01/01/1998	Assumption	106,051	9	8,146	56,783
06/01/1999	Amendment	1,786,347	10	136,385	1,054,650
01/01/2000	Amendment	327,396	11	25,070	201,155
01/01/2001	Amendment	767,458	12	58,682	498,715
01/01/2002	Assumption	654,348	13	49,963	446,797
01/01/2005	Experience	1,564,875	1	163,155	163,155
01/01/2006	Experience	933,334	2	97,117	187,883
01/01/2008	Assumption	30,621	4	3,174	11,507
01/01/2009	Asset Loss	5,041,686	19	385,771	4,266,271
01/01/2009	Experience	51,555	5	5,334	23,403
01/01/2010	Experience	2,428,464	6	250,832	1,279,293
01/01/2011	Asset Loss	3,481,209	19	272,301	3,011,398
01/01/2012	Asset Loss	5,722,719	19	453,254	5,012,573
01/01/2013	Assumption	798,720	9	82,087	572,250
01/01/2013	Experience	1,351,901	9	138,939	968,581
01/01/2014	Assumption	2,378,595	10	244,072	1,834,257
01/01/2014	Experience	405,323	10	41,591	312,564
01/01/2015	Assumption	1,229,741	11	126,186	1,012,463
01/01/2015	Experience	308,694	11	31,676	254,150
01/01/2016	Assumption	38,582	12	3,959	33,646
01/01/2016	Experience	2,007,807	12	206,025	1,750,936
01/01/2017	Assumption	903,338	13	92,693	828,926
01/01/2017	Experience	201,549	13	20,681	184,946
01/01/2018	Experience	133,741	14	13,723	128,418
01/01/2019	Experience	1,369,700	15	140,547	1,369,700
Total Charges				\$3,637,840	\$27,771,492

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Credit Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/2010	Asset Loss	\$2,031,628	19	\$ 157,102	\$ 1,737,407
01/01/2011	Experience	3,477,965	7	358,616	2,067,977
01/01/2012	Assumption	1,459,272	8	150,216	959,780
01/01/2012	Experience	2,747,272	8	282,802	1,806,909
01/01/2013	Amendment	113,961	9	11,712	81,648
01/01/2018	Assumption	3,284,189	14	336,997	3,153,495
01/01/2019	Assumption	121,545	15	<u>12,472</u>	<u>121,545</u>
	Total Credits			\$1,309,917	\$ 9,928,761
1.	Net Amortization				\$17,842,731
2.	Credit Balance				\$12,813,946
3.	Balance Test: [(1) - (2)]				\$ 5,028,785
4.	Unfunded Accrued Liability:				
	a. Accrued Liability				\$67,345,667
	b. Actuarial Value of Assets				<u>62,316,882</u>
	c. Unfunded Accrued Liability: [(a) - (b)]				<u>\$ 5,028,785</u>

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.

Plan Name: SMARTA Local Union No. 33 Youngstown District Pension Fund

EIN: 34-1939172

PN: 001

Effective with the January 1, 2019 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality projection scale was updated.
- The assumed hours worked was changed to 1,720 hours per year.
- The annual expense load was increased from \$160,000 to \$170,000.