

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2019 or fiscal plan year beginning <u>02/01/2019</u> and ending <u>01/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>IRON WORKERS DISTRICT COUNCIL OF SO OH &amp; VICINITY PENSION TRUST</u>                                                                                                                                                                                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/01/1962</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>12/01/1962</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/01/1962</u>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO &amp; VICINITY</u><br><br><u>1470 WORLDWIDE PL</u><br><u>VANDALIA, OH 45377-1156</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-6038516</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>937-454-1744</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>238900</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-6038516</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>937-454-1744</u> | <b>2d</b> Business code (see instructions)<br><u>238900</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-6038516</u>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>937-454-1744</u>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>238900</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<br>HERE | Filed with authorized/valid electronic signature. | 11/11/2020 | BRADLEY WINANS                                               |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 11/11/2020 | CLINTON SUGGS                                                |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. |            |                                                              |
|              | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 8184                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 3116<br><b>6a(2)</b> 3062<br><b>6b</b> 3212<br><b>6c</b> 1346<br><b>6d</b> 7620<br><b>6e</b> 528<br><b>6f</b> 8148<br><br><b>6g</b><br><b>6h</b>    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b> 323                                                                                                                                                     |

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

1B

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

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

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

**a Pension Schedules**

- (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)** ☒ 1 **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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                            |                                                             |     |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 02/01/2019 and ending 01/31/2020                                 |                                                             |     |
| <b>A</b> Name of plan<br>IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST                                   | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY | <b>D</b> Employer Identification Number (EIN)<br>31-6038516 |     |

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

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                             |
|-----------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>METROPOLITAN LIFE INSURANCE COMPANY |
|-----------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5581829 | 65978         | 1187096                               | 5557                                                                        | 06/01/2018              | 05/31/2019 |

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

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4****5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)**  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions ..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d****e** Deductions:  
(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions ..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> | 672346 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |        |

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 02/01/2019 and ending 01/31/2020

▶ **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.

|                                                                                                                                       |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST                                              | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY | <b>D</b> Employer Identification Number (EIN)<br>31-6038516 |

**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

**1a** Enter the valuation date: Month 02 Day 01 Year 2019

**b** Assets

|                                                                                                               |                 |            |
|---------------------------------------------------------------------------------------------------------------|-----------------|------------|
| (1) Current value of assets.....                                                                              | <b>1b(1)</b>    | 789827176  |
| (2) Actuarial value of assets for funding standard account.....                                               | <b>1b(2)</b>    | 809113430  |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b>    | 1101182708 |
| (2) Information for plans using spread gain methods:                                                          |                 |            |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b> |            |
| (b) Accrued liability under entry age normal method.....                                                      | <b>1c(2)(b)</b> |            |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b> |            |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b>    | 1101182708 |
| <b>d</b> Information on current liabilities of the plan:                                                      |                 |            |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>    |            |
| (2) "RPA '94" information:                                                                                    |                 |            |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> | 2122926468 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> | 42898415   |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> | 84732185   |
| (3) Expected plan disbursements for the plan year .....                                                       | <b>1d(3)</b>    | 85982185   |

**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.

|                                                |                                        |
|------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                               | 11/06/2020                             |
| Signature of actuary                           | Date                                   |
| DANIEL V. CINER, MAAA                          | 20-05773                               |
| Type or print name of actuary                  | Most recent enrollment number          |
| SEGAL CONSULTING                               | 312-984-8500                           |
| Firm name                                      | Telephone number (including area code) |
| 101 NORTH WACKER DRIVE, CHICAGO, IL 60606-1724 |                                        |
| Address of the firm                            |                                        |

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

**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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 789827176                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 3792                              | 1148568716                   |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 1276                              | 212153580                    |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits.....                                                                                                 |                                   | 108647938                    |
| <b>(b)</b> Vested benefits.....                                                                                                     |                                   | 653556234                    |
| <b>(c)</b> Total active .....                                                                                                       | 3116                              | 762204172                    |
| <b>(4)</b> Total .....                                                                                                              | 8184                              | 2122926468                   |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 37.20 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/31/2020               | 56454214                          | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 56454214                          | <b>3(c)</b> 0                   |

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                            |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                           | <b>4a</b> | 73.5 %                                                              |
| <b>b</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 .....                                                                                                                                                        | <b>4b</b> | E                                                                   |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                                                  |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                                                                                                                                                                           |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....                                                                                                                                                         | <b>4e</b> |                                                                     |
| <b>f</b> 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.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ..... | <b>4f</b> | <input type="checkbox"/>                                            |

**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):

|                                                                                                                                                                      |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5j</b> |                                                                     |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                          |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>m</b> 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 ..... | <b>5m</b> |                                                                     |

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                           |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                   | <b>6a</b>                                                                                        |                                           | 3.07 %                                                                                           |
|                                                                                                               | Pre-retirement                                                                                   |                                           | Post-retirement                                                                                  |
| <b>b</b> Rates specified in insurance or annuity contracts.....                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                           |                                                                                                  |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                     | A                                         | A                                                                                                |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                     | A                                         | A                                                                                                |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 7.50 %                                    | 7.50 %                                                                                           |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 8.1 % <input type="checkbox"/> N/A        | % <input checked="" type="checkbox"/> N/A                                                        |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | % <input checked="" type="checkbox"/> N/A |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 6.1 %                                     |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | -2.4 %                                    |                                                                                                  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 10854751            | 1143911                        |
| 5                | -3675839            | -498156                        |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                            |                                                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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.....                                                                                             | <b>8a</b>                                                           |  |
| <b>b(1)</b> Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>b(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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?.....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                 |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .....                                                                                                                                           | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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?.....                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)).....                                                                                                | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                       | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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)..... | <b>8e</b>                                                           |  |

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                                                                         |                     |           |
|-------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|
| <b>a</b> Prior year funding deficiency, if any .....                                                                    | <b>9a</b>           | 0         |
| <b>b</b> Employer's normal cost for plan year as of valuation date.....                                                 | <b>9b</b>           | 15965646  |
| <b>c</b> Amortization charges as of valuation date:                                                                     | Outstanding balance |           |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended ..... | <b>9c(1)</b>        | 464645950 |
| <b>(2)</b> Funding waivers .....                                                                                        | <b>9c(2)</b>        |           |
| <b>(3)</b> Certain bases for which the amortization period has been extended .....                                      | <b>9c(3)</b>        |           |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....                                                            | <b>9d</b>           | 5834042   |
| <b>e</b> Total charges. Add lines 9a through 9d.....                                                                    | <b>9e</b>           | 83621274  |

**Credits to funding standard account:**

|           |                                                                                                                |                     |                                                                     |
|-----------|----------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------|
| <b>f</b>  | Prior year credit balance, if any.....                                                                         | <b>9f</b>           | 47645918                                                            |
| <b>g</b>  | Employer contributions. Total from column (b) of line 3.....                                                   | <b>9g</b>           | 56454214                                                            |
|           |                                                                                                                | Outstanding balance |                                                                     |
| <b>h</b>  | Amortization credits as of valuation date.....                                                                 | <b>9h</b>           | 124930754                                                           |
| <b>i</b>  | Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....                                        | <b>9i</b>           | 6929278                                                             |
| <b>j</b>  | Full funding limitation (FFL) and credits:                                                                     |                     |                                                                     |
| (1)       | ERISA FFL (accrued liability FFL).....                                                                         | <b>9j(1)</b>        | 403089628                                                           |
| (2)       | "RPA '94" override (90% current liability FFL).....                                                            | <b>9j(2)</b>        | 1151226947                                                          |
| (3)       | FFL credit.....                                                                                                | <b>9j(3)</b>        | 0                                                                   |
| <b>k</b>  | (1) Waived funding deficiency.....                                                                             | <b>9k(1)</b>        | 0                                                                   |
|           | (2) Other credits.....                                                                                         | <b>9k(2)</b>        | 0                                                                   |
| <b>l</b>  | Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....                                           | <b>9l</b>           | 127546757                                                           |
| <b>m</b>  | Credit balance: If line 9l is greater than line 9e, enter the difference.....                                  | <b>9m</b>           | 43925483                                                            |
| <b>n</b>  | Funding deficiency: If line 9e is greater than line 9l, enter the difference.....                              | <b>9n</b>           |                                                                     |
| <b>9o</b> | Current year's accumulated reconciliation account:                                                             |                     |                                                                     |
| (1)       | Due to waived funding deficiency accumulated prior to the 2019 plan year.....                                  | <b>9o(1)</b>        | 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.....                                                   | <b>9o(2)(a)</b>     | 0                                                                   |
| (b)       | Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....                                            | <b>9o(2)(b)</b>     | 0                                                                   |
| (3)       | Total as of valuation date.....                                                                                | <b>9o(3)</b>        | 0                                                                   |
| <b>10</b> | Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....                    | <b>10</b>           | 0                                                                   |
| <b>11</b> | Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... |                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2019 or fiscal plan year beginning **02/01/2019** and ending **01/31/2020**

|                                                                                                                                       |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>IRON WORKERS DISTRICT COUNCIL OF SO OH &amp; VICINITY PENSION TRUST</b>                                   | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO &amp; VICINITY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>31-6038516</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                         |
| <b>ENTRUST- SPECIAL OPPORTUNITY FD III</b>                                                                        | <b>375 PARK AVE., 24TH FLOOR<br/>NEW YORK, NY 10152</b> |

|                                                                                                                   |                                                      |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                      |
| <b>ROBERT W. BAIRD - BAIRD CORE PLUS</b>                                                                          | <b>777 E. WISCONSIN AVE.<br/>MILWAUKEE, WI 53202</b> |

|                                                                                                                   |                                                         |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                         |
| <b>ENTRUST- SPECIAL OPPORTUNITY FD II</b>                                                                         | <b>375 PARK AVE., 24TH FLOOR<br/>NEW YORK, NY 10152</b> |

|                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |  |
| <b>MESIROW FINANCIAL CAPITAL PARTNERS</b>                                                                         |  |
| <b>26-4042914</b>                                                                                                 |  |

---

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

---

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

20-8581682

---

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

---

ANGELO GORDON CAPITAL RECOVERY VIII

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

---

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

---

ANGELO GORDON REALTY FUND IX, LP

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

---

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

---

NEW TOWER TRUST COMPANY - MEPT

52-6218800

---

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

---

GLOBAL INFRASTRUCTURE PARTNERS II-B

98-0672668

---

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

---

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

1450 BRICKELL AVENUE, FIRST FLOOR  
MIAMI, FL 33131

---

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

---

TRUST COMPANY OF TOLEDO

REAL ESTATE EQUITY TRUST  
1630 TIMBERWOLF DRIVE  
HOLLAND, OH 43528

---

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

---

SEI-THORNBURG GLOBAL EQUITY FUND

06-1271230

---

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

CHEVY CHASE - AFL-CIO EQUITY INDEX

815 CONNECTICUT AVENUE, NW, STE 320  
WASHINGTON, DC 20006**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HIGHSTAR CAPITAL LP- IV LP &amp; SUBSID

277 PARK AVENUE, 45TH FLOOR  
NEW YORK, NY 10172**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STARWOOD CAP DISTRESSED OPPORTUNITY

591 WEST PUTNAM AVENUE  
GREENWICH, CT 06830**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WARBURG PINCUS XI, LP

45-3414550

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

NORTHERN TRUST COLLECTIVE INVT TR

26-6411809

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

BOYD WATTERSON GSA FUND, LP

500 WEST MONROE STREET  
SUITE 3850  
CHICAGO, IL 60661**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STARWOOD INTERNATIONAL OPP FUND

591 WEST PUTNAM AVENUE  
GREENWICH, CT 06830**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HIGHBRIDGE IRISH SPECIALTY LOAN FD

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

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

FIRST RESERVE GP XIII

ONE LAFAYETTE PLANCE  
GREENWICH, CT 06830

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

**(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)

IWDC OF SW OH BENEFIT TRUST

31-6170926

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 14 50                         | RELATED FUND                                                                                             | 553364                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

SEGAL MARCO ADVISORS

13-2646110

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

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

AMALGATRUST

36-0721895

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 51                         | NONE                                                                                                     | 231904                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

TRIBUTARY CAPITAL

20-1736988

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 170261                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENT ASSET MGMT

20-4659714

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 162001                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

OVERMYER HALL ASSOCIATES

27-2481536

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 22 23 50               | NONE                                                                                              | 146828                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SEGAL COMPANY MIDWEST

13-1975125

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 11 16 50                      | NONE                                                                                                     | 142036                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 75032                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

FAULKNER, HOFFMAN & PHILLIPS, LLP

34-1909706

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29 50                         | NONE                                                                                                     | 54881                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

COOKE & BIELER, INC,

23-1392932

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 52013                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET - RUSSELL 2000 (R)

04-0025081

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 27908                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JP MORGAN

13-3200244

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 19200                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

NATIONWIDE

C/O OHIO INSURANCE LLC  
1600 W LANE AVE, SUITE 200  
COLUMBUS, OH 43221

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 22 23 50                      | NONE                                                                                                     | 17014                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

PROSTAFF GRAPHICS

65 TAHLEQUAH TRAIL  
SPRINGBORO, OH 45066

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 15450                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

KEYBANK NA

31-0466650

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 19 50<br>59 99             | NONE                                                                                                     | 13160                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2182079

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 49 50                         | NONE                                                                                                     | 8365                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 02/01/2019 and ending 01/31/2020

|                                                                                                                                              |                                                                            |            |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>IRON WORKERS DISTRICT COUNCIL OF SO OH &amp; VICINITY PENSION TRUST</u>                                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO &amp; VICINITY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-6038516</u>         |            |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                  |                               |                                                                                                                      |
|--------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTIPLE-EMPLOYER PROPERTY TRUST</u>           |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>                 |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>52-6218800-001</u>                                                            | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>56943201</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO EQUITY INDEX FUND</u>                  |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>               |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>27-3350609-010</u>                                                            | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>259722130</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>THORNBURG GLOBAL EQUITY FUND</u>               |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>                       |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-3668265-002</u>                                                            | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36653767</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMON ALL COUNTRY WORLD INVST MKT</u>         |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>        |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>26-6411809-001</u>                                                            | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100435734</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM CORE PLUS CL A</u>                        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>20-4659714-052</u>                                                            | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>80513523</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 (R) IND NON-LENDING FD</u>        |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>04-0025081-013</u>                                                            | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27778017</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a):                                                |                               |                                                                                                                      |
| <b>c</b> EIN-PN                                                                                  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                       |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2019 or fiscal plan year beginning <b>02/01/2019</b> and ending <b>01/31/2020</b>                              |                                                                    |            |
| <b>A</b> Name of plan<br><b>IRON WORKERS DISTRICT COUNCIL OF SO OH &amp; VICINITY PENSION TRUST</b>                                   | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                                                       |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO &amp; VICINITY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>31-6038516</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 4705393               | 4851987         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 1469382               | 706094          |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 52486119              | 46313077        |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 3206242               | 1127545         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 103288232             | 74869990        |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 108872578             | 114406677       |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 463530515             | 562046372       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 70433178              | 77934803        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                     |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             | 605436 570040       |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 808597075 882826585 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 129531 200559       |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             | 18640368 10493641   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 18769899 10694200   |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 789827176 872132385 |

**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.

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 56454214  |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 56454214  |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> | 250005    |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 250005    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> | 1237463   |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 2218880   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 3456343   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    | 78459     |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 4537083   |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 4537083   |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | 20611630  |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 20611630  |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 66435815  |
| (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) |            | 5282745   |
| c Other income .....                                                                            | 2c     |            | 12278007  |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 169384301 |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 84800566 |          |
| (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) |          | 84800566 |
| 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) | 274849   |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 961447   |          |
| (4) Other .....                                                                      | 2i(4) | 1042230  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 2278526  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 87079092 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 82305209 |
| 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: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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

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

**Part IV Compliance Questions**

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

During the plan year:

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |        |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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 4263682. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                 | <div>Retirement Plan Information</div> <div>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).</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 02/01/2019 and ending 01/31/2020                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>31-6038516                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                          | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s):<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                         | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> 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

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 67 % Investment-Grade Debt: 11 % High-Yield Debt: 10 % Real Estate: 11 % Other: 1 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

- 20 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.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- 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 \_\_\_\_\_

## **INDEPENDENT AUDITORS' REPORT**

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

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, which comprise the statements of net assets available for benefits as of January 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

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

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

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the net assets available for benefits of the Iron Workers District Council of Southern Ohio & Vicinity Pension Trust as of January 31, 2020 and changes therein for the year then ended, and its financial status as of January 31, 2019 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Report on Supplemental Information

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

A handwritten signature in black ink that reads "Clark, Schaefer, Hackett & Co." The signature is written in a cursive, flowing style.

Dayton, Ohio  
October 29, 2020

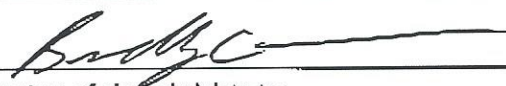
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em;"><b>2019</b></div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                   |                                                                      |                                                                                                                                                                                 |                                           |
|-------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I Annual Report Identification Information</b>            |                                                                      |                                                                                                                                                                                 |                                           |
| For calendar plan year 2019 or fiscal plan year beginning         |                                                                      | 02/01/2019                                                                                                                                                                      | and ending                                |
|                                                                   |                                                                      |                                                                                                                                                                                 | 01/31/2020                                |
| A This return/report is for:                                      | <input checked="" type="checkbox"/> a multiemployer plan             | <input type="checkbox"/> a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                   | <input type="checkbox"/> a single-employer plan                      | <input type="checkbox"/> a DFE (specify) _____                                                                                                                                  |                                           |
| B This return/report is:                                          | <input type="checkbox"/> the first return/report                     | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                   | <input type="checkbox"/> an amended return/report                    | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |                                           |
| C If the plan is a collectively-bargained plan, check here, ..... | <input checked="" type="checkbox"/>                                  |                                                                                                                                                                                 |                                           |
| D Check box if filing under:                                      | <input checked="" type="checkbox"/> Form 5558                        | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                   | <input type="checkbox"/> special extension (enter description) _____ |                                                                                                                                                                                 |                                           |

|                                                                                                                                                                                                                                                                                                                                                                                      |           |                                      |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|----------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                |           |                                      |                |
| <b>1a</b> Name of plan<br>Iron Workers District Council of SO OH & Vicinity<br>Pension Trust                                                                                                                                                                                                                                                                                         | <b>1b</b> | Three-digit plan number (PN) ▶       | 001            |
|                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c</b> | Effective date of plan               | 12/01/1962     |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>Iron Workers District Council of<br>Southern Ohio & Vicinity<br><br>1470 Worldwide Pl<br><br>Vandalia OH 45377-1156 | <b>2b</b> | Employer Identification Number (EIN) | 31-6038516     |
|                                                                                                                                                                                                                                                                                                                                                                                      | <b>2c</b> | Plan Sponsor's telephone number      | (937) 454-1744 |
|                                                                                                                                                                                                                                                                                                                                                                                      | <b>2d</b> | Business code (see instructions)     | 238900         |

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

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

|              |                                                                                     |            |                                                              |
|--------------|-------------------------------------------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE |  | 11/11/2020 | Bradley Winans                                               |
|              | Signature of plan administrator                                                     | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |  | 11/11/20   | Clinton Suggs                                                |
|              | Signature of employer/plan sponsor                                                  | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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



*May 1, 2019*

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

*To Whom It May Concern:*

*As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of February 1, 2019 for the following plan:*

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

*As of February 1, 2019, the Plan is in endangered status. In addition, the Plan is not projected to be in critical status for any of the succeeding five plan years.*

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

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

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

*Sincerely,*

A handwritten signature in blue ink, appearing to read "D. Ciner", written over a light blue circular stamp.

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

EIN 31-6038516 / PN 001

**May 1, 2019**

**ACTUARIAL STATUS CERTIFICATION AS OF FEBRUARY 1, 2019 UNDER IRC SECTION 432**

This is to certify that Segal Consulting, a Member of The Segal Group, Inc. (“Segal”) has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Iron Workers District Council of Southern Ohio and Vicinity Pension Trust as of February 1, 2019 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

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

This certification is based on the February 1, 2018 actuarial valuation, dated November 6, 2018. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit V.

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

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

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



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

EIN 31-6038516 / PN 001

---

**Certificate Contents**

---

|                    |                                                                                       |
|--------------------|---------------------------------------------------------------------------------------|
| <b>EXHIBIT I</b>   | Status Determination as of February 1, 2019                                           |
| <b>EXHIBIT II</b>  | Summary of Actuarial Valuation Projections                                            |
| <b>EXHIBIT III</b> | Funding Standard Account Projections                                                  |
| <b>EXHIBIT IV</b>  | Funding Standard Account – Projected Bases Assumed Established After February 1, 2018 |
| <b>EXHIBIT V</b>   | Actuarial Assumptions and Methodology                                                 |

---

EIN 31-6038516 / PN 001

**EXHIBIT I**

**Status Determination as of February 1, 2019**

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

EIN 31-6038516 / PN 001

**EXHIBIT I (continued)**

**Status Determination as of February 1, 2019**

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

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

EIN 31-6038516 / PN 001

## EXHIBIT II

### Summary of Actuarial Valuation Projections

The actuarial factors as of February 1, 2019 (based on projections from the February 1, 2018 valuation certificate):

#### I. Financial Information

|                                           |  |  |               |
|-------------------------------------------|--|--|---------------|
| 1. Market value of assets                 |  |  | \$789,956,980 |
| 2. Actuarial value of assets              |  |  | 805,572,362   |
| 3. Reasonably anticipated contributions   |  |  |               |
| a. Upcoming year                          |  |  | 53,575,687    |
| b. Present value for the next five years  |  |  | 224,889,603   |
| c. Present value for the next seven years |  |  | 294,410,394   |
| 5. Projected benefit payments             |  |  | 84,206,099    |
| 6. Projected administrative expenses      |  |  | 1,129,336     |

#### II. Liabilities

|                                                                 |                         |                                |               |
|-----------------------------------------------------------------|-------------------------|--------------------------------|---------------|
| 1. Present value of vested benefits for active participants     |                         |                                | 254,905,177   |
| 2. Present value of vested benefits for non-active participants |                         |                                | 795,306,549   |
| 3. Total unit credit accrued liability                          |                         |                                | 1,100,874,970 |
| 4. Present value of payments                                    | <b>Benefit Payments</b> | <b>Administrative Expenses</b> | <b>Total</b>  |
| a. Next five years                                              | \$362,173,566           | \$5,193,312                    | \$367,366,877 |
| b. Next seven years                                             | 479,749,633             | 6,979,019                      | 486,728,652   |
| 5. Unit credit normal cost plus expenses                        |                         |                                | 16,057,377    |
| 6. Ratio of inactive participants to active participants        |                         |                                | N/A           |

#### III. Funded Percentage (I.2)/(II.3)

73.2%

#### IV. Funding Standard Account

|                                               |              |
|-----------------------------------------------|--------------|
| 1. Credit Balance as of the end of prior year | \$47,851,891 |
| 2. Years to projected funding deficiency      | N/A          |

#### V. Year Projected to be in Critical Status (based on test C7. in Exhibit I), if within next five years

N/A

EIN 31-6038516 / PN 001

**EXHIBIT III**  
**Funding Standard Account Projections**

The table below presents the Funding Standard Account Projections for the Plan Years beginning February 1, 2018 through 2028

|                                                                                       | Year Beginning February 1, |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
|---------------------------------------------------------------------------------------|----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|                                                                                       | 2018                       | 2019             | 2020             | 2021             | 2022             | 2023             | 2024             | 2025             | 2026             | 2027             | 2028             |
| 1. Credit balance (BOY)                                                               | \$56,494,746               | \$47,851,891     | \$40,553,099     | \$37,170,228     | \$35,470,832     | \$31,753,791     | \$31,851,486     | \$34,994,901     | \$38,245,908     | \$41,194,256     | \$44,793,146     |
| 2. Interest on (1)                                                                    | 4,237,106                  | 3,588,892        | 3,041,482        | 2,787,767        | 2,660,312        | 2,381,534        | 2,388,861        | 2,624,618        | 2,868,443        | 3,089,569        | 3,359,486        |
| 3. Normal cost                                                                        | 14,854,352                 | 14,928,041       | 15,019,617       | 15,110,945       | 15,086,671       | 15,110,110       | 15,089,228       | 14,938,674       | 14,742,713       | 14,616,594       | 14,576,767       |
| 4. Administrative expenses                                                            | 1,096,443                  | 1,129,336        | 1,163,216        | 1,198,112        | 1,234,055        | 1,271,077        | 1,309,209        | 1,348,485        | 1,388,940        | 1,430,608        | 1,473,526        |
| 5. Net amortization charges                                                           | 48,153,541                 | 45,777,469       | 41,500,078       | 39,571,816       | 41,318,464       | 37,450,083       | 34,606,421       | 34,836,921       | 35,500,784       | 35,185,778       | 34,658,765       |
| 6. Interest on (3), (4) and (5)                                                       | 4,807,825                  | 4,637,613        | 4,326,217        | 4,191,065        | 4,322,938        | 4,037,344        | 3,825,363        | 3,834,306        | 3,872,433        | 3,842,474        | 3,803,179        |
| 7. Expected contributions                                                             | 54,006,940                 | 53,575,687       | 53,575,687       | 53,575,687       | 53,575,687       | 53,575,687       | 53,575,687       | 53,575,687       | 53,575,687       | 53,575,687       | 53,575,687       |
| 8. Interest on (7)                                                                    | <u>2,025,260</u>           | <u>2,009,088</u> | <u>2,009,088</u> | <u>2,009,088</u> | <u>2,009,088</u> | <u>2,009,088</u> | <u>2,009,088</u> | <u>2,009,088</u> | <u>2,009,088</u> | <u>2,009,088</u> | <u>2,009,088</u> |
| 9. Credit balance at end of<br>year: (1) + (2) – (3) – (4) –<br>(5) – (6) + (7) + (8) | \$47,851,891               | \$40,553,099     | \$37,170,228     | \$35,470,832     | \$31,753,791     | \$31,851,486     | \$34,994,901     | \$38,245,908     | \$41,194,256     | \$44,793,146     | \$49,225,170     |

EIN 31-6038516 / PN 001

**EXHIBIT IV**

**Funding Standard Account – Projected Bases Assumed Established After February 1, 2018**

**Schedule of Funding Standard Account Bases**

| Type of Base    | Date Established | Base Established | Amortization Period | Amortization Payment |
|-----------------|------------------|------------------|---------------------|----------------------|
| Experience Loss | 2/1/2019         | \$10,618,215     | 15                  | \$1,118,984          |
| Experience Gain | 2/1/2020         | (5,344,091)      | 15                  | (563,179)            |
| Experience Loss | 2/1/2021         | 2,562,574        | 15                  | 270,053              |
| Experience Loss | 2/1/2022         | 20,503,184       | 15                  | 2,160,697            |
| Experience Loss | 2/1/2023         | 1,149,199        | 15                  | 121,107              |
| Experience Loss | 2/1/2024         | 881,561          | 15                  | 92,902               |
| Experience Loss | 2/1/2025         | 477,116          | 15                  | 50,280               |
| Experience Loss | 2/1/2026         | 81,445           | 15                  | 8,583                |
| Experience Loss | 2/1/2027         | 39,002           | 15                  | 4,110                |
| Experience Loss | 2/1/2028         | 14,194           | 15                  | 1,496                |

---

**EXHIBIT V**

**Actuarial Assumptions and Methodology**

---

The actuarial assumptions and plan of benefits are as used in the February 1, 2018 actuarial valuation certificate, dated November 6, 2018 except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

**Asset Information:**

The financial information as of February 1, 2019 was based on an unaudited financial statement provided by the fund administrator on March 27, 2019.

For projections after that date, the assumed administrative expenses were increased by 3% per year. Benefit payments were projected based on the February 1, 2018 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2019 – 2028 Plan Years. The actuarial value of assets was determined using the Plan's smoothing method. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

**Projected Industry Activity:**

As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, total hours of contributions are assumed to be 5.64 million hours for the Plan Year ending 2019 (equivalent to 3,179 active participants working 1,774 hours per year), and remain level thereafter.

**Future Normal Costs:**

Based on the assumed industry activity, we have determined the Normal Cost based on an open group forecast with the number of active participants assumed to remain level at 3,179 for all years. New entrants are expected to have a demographic mix similar to recent hires.

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

**Line 4c**

The Trustees adopted the original Funding Improvement Plan in December 2008, with the most recent update on November 12, 2019, and the Funding Improvement Period began on February 1, 2011.

The Plan Sponsor has verified (on January 14, 2020) that, to the best of their knowledge, they have complied with the requirements of the Funding Improvement Plan.

## STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

### (SCHEDULE MB, LINE 6)

#### Mortality Rates

*Healthy Non-Pensioner or Beneficiary:* RP-2014 Blue Collar Employee Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016

*Healthy Pensioner or Beneficiary:* RP-2014 Blue Collar Healthy Annuitant Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016

*Disabled before 1998:* RP-2014 Disabled Retiree Mortality Tables (sex distinct), projected generationally from 2014 using Scale MP-2016

*Disabled from 1998 to March 31, 2003:* RP-2014 Disabled Retiree Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016

*Disabled after March 31, 2003:*

- a) RP-2014 Blue Collar Healthy Annuitant Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016, if not eligible for a Social Security Disability Pension
- b) RP-2014 Disabled Retiree Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016, if eligible for a Social Security Disability Pension

The adjusted underlying tables with generational adjustment reasonably reflect the mortality experience of the Plan as of the measurement date.

The tables were then adjusted to future years using the generational projection to reflect future mortality improvement.

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

**Termination Rates  
Before Retirement**

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

<sup>1</sup> Mortality rates shown for base table.

<sup>2</sup> 80% of disabled participants are assumed to qualify for a Social Security Disability pension.

<sup>3</sup> Withdrawal rates cut out at early retirement age.

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

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                         |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|
| Retirement Rates                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Rate (%)                                    |                                         |
|                                                 | Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Not Eligible for 30 and Out Service Pension | Eligible for 30 and Out Service Pension |
|                                                 | 55 – 57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2                                           | 50                                      |
|                                                 | 58 – 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5                                           | 50                                      |
|                                                 | 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20                                          | 50                                      |
|                                                 | 62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 75                                          | 75                                      |
|                                                 | 63 – 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 50                                          | 50                                      |
|                                                 | 65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 100                                         | 100                                     |
|                                                 | The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and change in liability and the projected number and expected liability change based on the prior year's assumption over the most recent five years.                                                                                      |                                             |                                         |
| Description of Weighted Average Retirement Age  | Age 59, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the February 1, 2019 actuarial valuation. |                                             |                                         |
| Retirement Age for Inactive Vested Participants | 62<br><br>The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and projected retirement ages based on the prior years' assumption over the most recent five years.                                                                                                                            |                                             |                                         |
| Future Benefit Accruals                         | 0.95 pension credit, one year of vesting service, and benefit accrual of \$110 per year<br><br>The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.                                                                                                |                                             |                                         |
| Liabilities for Future Pro-Rata Pensioners      | 2% load on active liabilities and normal cost.<br><br>The load for pro-rata pensioners was based on historical and current data, adjusted to reflect estimated future experience and professional judgment.                                                                                                                                                                                                                                                                                     |                                             |                                         |

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Definition of Active Participants</b> | Participants who had worked at least 250 hours in the pension credit year that ended on December 31, 2018 and accumulated at least one pension credit, excluding those who have retired as of the valuation date. Liabilities for active participants are valued as of February 1, 2019, and include an adjustment to benefit accruals for 1/12 plan year.                                                                                                                                                                                                                                                                             |
| <b>Inactive Vested Participants</b>      | <p>Inactive participants over age 70 are assumed to never return and apply for a benefit. For this valuation 11 inactive participants are excluded from the valuation due to this assumption.</p> <p>The retirement assumption of inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.</p>                                                                                                                                       |
| <b>Percent Married</b>                   | 80%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Age of Spouse</b>                     | Females are 4 years younger than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Sex of Spouse</b>                     | <p>Spouses are the opposite sex of participants.</p> <p>The percent married, age of spouse, and sex of spouse assumptions were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual demographic spousal data.</p>                                                                                                                                                                                                                                                                |
| <b>Benefit Election</b>                  | <p>Participants are assumed to elect a pension with the same value as the Single Life Annuity with 60 months guaranteed.</p> <p>The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment.</p>                                                                                                                                                                                                                                                                                                                       |
| <b>Net Investment Return</b>             | <p>7.50%, net of investment fees</p> <p>For FASB ASC 960 purposes, the assumed return is net of both investment fees and administrative expenses associated with providing accumulated benefits.</p> <p>The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.</p> |
| <b>Annual Administrative Expenses</b>    | <p>\$1,250,000 for the year beginning February 1, 2019 (equivalent to \$1,202,240 payable at the beginning of the year)</p> <p>The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</p>                                                                                                                                                                                                                                                                                                                                            |

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Actuarial Value of Assets</b>           | <p>The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.</p> <p>The method was changed for this valuation. For the prior valuation, the method was as follows:</p> <p>The market value of assets less unrecognized returns in each of the last four years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized 25% per year over a four-year period</p> |
| <b>Actuarial Cost Method</b>               | Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated based on accruals under the Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Benefits Valued</b>                     | Unless otherwise indicated, includes all benefits summarized in <i>Exhibit 9</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Current Liability Assumptions</b>       | <p><i>Interest:</i> 3.07%, within the permissible range prescribed under IRC Section 431(c)(6)(E)</p> <p><i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2017</p>                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Estimated Rate of Investment Return</b> | <p><i>On actuarial value of assets (Schedule MB, line 6g):</i> 6.1%, for the Plan Year ending January 31, 2019</p> <p><i>On current (market) value of assets (Schedule MB, line 6h):</i> -2.4%, for the Plan Year ending January 31, 2019</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

## SUMMARY OF PLAN PROVISIONS

### (SCHEDULE MB, LINE 6)

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

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Year</b>                      | February 1 through January 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Pension Credit Year</b>            | January 1 through December 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Plan Status</b>                    | Ongoing plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Regular Pension</b>                | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> 62</li><li>• <i>Service Requirement:</i> 5 pension credits</li><li>• <i>Amount:</i> The sum of the following:<ul style="list-style-type: none"><li>(i) \$35 times the pension credit earned before January 1, 1980; plus</li><li>(ii) \$120 times the pension credits earned January 1, 1980 through December 31, 2005, including hour bank pension credits earned prior to January 1, 2006; plus</li><li>(iii) \$120 times the pension credits earned after December 31, 2005, including hours from the hour bank. No pension credit accrual will be earned unless the participant works at least 250 hours in Covered Employment. Participants who work at least 250 hours, but less than 1,500 receive a prorated benefit accrual rate.</li></ul></li></ul>                                                                                                                                      |
| <b>Thirty-and-Out Service Pension</b> | <ul style="list-style-type: none"><li>• <i>Age Requirement:</i> 55</li><li>• <i>Service Requirement:</i> The sum of pension credits accrued prior to January 1, 2005 plus years of vesting service accrued on or after January 1, 2005 equal 30 or more.</li><li>• <i>Amount:</i><ul style="list-style-type: none"><li>– For participants retiring prior to January 1, 2010, regular pension accrued.</li><li>– For participants retiring on or after January 1, 2010 with at least 30 years of participation based on vesting service, regular pension accrued.</li><li>– For participants retiring on or after January 1, 2010 with less than 30 years of participation based on vesting service, regular pension accrued for pension credits earned for hours worked prior to January 1, 2010, plus regular pension accrued reduced by 4.5% for each year of age under 62 for pension credits earned for hours worked after January 1, 2010.</li></ul></li></ul> |

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

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

|                                   |                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Optional Forms of Benefits</b> | <ul style="list-style-type: none"><li>• Single Life Annuity with 60 months guaranteed</li><li>• 75% and 100% Husband and Wife Pension Options with a “pop-up” feature</li><li>• 50%, 75%, and 100% Joint-and-Survivor Options to a non-spouse</li><li>• Social Security Level Income Option, assuming Social Security benefits would start at age 62</li></ul> |
| <b>Participation</b>              | Earliest January 1 or July 1 after completion of 1,000 hours during a calendar year.                                                                                                                                                                                                                                                                           |
| <b>Pension Credit</b>             | One hundredth of a pension credit for each 15 hours in covered employment, up to one pension credit in any year; plus the pension credit earned, if any, from the hour bank. Hours in excess of 1,800 hours in a calendar year prior to 2005, and all hours in excess of 2,000 on or after January 1, 2005 are added to the hour bank.                         |
| <b>Vesting Credit</b>             | One year of vesting service for each calendar year in which the employee works 1,000 hours in covered employment.                                                                                                                                                                                                                                              |
| <b>Contribution Rate</b>          | \$9.50 per hour, effective June 1, 2016                                                                                                                                                                                                                                                                                                                        |
| <b>Changes in Plan Provisions</b> | There were no changes in plan provisions reflected in this actuarial valuation                                                                                                                                                                                                                                                                                 |

## SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

(SCHEDULE MB, LINE 8b(1))

| Plan Year | Expected Annual Benefit Payments <sup>1</sup> |
|-----------|-----------------------------------------------|
| 2019      | \$84,673,677                                  |
| 2020      | 85,447,234                                    |
| 2021      | 86,144,367                                    |
| 2022      | 86,991,368                                    |
| 2023      | 87,801,252                                    |
| 2024      | 88,115,659                                    |
| 2025      | 88,923,709                                    |
| 2026      | 89,770,288                                    |
| 2027      | 90,193,180                                    |
| 2028      | 90,134,928                                    |

<sup>1</sup> Assuming as of the valuation date:

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

## SCHEDULE OF ACTIVE PARTICIPANT DATA

### (SCHEDULE MB, LINE 8b(2))

The participant data is for the year ended January 31, 2019.

| Age          | Total        | Pension Credits |            |            |            |            |            |           |          |           |
|--------------|--------------|-----------------|------------|------------|------------|------------|------------|-----------|----------|-----------|
|              |              | 1-4             | 5-9        | 10-14      | 15 - 19    | 20 - 24    | 25 - 29    | 30 - 34   | 35 - 39  | 40 & over |
| Under 25     | 156          | 152             | 4          | –          | –          | –          | –          | –         | –        | –         |
| 25 - 29      | 310          | 211             | 91         | 8          | –          | –          | –          | –         | –        | –         |
| 30 - 34      | 459          | 195             | 134        | 125        | 5          | –          | –          | –         | –        | –         |
| 35 - 39      | 452          | 98              | 106        | 148        | 88         | 12         | –          | –         | –        | –         |
| 40 - 44      | 489          | 55              | 69         | 114        | 151        | 94         | 6          | –         | –        | –         |
| 45 - 49      | 554          | 45              | 55         | 112        | 135        | 136        | 64         | 7         | –        | –         |
| 50 - 54      | 401          | 9               | 25         | 59         | 77         | 100        | 73         | 58        | –        | –         |
| 55 - 59      | 233          | 12              | 16         | 28         | 39         | 59         | 53         | 20        | 6        | –         |
| 60 - 64      | 50           | 2               | 4          | 5          | 7          | 16         | 7          | 5         | 3        | 1         |
| 65 & over    | 5            | 3               | –          | –          | 1          | –          | –          | –         | –        | 1         |
| Unknown      | 7            | 7               | –          | –          | –          | –          | –          | –         | –        | –         |
| <b>Total</b> | <b>3,116</b> | <b>789</b>      | <b>504</b> | <b>599</b> | <b>503</b> | <b>417</b> | <b>203</b> | <b>90</b> | <b>9</b> | <b>2</b>  |

Note: Excludes 380 participants with less than one pension credit.

## FUNDING STANDARD ACCOUNT

### Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

| Type of Base                              | Date Established | Amortization Amount | Years Remaining | Outstanding Balance |
|-------------------------------------------|------------------|---------------------|-----------------|---------------------|
| Plan amendment                            | 06/01/1989       | \$77,793            | 0.33            | \$77,793            |
| Plan amendment                            | 02/01/1990       | 2,647               | 1               | 2,647               |
| Change in assumptions                     | 02/01/1990       | 57,033              | 1               | 57,033              |
| Plan amendment                            | 06/01/1990       | 171,289             | 1.33            | 225,634             |
| Plan amendment                            | 06/01/1991       | 529,190             | 2.33            | 1,177,781           |
| Plan amendment                            | 06/01/1992       | 354,370             | 3.33            | 1,088,042           |
| Plan amendment                            | 02/01/1993       | 1,820,911           | 4               | 6,556,236           |
| Plan amendment                            | 02/01/1994       | 1,607,503           | 5               | 6,991,557           |
| Experience loss                           | 02/01/1995       | 1,429,273           | 6               | 7,211,945           |
| Plan amendment                            | 02/01/1996       | 2,251,176           | 7               | 12,817,852          |
| Change in assumptions                     | 02/01/1997       | 731,538             | 8               | 4,606,206           |
| Change in assumptions                     | 02/01/1998       | 317,251             | 9               | 2,175,485           |
| Plan amendment                            | 02/01/1998       | 2,885,564           | 9               | 19,787,185          |
| Plan amendment                            | 02/01/1999       | 1,612,102           | 10              | 11,895,516          |
| Plan amendment                            | 02/01/2000       | 1,874,439           | 11              | 14,740,739          |
| Plan amendment                            | 02/01/2002       | 2,596,325           | 13              | 22,679,618          |
| Experience loss                           | 02/01/2005       | 3,463,873           | 1               | 3,463,873           |
| Experience loss                           | 02/01/2006       | 1,791,349           | 2               | 3,457,720           |
| Experience loss                           | 02/01/2008       | 2,047,609           | 4               | 7,372,468           |
| Experience loss                           | 02/01/2009       | 1,329,061           | 5               | 5,780,519           |
| Base due to Jan. 31, 2009 investment loss | 02/01/2009       | 10,739,741          | 19              | 114,979,763         |
| Base due to Jan. 31, 2009 Investment Loss | 02/01/2010       | 569,818             | 19              | 6,100,480           |

## FUNDING STANDARD ACCOUNT (CONTINUED)

### Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

| Type of Base                              | Date Established | Amortization Amount | Years Remaining | Outstanding Balance  |
|-------------------------------------------|------------------|---------------------|-----------------|----------------------|
| Base due to Jan. 31, 2009 Investment Loss | 02/01/2011       | 806,573             | 19              | 8,635,178            |
| Change in assumptions                     | 02/01/2012       | \$862,559           | 8               | 5,431,193            |
| Base due to Jan. 31, 2009 Investment Loss | 02/01/2012       | 1,036,388           | 19              | 11,095,576           |
| Base due to Jan. 31, 2009 Investment Loss | 02/01/2013       | 1,302,453           | 19              | 13,944,071           |
| Base due to Jan. 31, 2009 Investment Loss | 02/01/2014       | 2,767,158           | 19              | 29,625,224           |
| Experience loss                           | 02/01/2015       | 1,834,004           | 11              | 14,422,758           |
| Change in assumptions                     | 02/01/2015       | 2,552,868           | 11              | 20,075,958           |
| Change in assumptions                     | 02/01/2016       | 985,493             | 12              | 8,194,796            |
| Experience loss                           | 02/01/2016       | 3,226,127           | 12              | 26,826,612           |
| Change in assumptions                     | 02/01/2017       | 2,089,520           | 13              | 18,252,538           |
| Experience loss                           | 02/01/2017       | 3,006,923           | 13              | 26,266,312           |
| Experience loss                           | 02/01/2018       | 1,947,754           | 14              | 17,774,891           |
| Experience loss                           | 02/01/2019       | 1,143,911           | 15              | 10,854,751           |
| <b>Total</b>                              |                  | <b>\$61,821,586</b> |                 | <b>\$464,645,950</b> |

## FUNDING STANDARD ACCOUNT (CONTINUED)

### Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

| Type of Base           | Date Established | Amortization Amount | Years Remaining | Outstanding Balance  |
|------------------------|------------------|---------------------|-----------------|----------------------|
| Change in asset method | 02/01/2009       | \$3,722,372         | 20              | \$40,793,770         |
| Plan amendment         | 02/01/2010       | 588,796             | 6               | 2,970,999            |
| Experience gain        | 02/01/2010       | 1,020,703           | 6               | 5,150,348            |
| Experience gain        | 02/01/2011       | 2,906,455           | 7               | 16,548,906           |
| Experience gain        | 02/01/2012       | 1,274,978           | 8               | 8,028,030            |
| Experience gain        | 02/01/2013       | 2,674,306           | 9               | 18,338,529           |
| Experience gain        | 02/01/2014       | 3,172,417           | 10              | 23,408,909           |
| Plan amendment         | 02/01/2018       | 659,164             | 14              | 6,015,424            |
| Change in asset method | 02/01/2019       | 498,156             | 10              | 3,675,839            |
| <b>Total</b>           |                  | <b>\$16,517,347</b> |                 | <b>\$124,930,754</b> |

**Justification for  
Change in Actuarial  
Assumptions**

**(Schedule MB, Line 11)**

Based on past experience and future expectations, the following actuarial assumptions were changed as of February 1, 2019:

- Administrative expense, previously \$1,140,000

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 02/01/2019 and ending 01/31/2020

▶ **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.

|                                                                                                                                       |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST                                      | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION | <b>D</b> Employer Identification Number (EIN)<br>31-6038516 |

|                                                                                                                                                             |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions) |                               |
| <b>1a</b> Enter the valuation date: Month 02 Day 01 Year 2019                                                                                               |                               |
| <b>b</b> Assets                                                                                                                                             |                               |
| (1) Current value of assets .....                                                                                                                           | <b>1b(1)</b> 789,827,176      |
| (2) Actuarial value of assets for funding standard account .....                                                                                            | <b>1b(2)</b> 809,113,430      |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                                                                  | <b>1c(1)</b> 1,101,182,708    |
| (2) Information for plans using spread gain methods:                                                                                                        |                               |
| (a) Unfunded liability for methods with bases .....                                                                                                         | <b>1c(2)(a)</b>               |
| (b) Accrued liability under entry age normal method .....                                                                                                   | <b>1c(2)(b)</b>               |
| (c) Normal cost under entry age normal method .....                                                                                                         | <b>1c(2)(c)</b>               |
| (3) Accrued liability under unit credit cost method .....                                                                                                   | <b>1c(3)</b> 1,101,182,708    |
| <b>d</b> Information on current liabilities of the plan:                                                                                                    |                               |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....                                               | <b>1d(1)</b>                  |
| (2) "RPA '94" information:                                                                                                                                  |                               |
| (a) Current liability .....                                                                                                                                 | <b>1d(2)(a)</b> 2,122,926,468 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                                                              | <b>1d(2)(b)</b> 42,898,415    |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                                                               | <b>1d(2)(c)</b> 84,732,185    |
| (3) Expected plan disbursements for the plan year .....                                                                                                     | <b>1d(3)</b> 85,982,185       |

**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.

|                                                                                                                                                                                                                                  |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br>Daniel V. Ciner <i>DVC</i><br>Signature of actuary<br>DANIEL V. CINER, MAAA<br>Type or print name of actuary<br>SEGAL<br>Firm name<br>101 NORTH WACKER DRIVE<br>CHICAGO IL 60606-1724<br>Address of the firm | 11/06/2020<br>Date<br>2005773<br>Most recent enrollment number<br>312-984-8500<br>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 5500-SF.**

**Schedule MB (Form 5500) 2019**  
**v. 190130**

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 789,827,176                  |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   |                                   |                              |
|                                                                                                                                     | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 3,792                             | 1,148,568,716                |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 1,276                             | 212,153,580                  |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 108,647,938                  |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 653,556,234                  |
| <b>(c)</b> Total active .....                                                                                                       | 3,116                             | 762,204,172                  |
| <b>(4)</b> Total .....                                                                                                              | 8,184                             | 2,122,926,468                |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 37.20 %                      |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/31/2020               | 56,454,214                        | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 56,454,214                        | <b>3(c)</b> 0                   |

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                                  |           |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                                 | <b>4a</b> | 73.5 %                                                              |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....                                                                                                                                                           | <b>4b</b> | E                                                                   |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                                                        |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                                                                                                                                                                                 |           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....                                                                                                                                                            | <b>4e</b> |                                                                     |
| <b>f</b> If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan<br>year in which it is projected to emerge.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is<br>expected and check here ..... | <b>4f</b> | <input type="checkbox"/>                                            |

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

- |                                                            |                                                            |                                                                            |                                             |
|------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |

**i** ☐ Other (specify):

|                                                                                                                                                                      |                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>j</b> If box h is checked, enter period of use of shortfall method .....                                                                                          | <b>5j</b>                                                           |  |
| <b>k</b> Has a change been made in funding method for this plan year? .....                                                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>m</b> 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 ..... | <b>5m</b>                                                           |  |

**6** Checklist of certain actuarial assumptions:

|                                                                                                               |                                                                                                  |                                                                                                  |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                  | <b>6a</b>                                                                                        | 3.07 %                                                                                           |
|                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                  |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                         |                                                                                                  |                                                                                                  |
| <b>(1)</b> Males .....                                                                                        | <b>6c(1)</b>                                                                                     | A                                                                                                |
| <b>(2)</b> Females .....                                                                                      | <b>6c(2)</b>                                                                                     | A                                                                                                |
| <b>d</b> Valuation liability interest rate .....                                                              | <b>6d</b>                                                                                        | 7.50 %                                                                                           |
| <b>e</b> Expense loading .....                                                                                | <b>6e</b>                                                                                        | 8.1 % <input type="checkbox"/> N/A                                                               |
| <b>f</b> Salary scale .....                                                                                   | <b>6f</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date ..... | <b>6g</b>                                                                                        | 6.1 %                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....   | <b>6h</b>                                                                                        | -2.4 %                                                                                           |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 10,854,751          | 1,143,911                      |
| 5                | -3,675,839          | -498,156                       |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                             | <b>8a</b>                                                           |  |
| <b>b(1)</b> Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule .....                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>b(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule .....                                                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .....                                                                                                                                            | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)) .....                                                                                                | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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) ..... | <b>8e</b>                                                           |  |

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                          |           |            |
|--------------------------------------------------------------------------|-----------|------------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 0          |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 15,965,646 |

|                                                                                                                           |                                                                     |               |             |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-------------|
| <b>c</b> 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 .....          | <b>9c(1)</b>                                                        | 464,645,950   | 61,821,586  |
| (2) Funding waivers .....                                                                                                 | <b>9c(2)</b>                                                        |               |             |
| (3) Certain bases for which the amortization period has been extended .....                                               | <b>9c(3)</b>                                                        |               |             |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....                                                             | <b>9d</b>                                                           |               | 5,834,042   |
| <b>e</b> Total charges. Add lines 9a through 9d .....                                                                     | <b>9e</b>                                                           |               | 83,621,274  |
| <b>Credits to funding standard account:</b>                                                                               |                                                                     |               |             |
| <b>f</b> Prior year credit balance, if any .....                                                                          | <b>9f</b>                                                           |               | 47,645,918  |
| <b>g</b> Employer contributions. Total from column (b) of line 3 .....                                                    | <b>9g</b>                                                           |               | 56,454,214  |
|                                                                                                                           | Outstanding balance                                                 |               |             |
| <b>h</b> Amortization credits as of valuation date .....                                                                  | <b>9h</b>                                                           | 124,930,754   | 16,517,347  |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                         | <b>9i</b>                                                           |               | 6,929,278   |
| <b>j</b> Full funding limitation (FFL) and credits:                                                                       |                                                                     |               |             |
| (1) ERISA FFL (accrued liability FFL) .....                                                                               | <b>9j(1)</b>                                                        | 403,089,628   |             |
| (2) "RPA '94" override (90% current liability FFL) .....                                                                  | <b>9j(2)</b>                                                        | 1,151,226,947 |             |
| (3) FFL credit .....                                                                                                      | <b>9j(3)</b>                                                        |               | 0           |
| <b>k</b> (1) Waived funding deficiency .....                                                                              | <b>9k(1)</b>                                                        |               | 0           |
| (2) Other credits .....                                                                                                   | <b>9k(2)</b>                                                        |               | 0           |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....                                            | <b>9l</b>                                                           |               | 127,546,757 |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....                                   | <b>9m</b>                                                           |               | 43,925,483  |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....                               | <b>9n</b>                                                           |               |             |
| <b>9o</b> Current year's accumulated reconciliation account:                                                              |                                                                     |               |             |
| (1) Due to waived funding deficiency accumulated prior to the 2019 plan year .....                                        | <b>9o(1)</b>                                                        |               | 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 .....                                                         | <b>9o(2)(a)</b>                                                     |               |             |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                                  | <b>9o(2)(b)</b>                                                     |               | 0           |
| (3) Total as of valuation date .....                                                                                      | <b>9o(3)</b>                                                        |               | 0           |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....                    | <b>10</b>                                                           |               |             |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |               |             |



CLARK SCHAEFER HACKETT  
BUSINESS ADVISORS

## **Iron Workers District Council of Southern Ohio & Vicinity Pension Trust**

Financial Statements and Supplemental Schedules

January 31, 2020 and 2019

with Independent Auditors' Report

## TABLE OF CONTENTS

|                                    |     |
|------------------------------------|-----|
| Independent Auditors' Report ..... | 1-2 |
|------------------------------------|-----|

### Financial Statements:

|                                                          |   |
|----------------------------------------------------------|---|
| Statements of Net Assets Available<br>for Benefits ..... | 3 |
|----------------------------------------------------------|---|

|                                                                     |   |
|---------------------------------------------------------------------|---|
| Statements of Changes in Net Assets<br>Available for Benefits ..... | 4 |
|---------------------------------------------------------------------|---|

|                                    |      |
|------------------------------------|------|
| Notes to Financial Statements..... | 5-18 |
|------------------------------------|------|

### Supplemental Schedules:

|                                                           |    |
|-----------------------------------------------------------|----|
| Schedules of Investment and Administrative Expenses ..... | 19 |
|-----------------------------------------------------------|----|

|                                                                     |       |
|---------------------------------------------------------------------|-------|
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year)..... | 20-28 |
|---------------------------------------------------------------------|-------|

|                                                                 |    |
|-----------------------------------------------------------------|----|
| Schedule H, Line 4j – Schedule of Reportable Transactions ..... | 29 |
|-----------------------------------------------------------------|----|

## **INDEPENDENT AUDITORS' REPORT**

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

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, which comprise the statements of net assets available for benefits as of January 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

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

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

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the net assets available for benefits of the Iron Workers District Council of Southern Ohio & Vicinity Pension Trust as of January 31, 2020 and changes therein for the year then ended, and its financial status as of January 31, 2019 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Report on Supplemental Information

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

A handwritten signature in black ink that reads "Clark, Schaefer, Hackett & Co." The signature is written in a cursive, flowing style.

Dayton, Ohio  
October 29, 2020

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
Statements of Net Assets Available for Benefits  
January 31, 2020 and 2019

|                                                                                 | <u>2020</u>                  | <u>2019</u>               |
|---------------------------------------------------------------------------------|------------------------------|---------------------------|
| Assets                                                                          |                              |                           |
| Investments at fair value:                                                      |                              |                           |
| Money market funds                                                              | \$ 19,848,954                | 9,085,467                 |
| Repurchase agreements                                                           | 5,488,000                    | 12,740,000                |
| Corporate obligations                                                           | 1,127,545                    | 3,206,242                 |
| Equity securities                                                               | 66,150,581                   | 85,634,791                |
| Common/collective trusts                                                        | 562,046,372                  | 463,530,515               |
| Partnership/joint venture interests                                             | 114,406,677                  | 108,872,578               |
| Registered investment companies                                                 | 77,934,803                   | 70,433,178                |
| Securities pledged to creditors:                                                |                              |                           |
| Equity securities                                                               | <u>8,719,409</u>             | <u>17,653,441</u>         |
| Total investments                                                               | 855,722,341                  | 771,156,212               |
| Cash                                                                            | 20,976,123                   | 30,660,652                |
| Accrued interest receivable                                                     | 28,155                       | 46,237                    |
| Employer contributions receivable                                               | 4,851,987                    | 4,705,393                 |
| Due from broker for securities sold                                             | 11,024                       | -                         |
| Prepaid retiree insurance and tax withholdings                                  | 666,915                      | 1,423,145                 |
| Property:                                                                       |                              |                           |
| Land                                                                            | 225,000                      | 225,000                   |
| Building, at cost less accumulated depreciation<br>of \$1,024,943 and \$989,547 | <u>345,040</u>               | <u>380,436</u>            |
| Total assets                                                                    | <u>882,826,585</u>           | <u>808,597,075</u>        |
| Liabilities                                                                     |                              |                           |
| Accounts payable                                                                | 200,559                      | 129,531                   |
| Accounts payable to related funds:                                              |                              |                           |
| Benefit Trust                                                                   | 690,810                      | 412,474                   |
| Annuity Trust                                                                   | 273,593                      | 134,468                   |
| IMPACT Fund                                                                     | 162,522                      | 141,742                   |
| Fringe fund escrow                                                              | 20,090                       | 15,190                    |
| Obligation to return securities lending collateral                              | 9,150,180                    | 17,936,494                |
| Due to broker for securities purchased                                          | <u>196,446</u>               | <u>-</u>                  |
| Total liabilities                                                               | <u>10,694,200</u>            | <u>18,769,899</u>         |
| Net assets available for benefits                                               | <u><u>\$ 872,132,385</u></u> | <u><u>789,827,176</u></u> |

See accompanying notes to financial statements.

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
Statements of Changes in Net Assets Available for Benefits  
Years Ended January 31, 2020 and 2019

|                                                      | <u>2020</u>                  | <u>2019</u>               |
|------------------------------------------------------|------------------------------|---------------------------|
| Investment income (loss):                            |                              |                           |
| Net investment earnings (loss)                       | \$ 112,851,628               | (18,008,634)              |
| Rental income from related plans                     | <u>78,459</u>                | <u>94,197</u>             |
|                                                      | 112,930,087                  | (17,914,437)              |
| Investment expenses                                  | <u>(961,447)</u>             | <u>(1,661,635)</u>        |
| Net investment income                                | 111,968,640                  | (19,576,072)              |
| Employer contributions, net of reciprocity           | <u>56,454,214</u>            | <u>53,808,412</u>         |
|                                                      | <u>168,422,854</u>           | <u>34,232,340</u>         |
| Benefits paid                                        | 84,800,566                   | 83,265,511                |
| Administrative expenses - direct                     | 763,715                      | 701,418                   |
| Administrative expenses allocated from related plans | <u>553,364</u>               | <u>597,676</u>            |
|                                                      | <u>86,117,645</u>            | <u>84,564,605</u>         |
| Net increase (decrease)                              | 82,305,209                   | (50,332,265)              |
| Net assets available for benefits:                   |                              |                           |
| Beginning of year                                    | <u>789,827,176</u>           | <u>840,159,441</u>        |
| End of year                                          | <u><u>\$ 872,132,385</u></u> | <u><u>789,827,176</u></u> |

See accompanying notes to financial statements.

## **1. DESCRIPTION OF THE PLAN:**

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

### **General**

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

### **Contributions and funding policy**

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

### **Pension benefits**

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

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

### **Death**

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

### **Vesting**

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

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The following are the significant accounting policies of the Plan:

### **Basis of accounting**

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

### **Investment valuation and income recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

**Cash**

Cash includes amounts on deposit with financial institutions. The balances, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts and plan management believes that the Plan is not exposed to any significant risk with its cash on deposit with financial institutions.

**Employer contributions receivable**

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

**Property**

Property is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful life of the building. Depreciation expense totaled \$35,396 and \$35,477 for the years ended January 31, 2020 and 2019, respectively.

**Payments of benefits**

Benefits are recorded when paid.

**Related organizations**

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

The Benefit Trust and Annuity Trust lease office space from the Plan. Rent expense is determined annually based on an allocation of square footage. Rental income received from the related Plans was \$78,459 and \$94,197 for the years ended January 31, 2020 and 2019, respectively.

Certain administrative expenses benefiting all three plans are paid by the Benefit Trust. Such joint costs are allocated to each plan based on factors, including personnel time, governance time, contribution levels, postage usage, etc. The total expenses allocated to the Plan related to these joint administrative costs were \$553,364 and \$597,676 for the years ended January 31, 2020 and 2019, respectively.

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

At January 31, 2020, \$690,810 and \$273,593 was due to the Benefit and Annuity Trusts, respectively. At January 31, 2019, \$412,474 and \$134,468 was due to the Benefit and Annuity Trusts, respectively. These balances are the result of contributions pending transfer, rent charges, fiduciary insurance expenses allocated between the three related plans and the true-up of joint costs allocated from the Benefit Trust.

The Plan collects contributions for the national IMPACT Fund. These contributions are accumulated as received from contractors and remitted to the IMPACT Fund monthly. As the Plan is serving as a collection agent, the receipts and disbursements are not reflected in the statements of changes in net assets available for benefits. At January 31, 2020 and 2019, the Plan had \$162,522 and \$141,742, respectively, of contributions pending transfer to the national IMPACT fund.

**Estimates**

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

**Subsequent events**

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

**3. TAX STATUS:**

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

**4. INVESTMENTS:**

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

|                                                                                              | <u>2020</u>           | <u>2019</u>         |
|----------------------------------------------------------------------------------------------|-----------------------|---------------------|
| Interest from cash, money market,<br>and debt investments                                    | \$ 250,005            | 201,035             |
| Dividends:                                                                                   |                       |                     |
| Equity investments                                                                           | 1,237,463             | 2,346,076           |
| Registered investment companies                                                              | 2,218,880             | 2,154,481           |
|                                                                                              | <u>3,456,343</u>      | <u>4,500,557</u>    |
| Unrealized appreciation (depreciation) from<br>debt and equity investments held at year end: |                       |                     |
| Securities lending - corporate obligations                                                   | (41,142)              | 161,037             |
| Equity securities                                                                            | 20,652,772            | (35,010,863)        |
|                                                                                              | <u>20,611,630</u>     | <u>(34,849,826)</u> |
| Realized appreciation from debt and equity investments<br>sold during the year               | <u>4,537,083</u>      | <u>29,658,667</u>   |
| Net earnings (losses) from common/collective trust funds                                     | <u>66,435,815</u>     | <u>(18,059,035)</u> |
| Net appreciation (depreciation)<br>from registered investment companies                      | <u>5,282,745</u>      | <u>(911,933)</u>    |
| Net earnings from partnerships/joint ventures                                                | <u>12,278,007</u>     | <u>1,451,901</u>    |
| Net investment income (loss)                                                                 | <u>\$ 112,851,628</u> | <u>(18,008,634)</u> |

The Plan conducts securities lending activities, which are classified as secured borrowings. The Plan typically requires collateral equal to 102% of the fair value of the securities on loan, which is invested by Key Bank in money market funds, certain debt instruments and repurchase agreements. Collateral received from borrowers is recognized as a liability equal to the fair value on the date of receipt until the securities lending arrangement is settled and the collateral is returned to the borrower. The fair value and cost of collateral investments at January 31, 2020 was \$7,273,911 and \$9,150,180, respectively. The fair value and cost of collateral investments at January 31, 2019 was \$16,101,367 and \$17,936,494, respectively. The Plan recorded total gains (losses) of \$(41,142) and \$161,037 for the years ended January 31, 2020 and 2019, respectively, related to collateral received from borrowers.

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

The fair value of securities on loan at January 31, 2020 and 2019 was as follows:

|                   | <u>2020</u>         | <u>2019</u>       |
|-------------------|---------------------|-------------------|
| Equity securities | <u>\$ 8,719,409</u> | <u>17,653,441</u> |

## 5. FAIR VALUE MEASUREMENTS:

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 31, 2020 and 2019.

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

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

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

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

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

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

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

The carrying amounts of financial instruments including cash, contributions receivable, and accounts payable approximated fair value as of January 31, 2020 and 2019, because of the relatively short maturity of these instruments.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2020:

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
Notes to Financial Statements  
Years Ended January 31, 2020 and 2019

| Description                             | Level 1              | Level 2  | Level 3          | Assets at NAV      | Total              |
|-----------------------------------------|----------------------|----------|------------------|--------------------|--------------------|
| Money market funds                      | \$ 19,848,954        | -        | -                | -                  | 19,848,954         |
| Repurchase agreements                   | 5,488,000            | -        | -                | -                  | 5,488,000          |
| Corporate obligations                   | -                    | -        | 1,127,545        | -                  | 1,127,545          |
| Equity securities                       | 74,869,990           | -        | -                | -                  | 74,869,990         |
| Common/collective trusts                | -                    | -        | -                | 562,046,372        | 562,046,372        |
| Partnership/<br>joint venture interests | -                    | -        | -                | 114,406,677        | 114,406,677        |
| Registered investment<br>companies      | 77,934,803           | -        | -                | -                  | 77,934,803         |
|                                         | <u>\$178,141,747</u> | <u>-</u> | <u>1,127,545</u> | <u>676,453,049</u> | <u>855,722,341</u> |

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

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

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
Notes to Financial Statements  
Years Ended January 31, 2020 and 2019

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended January 31, 2020 and 2019:

|                              | <u>Corporate<br/>obligations</u> |
|------------------------------|----------------------------------|
| Balance,<br>January 31, 2018 | \$ 1,881,744                     |
| Realized gains               | 20,694                           |
| Unrealized gains             | 161,037                          |
| Principal payments           | <u>(655,195)</u>                 |
| Balance,<br>January 31, 2019 | 1,408,280                        |
| Realized gains               | 74,115                           |
| Unrealized loss              | (41,142)                         |
| Principal payments           | <u>(313,708)</u>                 |
| Balance,<br>January 31, 2020 | <u>\$ 1,127,545</u>              |

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
Notes to Financial Statements  
Years Ended January 31, 2020 and 2019

The table below sets forth the fair value and redemption frequency for those assets whose fair value is estimated using the net asset value per share as of January 31, 2020:

| Investment                             | Fair Value            | Unfunded<br>Commitment | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|----------------------------------------|-----------------------|------------------------|-------------------------|--------------------------------|
| Common/Collective trusts:              |                       |                        |                         |                                |
| Multi-Employer Property Trust (a)      | \$ 56,943,201         | -                      | Quarterly               | 90 Days                        |
| FIAM Core Plus CL A (a)                | 80,513,523            | -                      | Immediate               | 30 Days                        |
| Northern Trust Collective Inv't Tr (a) | 100,435,734           | -                      | Immediate               | None                           |
| State Street Russell 2000(R) Index (a) | 27,778,017            | -                      | Immediate               | None                           |
| Thornburg Global Equity Fund (a)       | 36,653,767            | -                      | Immediate               | None                           |
| AFL-CIO Equity Index Fund (a)          | <u>259,722,130</u>    | -                      | Immediate               | None                           |
|                                        | <u>562,046,372</u>    |                        |                         |                                |
| Partnerships/joint ventures:           |                       |                        |                         |                                |
| D.E. Shaw US Broad Market              |                       |                        |                         |                                |
| Core Alpha Extension Fund (b)          | 62,938,223            | -                      | Limited                 | 30 Days                        |
| Mesirow Financial Capital              |                       |                        |                         |                                |
| Partners X, L.P. (c)                   | 1,720,818             | 120,000                | Limited                 | Not applicable                 |
| Highstar Capital IV, L.P. &            |                       |                        |                         |                                |
| Subsidiaries (d)                       | 2,359,770             | -                      | Limited                 | Not applicable                 |
| Starwood Distressed Opportunity        |                       |                        |                         |                                |
| Fund IX - 1 U.S., L.P. (e)             | 1,148,338             | 1,620,000              | Limited                 | Not applicable                 |
| Starwood International Opportunity     |                       |                        |                         |                                |
| Fund - 1 International, L.P. (e)       | 184,839               | 2,652,739              | Limited                 | Not applicable                 |
| Warburg Pincus XI, LP (f)              | 3,726,295             | -                      | Limited                 | Not applicable                 |
| Highbridge Irish Specialty Loan        |                       |                        |                         |                                |
| Fund III plc (g)                       | 911,582               | 258,997                | Limited                 | Not applicable                 |
| First Reserve Fund XIII, L.P. (h)      | 3,374,448             | 816,128                | Limited                 | Not applicable                 |
| EnTrust Special Opportunities          |                       |                        |                         |                                |
| Fund II Ltd (i)                        | 812,192               | 402,460                | Limited                 | Not applicable                 |
| EnTrust Special Opportunities          |                       |                        |                         |                                |
| Fund III Ltd Class A (i)               | 4,286,166             | -                      | Limited                 | Not applicable                 |
| Global Infrastructure Partners II      |                       |                        |                         |                                |
| B - Feeder Fund, L.P. (j)              | 4,435,315             | 367,786                | Limited                 | Not applicable                 |
| Angelo Gordon Capital                  |                       |                        |                         |                                |
| Recovery VIII Holdings, LP (l)         | 282,099               | 1,324,637              | Limited                 | Not applicable                 |
| Angelo Gordon Realty Fund IX, LP(m)    | 7,537,966             | 1,398,750              | Limited                 | Not applicable                 |
| H.I.G. Advantage Buyout Fund, L.P. (o) | 740,747               | 7,285,896              | Limited                 | Not applicable                 |
| Boyd Watterson GSA Fund, LP            |                       |                        |                         |                                |
| and Subsidiary (p)                     | <u>19,947,879</u>     | -                      | Limited                 | Not applicable                 |
|                                        | <u>114,406,677</u>    |                        |                         |                                |
|                                        | <u>\$ 676,453,049</u> |                        |                         |                                |

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
Notes to Financial Statements  
Years Ended January 31, 2020 and 2019

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

| Investment                             | Fair Value            | Unfunded<br>Commitment | Redemption<br>Frequency | Redemption<br>Notice<br>Period |
|----------------------------------------|-----------------------|------------------------|-------------------------|--------------------------------|
| Common/Collective trusts:              |                       |                        |                         |                                |
| Multi-Employer Property Trust (a)      | \$ 54,930,471         | -                      | Quarterly               | 90 Days                        |
| FIAM Core Plus CL A (a)                | 72,788,719            | -                      | Immediate               | 30 Days                        |
| Northern Trust Collective Inv't Tr (a) | 96,189,507            | -                      | Immediate               | None                           |
| State Street Russell 2000(R) Index (a) | 25,445,071            | -                      | Immediate               | None                           |
| Thornburg Global Equity Fund (a)       | 41,953,812            | -                      | Immediate               | None                           |
| AFL-CIO Equity Index Fund (a)          | 172,222,935           | -                      | Immediate               | None                           |
|                                        | <u>463,530,515</u>    |                        |                         |                                |
| Partnerships/joint ventures:           |                       |                        |                         |                                |
| D.E. Shaw US Broad Market              |                       |                        |                         |                                |
| Core Alpha Extension Fund (b)          | 53,599,981            | -                      | Limited                 | 30 Days                        |
| Mesirow Financial Capital              |                       |                        |                         |                                |
| Partners X, L.P. (c)                   | 1,735,925             | 120,000                | Limited                 | Not applicable                 |
| Highstar Capital IV, L.P. &            |                       |                        |                         |                                |
| Subsidiaries (d)                       | 2,780,988             | -                      | Limited                 | Not applicable                 |
| Starwood Distressed Opportunity        |                       |                        |                         |                                |
| Fund IX - 1 U.S., L.P. (e)             | 1,274,235             | 1,620,000              | Limited                 | Not applicable                 |
| Starwood International Opportunity     |                       |                        |                         |                                |
| Fund - 1 International, L.P. (e)       | 270,526               | 2,652,739              | Limited                 | Not applicable                 |
| Warburg Pincus XI, LP (f)              | 5,664,664             | -                      | Limited                 | Not applicable                 |
| Highbridge Irish Specialty Loan        |                       |                        |                         |                                |
| Fund III plc (g)                       | 1,334,554             | 272,749                | Limited                 | Not applicable                 |
| First Reserve Fund XIII, L.P. (h)      | 2,591,824             | 2,079,705              | Limited                 | Not applicable                 |
| EnTrust Special Opportunities          |                       |                        |                         |                                |
| Fund II Ltd (i)                        | 1,130,099             | 402,460                | Limited                 | Not applicable                 |
| Entrust Special Opportunities          |                       |                        |                         |                                |
| Fund III Ltd Class A (i)               | 5,965,057             | -                      | Limited                 | Not applicable                 |
| Global Infrastructure Partners II      |                       |                        |                         |                                |
| B - Feeder Fund, L.P. (j)              | 4,747,834             | 396,148                | Limited                 | Not applicable                 |
| Cornerstone Real Estate                |                       |                        |                         |                                |
| Fund VIII, LP (k)                      | 4,403                 | 382,976                | Limited                 | Not applicable                 |
| Angelo Gordon Capital                  |                       |                        |                         |                                |
| Recovery VIII Holdings, LP (l)         | 744,961               | 1,324,637              | Limited                 | Not applicable                 |
| Angelo Gordon Realty Fund IX, LP(m)    | 6,900,810             | 1,398,750              | Limited                 | Not applicable                 |
| Real Estate Equity Trust (n)           | 1,056,969             | -                      | Limited                 | Not applicable                 |
| H.I.G. Advantage Buyout Fund, L.P. (o) | 605,807               | 7,285,896              | Limited                 | Not applicable                 |
| Boyd Watterson GSA Fund, LP            |                       |                        |                         |                                |
| and Subsidiary (p)                     | 18,463,941            | -                      | Limited                 | Not applicable                 |
|                                        | <u>108,872,578</u>    |                        |                         |                                |
|                                        | <u>\$ 572,403,093</u> |                        |                         |                                |

- (a) Direct filing entity (DFE). The Plan is not required to disclose the investment strategies of DFEs that file a Form 5500 annual report directly with the U.S. Department of Labor.
- (b) The D.E. Shaw US Broad Market Core Alpha Extension Fund was established to maximize the risk-adjusted performance and minimize the correlation of excess returns to particular asset classes, style risk factors, or other macroeconomic variables. The fund invests solely in D.E. Shaw US Broad Market Core Alpha Extension Portfolios, L.L.C, the objective of which is to earn a return comparable to that of the Russell 1000 Index. The Plan can sell its investment in this fund with prior written consent for the transfer of ownership from the fund's managing member. The ability to transfer ownership is at the sole discretion of the managing member.
- (c) Mesirow Financial Capital Partners X, L.P. specializes in buyouts, expansion, and growth capital investments, seeks to invest between \$10 million and \$15 million, and prefers to co-invest along with other funds of the sponsor. The Plan's investment in the fund is subject to lock-up until the end of the fund term, which is 10 years after the initial closing date in June 2011. The fund term is subject to three 1-year extensions to provide for orderly liquidation of remaining assets. The investment is deemed to be illiquid until the expiration of the fund term.
- (d) Highstar Capital IV, LP & Subsidiaries was established to generate both current income and long-term capital appreciation for the limited partners of the fund by investing in infrastructure assets and businesses, including assets and businesses in energy, transportation, and environmental services sectors. The Plan's investment in the fund is subject to lock-up until the end of the fund term, which is 10 years after the final admission date, May 31, 2012, unless terminated earlier, or extended beyond that date, but the general partner for up to one year, or further extended by the general partner for up to three successive periods of one year each, provided that in no event the term of the fund be extended beyond the fifteenth anniversary of the initial closing. The fund term is subject to three 1-year extensions to provide for orderly liquidation of remaining assets. The investment is deemed to be illiquid until the expiration of the fund term.
- (e) Starwood Distressed Opportunity Fund IX -1 U.S., L.P. and Starwood International Opportunity Fund -1 International, L.P. consists of multiple partnerships organized to generate returns by making opportunistic real estate equity and debt investments in office properties, retail centers, zoned residential land opportunities and other real estate assets located in the United States and abroad. Areas of investment focus include individual properties, as well as property portfolios. The partnerships may also make equity and debt investments in real estate related businesses, as well as in select development opportunities. The ability to transfer ownership or withdraw from the partnerships is restricted.
- (f) Warburg Pincus XI, LP was organized in 2012 for the purpose of making private equity and related investments for a 12 year partnership life unless its term is extended or dissolved earlier. The entity consists of multiple partnerships and related companies which invest in portfolio companies in various geographic regions throughout the world. The partnership has no obligation to redeem or liquidate any limited partnership interest prior to the completion of the winding-up of the entity.
- (g) Highbridge Irish Specialty Loan Fund III plc was scheduled to continue until 2019, unless terminated earlier or extended beyond that date by the general partner and/or advisory committee or majority in interest. The Funds shareholders have approved an extension through December 31, 2020. The objective of the fund is to generate both current income and long-term capital appreciation by investing primarily in senior debt. The Company will also invest some of its capital in second and third lien secured loans and other corporate instruments.

- (h) First Reserve Fund XIII, L.P. was established during 2014 to make investments in private entities operating in the energy sector. The Plan's investment is considered illiquid until the expiration of the fund term.
- (i) EnTrust Special Opportunities Fund II Ltd and EnTrust Special Opportunities Fund III Ltd Class A are funds-of-hedge funds. The Plan's investment in the funds is subject to lock-up, which is determined based upon the lock-up periods of the underlying investments. The investment is deemed to be illiquid until the expiration of the fund term.
- (j) Global Infrastructure Partners II B – Feeder Fund, L.P. was organized to invest in portfolio companies that, own, operate, develop, manage or support infrastructure assets through Global Infrastructure Partners II-B, L.P. and GIP II-B Eagle AIV 1, L.P. The Partnership will continue until GIP II-B is dissolved. The investment is deemed to be illiquid until the expiration of the fund term.
- (k) Cornerstone Real Estate Fund VIII, LP was established to acquire investments in real estate assets. The final real estate asset was sold on March 16, 2018. On March 1, 2019, the partnership expired. The partnership continued in existence after that date for the purpose of winding down the normal course operations and liquidating affairs, which was completed during 2020.
- (l) Angelo Gordon Capital Recovery VIII Holdings, L.P. is a Cayman Islands exempted limited partnership. The fund invests solely in AG Capital Recovery Partners VIII, L.P., a Delaware limited partnership established to primarily invest in distressed issuers. The term of the fund shall continue until the dissolution of the partnership or unless the fund is sooner dissolved at the discretion of the partnership agreement of the general partner of the fund, AG Capital Recovery VIII L.L.C. The ability to transfer ownership from the fund is restricted.
- (m) Angelo Gordon Realty Fund IX, L.P. holds AG Realty Fund, IX L.P. and AG Realty Fund IIX (A), L.P.; both are Delaware limited partnerships. The fund has a general partner, AGR IX LLC. Angelo Gordon Realty Fund IX, L.P.'s principal objective is capital appreciation primarily through investments in distressed real estate assets and sub-performing and non-performing mortgages. The term of the fund shall continue eight years from the management fee start date on January 31, 2015 unless the fund's general partner extends the term for one or two additional one-year periods. The ability to transfer ownership from the fund is restricted.
- (n) Real Estate Equity Trust I was established to acquire equity investments in new real estate development projects in the Greater Cincinnati, Ohio area. The entity was structured as a common/collective trust fund but did not file as a direct filing entity and therefore, is reported as a partnership. The underlying investments held by the trust were liquidated during the year ended December 31, 2018, and as of January 31, 2019 consisted of only cash, which was distributed to the Plan during 2020.
- (o) H.I.G. Advantage Buyout Fund, L.P. was formed for the purpose of investing in equity and equity-related securities in conjunction with privately-negotiated transactions. The term of the fund shall continue ten years from the commencement of operations on October 25, 2017 or unless the fund is sooner dissolved at the discretion of the partnership agreement of the general partner of the fund. The ability to transfer ownership from the fund is restricted.

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

**6. ACCUMULATED PLAN BENEFITS:**

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

The actuarial present value of accumulated plan benefits at January 31, 2019 is as follows:

|                                                               |                                |
|---------------------------------------------------------------|--------------------------------|
| Vested:                                                       |                                |
| Participants currently receiving benefits                     | \$ 708,037,666                 |
| Other participants                                            | <u>342,444,656</u>             |
|                                                               | 1,050,482,322                  |
| Nonvested:                                                    | <u>50,700,386</u>              |
| Total actuarial present value of<br>accumulated plan benefits | <u><u>\$ 1,101,182,708</u></u> |

The change in actuarial present value of accumulated plan benefits for the year ended January 31, 2019 is as follows:

|                                                                              |                                |
|------------------------------------------------------------------------------|--------------------------------|
| Actuarial present value of accumulated plan benefits<br>at beginning of year | <u>\$ 1,089,799,662</u>        |
| Increase (decrease) attributed to:                                           |                                |
| Interest                                                                     | 78,352,313                     |
| Benefits paid                                                                | (83,265,511)                   |
| Benefits accumulated, net experience gain or<br>loss, changes in data        | <u>16,296,244</u>              |
| Net increase                                                                 | <u>11,383,046</u>              |
| Actuarial value of accumulated plan benefits<br>at end of year               | <u><u>\$ 1,101,182,708</u></u> |

The significant assumptions underlying the actuarial computations are as follows:

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

2. Disability mortality rates: Disabled after March 31, 2003 – RP-2014 Blue Collar Healthy Annuitant Mortality Table (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016, if not eligible for a Social Security Disability Pension and RP-2014 Disabled Retiree Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016, if eligible for a Social Security Disability Pension. Disabled from 1998 to March 31, 2003 – RP-2014 Disabled Retiree Mortality Tables (sex distinct) with rates increased by 25%, projected generationally from 2014 using Scale MP-2016. Disabled before 1998 – RP-2014 Disabled Retire Mortality Tables (sex distinct), projected generationally from 2014 using Scale MP-2016.
3. Retirement age: At various rates between ages of 55 and 65.
4. Investment rate of return: 7.50%, net of investment expenses for the actuarial present value of accumulated plan benefits
5. Future benefit accruals: 0.95 pension credit, one year of vesting service and benefit accrual of \$110 per year.
6. Actuarial cost method: Unit credit actuarial cost method. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated based on accruals under the Plan.

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

At January 31, 2019 and 2018, the Plan was classified as endangered (Yellow Zone) under the provisions of the Pension Protection Act of 2006. Due to the funding deficiency, the Trustees have adopted a funding improvement plan which required contribution rate increases through 2016. The Plan's actuary has certified that the Plan is making scheduled progress on the funding improvement plan.

#### **7. PLAN TERMINATION:**

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

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

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

**8. SUBSEQUENT EVENTS:**

Subsequent to the date of the financial statements, an outbreak of a novel strain of coronavirus (COVID-19) has disrupted supply chains and affected production and sales across a range of industries. The extent of the impact of COVID-19 on the Plan's operational and investment performance will depend on certain developments, including the duration and spread of the outbreak. Impact to the Plan cannot be predicted, and the extent to which COVID-19 may impact the statement of net assets available for benefits is uncertain at this time.

## **SUPPLEMENTAL SCHEDULES**

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
Schedules of Investment and Administrative Expenses  
Years Ended January 31, 2020 and 2019

|                                                       | <u>2020</u>         | <u>2019</u>      |
|-------------------------------------------------------|---------------------|------------------|
| Investment expenses:                                  |                     |                  |
| Investment advisory - Segal Marco Advisors            | \$ 285,000          | 285,000          |
| Services fees:                                        |                     |                  |
| Fidelity                                              | 162,001             | 156,216          |
| Amalgatrust                                           | 231,904             | 229,459          |
| Exeter Trust Company                                  | -                   | 369,632          |
| Manning & Napier                                      | -                   | 147,008          |
| Key Trust                                             | 13,160              | 23,295           |
| Cooke & Bieler                                        | 52,013              | 271,364          |
| Tributary Capital                                     | 170,261             | 162,512          |
| State Street Global Advisors                          | 27,908              | 13,066           |
| JP Morgan                                             | 19,200              | 4,083            |
|                                                       | <u>\$ 961,447</u>   | <u>1,661,635</u> |
| Administrative expenses - direct:                     |                     |                  |
| Insurance                                             | \$ 163,842          | 134,375          |
| PBGC premium                                          | 237,336             | 231,448          |
| Actuary and consulting                                | 142,036             | 140,041          |
| Legal fees                                            | 57,781              | 34,242           |
| Accounting and audit                                  | 75,032              | 75,059           |
| Miscellaneous                                         | 29,178              | 27,442           |
| Real estate taxes                                     | 23,114              | 23,334           |
| Depreciation                                          | 35,396              | 35,477           |
|                                                       | <u>763,715</u>      | <u>701,418</u>   |
| Administrative expenses allocated from related Plans: |                     |                  |
| Trustee expenses and education                        | 49,840              | 41,053           |
| Collection costs                                      | 59,774              | 80,961           |
| Personnel                                             | 297,872             | 267,023          |
| Office pension cost and funded status change          | 22,624              | 102,566          |
| Utilities, supplies, postage, and other               | 123,254             | 106,073          |
|                                                       | <u>553,364</u>      | <u>597,676</u>   |
|                                                       | <u>\$ 1,317,079</u> | <u>1,299,094</u> |

See accompanying notes to financial statements.

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                  | ( b )                                                | ( c )                                                                                                  | ( d )         | ( e )         |
|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|---------------|
|                                                        | Identity of Issue, Borrower, Lessor or Similar Party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost          | Current Value |
| * Investment manager: Segal Alternative Investments    |                                                      |                                                                                                        |               |               |
|                                                        | Money market funds:                                  |                                                                                                        |               |               |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 15,670,848                                                                                             | \$ 15,670,848 | 15,670,848    |
| * Investment manager: Key Trust - Pension Cash         |                                                      |                                                                                                        |               |               |
|                                                        | Money market funds:                                  |                                                                                                        |               |               |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 526,117                                                                                                | 526,117       | 526,117       |
| * Investment manager: Key Trust (formerly SouthernSun) |                                                      |                                                                                                        |               |               |
|                                                        | Money market funds:                                  |                                                                                                        |               |               |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 64,353                                                                                                 | 64,353        | 64,353        |
| * Investment manager: Amalgatrust                      |                                                      |                                                                                                        |               |               |
|                                                        | Money market funds:                                  |                                                                                                        |               |               |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 2,027,155                                                                                              | 2,027,155     | 2,027,155     |
|                                                        | Equity securities:                                   |                                                                                                        |               |               |
|                                                        | ADOBE SYSTEMS INC                                    | 2,910                                                                                                  | 281,476       | 1,021,817     |
|                                                        | ALPHABET INC                                         | 1,490                                                                                                  | 978,712       | 2,137,003     |
|                                                        | AMAZON COM INC                                       | 1,114                                                                                                  | 574,006       | 2,237,714     |
|                                                        | AMPHENOL CORP                                        | 12,433                                                                                                 | 371,466       | 1,236,711     |
|                                                        | AUTODESK INC                                         | 9,407                                                                                                  | 1,308,378     | 1,851,768     |
|                                                        | BOOKING HOLDINGS INC                                 | 391                                                                                                    | 741,280       | 715,745       |
|                                                        | BROWN-FORMAN CORP                                    | 18,825                                                                                                 | 891,755       | 1,273,323     |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a ) | ( b )                                                | ( c )                                                                                                                    | ( d )     | ( e )         |
|-------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
|       |                                                      | Description of<br>investment<br>including<br>maturity date,<br>rate of interest,<br>collateral, par or<br>maturity value | Cost      | Current Value |
|       | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                                          |           |               |
|       | BWX TECHNOLOGIES INC                                 | 11,428                                                                                                                   | 629,043   | 726,707       |
|       | CINTAS CORP                                          | 5,028                                                                                                                    | 870,993   | 1,402,661     |
|       | COSTCO WHOLESALE CORP                                | 3,924                                                                                                                    | 425,561   | 1,198,860     |
|       | DANAHER CORP DEL                                     | 8,442                                                                                                                    | 404,763   | 1,358,065     |
|       | DEXCOM INC                                           | 6,948                                                                                                                    | 494,342   | 1,672,731     |
|       | EDWARDS LIFESCIENCES CORP                            | 5,957                                                                                                                    | 706,062   | 1,309,706     |
|       | ELECTRONICS ARTS INC                                 | 14,026                                                                                                                   | 1,530,517 | 1,513,686     |
|       | ESTEE LAUDER COS INC                                 | 7,445                                                                                                                    | 573,782   | 1,452,966     |
|       | FORTIVE CORP                                         | 19,095                                                                                                                   | 973,281   | 1,430,788     |
|       | ILLUMINA INC                                         | 3,727                                                                                                                    | 1,136,289 | 1,081,091     |
|       | INTUIT                                               | 5,564                                                                                                                    | 741,643   | 1,560,034     |
|       | INTUITIVE SURGICAL INC                               | 2,937                                                                                                                    | 502,539   | 1,644,074     |
|       | L3HARRIS TECHNOLOGIES INC                            | 4,794                                                                                                                    | 988,637   | 1,061,056     |
|       | MISCROSOFT CORP                                      | 14,572                                                                                                                   | 1,571,410 | 2,480,592     |
|       | PAYPAL HOLDINGS INC                                  | 13,764                                                                                                                   | 573,785   | 1,567,582     |
|       | ROPER TECHNOLOGIES INC                               | 4,415                                                                                                                    | 812,581   | 1,685,029     |
|       | SALESFORCE.COM INC                                   | 7,907                                                                                                                    | 279,613   | 1,441,525     |
|       | SBA COMMUNICATIONS CORP                              | 7,880                                                                                                                    | 810,721   | 1,966,533     |
|       | SHERWIN WILLIAMS CO                                  | 3,045                                                                                                                    | 1,249,799 | 1,696,035     |
|       | THERMO FISHER SCIENTIFIC INC                         | 5,927                                                                                                                    | 965,646   | 1,856,277     |
|       | TJX COS INC NEW                                      | 21,161                                                                                                                   | 803,155   | 1,249,345     |
|       | VISA INC                                             | 10,988                                                                                                                   | 502,841   | 2,186,282     |
|       | ZOETIS INC                                           | 16,348                                                                                                                   | 955,931   | 2,194,065     |
|       | ALIBABA GROUP HOLDING LTD                            | 4,829                                                                                                                    | 781,972   | 997,623       |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                                       | ( b )                                                | ( c )                                                                                                  | ( d )      | ( e )         |
|-----------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|---------------|
|                                                                             |                                                      | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost       | Current Value |
|                                                                             | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                        |            |               |
|                                                                             | GENPACT LTD                                          | 31,794                                                                                                 | 636,914    | 1,407,520     |
|                                                                             | NXP SEMICONDUCTOR NV                                 | 9,215                                                                                                  | 830,048    | 1,169,015     |
|                                                                             | Total equity securities                              |                                                                                                        | 25,898,941 | 49,783,929    |
|                                                                             | Total managed by Amalgatrust                         |                                                                                                        | 27,926,096 | 51,811,084    |
| * Investment manager: Key Trust (formerly Manning & Napier - Equity)        |                                                      |                                                                                                        |            |               |
|                                                                             | Money market funds:                                  |                                                                                                        |            |               |
|                                                                             | FEDERATED PRIME CASH OBLIGATIONS IS                  | 9,321                                                                                                  | 9,321      | 9,321         |
| * Investment manager: Key Trust (formerly Manning & Napier - International) |                                                      |                                                                                                        |            |               |
|                                                                             | Money market funds:                                  |                                                                                                        |            |               |
|                                                                             | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 171,947                                                                                                | 171,947    | 171,947       |
| * Investment manager: Key Trust (formerly Cooke & Bieler - Equity)          |                                                      |                                                                                                        |            |               |
|                                                                             | Money market funds:                                  |                                                                                                        |            |               |
|                                                                             | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 17,886                                                                                                 | 17,886     | 17,886        |
| * Investment manager: Tributary Capital                                     |                                                      |                                                                                                        |            |               |
|                                                                             | Money market funds:                                  |                                                                                                        |            |               |
|                                                                             | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 702,961                                                                                                | 702,961    | 702,961       |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a ) | ( b )                                                | ( c )                                                                                                  | ( d )   | ( e )         |
|-------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------|---------------|
|       |                                                      | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost    | Current Value |
|       | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                        |         |               |
|       | Equity securities:                                   |                                                                                                        |         |               |
|       | AGREE REALTY CORP                                    | 4,700                                                                                                  | 246,855 | 356,871       |
|       | AMERICAN WOODMARK CORP                               | 5,000                                                                                                  | 447,049 | 548,250       |
|       | AMN HEALTHCARE SERVICES INC                          | 10,300                                                                                                 | 204,926 | 694,014       |
|       | ANGIODYNAMICS INC                                    | 13,693                                                                                                 | 303,247 | 188,553       |
|       | ATLANTIC UNION BANKSAHRES CO                         | 14,800                                                                                                 | 502,880 | 498,612       |
|       | BALCHEM CORP                                         | 4,300                                                                                                  | 253,186 | 464,486       |
|       | BARNES GROUP INC                                     | 7,000                                                                                                  | 223,268 | 442,190       |
|       | BENCHMARK ELECTRS INC                                | 11,400                                                                                                 | 320,756 | 350,892       |
|       | BIG LOTS INC                                         | 10,700                                                                                                 | 392,688 | 289,542       |
|       | BOOT BARN HOLDINGS INC                               | 6,252                                                                                                  | 266,815 | 262,396       |
|       | CACI INTL INC                                        | 1,769                                                                                                  | 132,153 | 473,101       |
|       | CALAMP CORP                                          | 18,420                                                                                                 | 315,192 | 177,200       |
|       | CALLON PETROLEUM CO                                  | 109,818                                                                                                | 897,280 | 329,454       |
|       | CAROLINA FINANCIAL CORP                              | 8,265                                                                                                  | 345,755 | 316,963       |
|       | CARPENTER TECHNOLOGY CORP                            | 6,900                                                                                                  | 317,708 | 274,206       |
|       | CHESAPEAKE UTILITIES CORP                            | 2,900                                                                                                  | 265,257 | 279,009       |
|       | COLUMBIA BKG SYS INC                                 | 7,300                                                                                                  | 291,441 | 282,510       |
|       | CTS CORP                                             | 10,300                                                                                                 | 349,436 | 301,893       |
|       | DORMAN PRODUCTS INC                                  | 6,700                                                                                                  | 415,845 | 467,660       |
|       | EASTERLY GOVT PROPERTIES INC                         | 25,900                                                                                                 | 492,335 | 627,039       |
|       | EXLSERVICE HOLDINGS INC                              | 7,100                                                                                                  | 287,636 | 519,081       |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a ) | ( b )                                                | ( c )                                                                                                  | ( d )   | ( e )         |
|-------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------|---------------|
|       |                                                      | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost    | Current Value |
|       | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                        |         |               |
|       | FORWARD AIR CORP                                     | 8,400                                                                                                  | 372,131 | 549,780       |
|       | FRANKLIN ELEC INC                                    | 8,400                                                                                                  | 316,110 | 484,596       |
|       | G-III APPAREL GROUP LTD                              | 12,900                                                                                                 | 437,483 | 351,009       |
|       | GETTY REALTY CORP                                    | 8,000                                                                                                  | 249,192 | 252,160       |
|       | GRANITE CONSTR INC                                   | 10,200                                                                                                 | 379,258 | 276,726       |
|       | GREAT WESTERN BANCORP INC                            | 11,000                                                                                                 | 413,184 | 325,050       |
|       | ICF INTERNATIONAL INC                                | 4,500                                                                                                  | 372,304 | 394,155       |
|       | IDACORP INC                                          | 5,400                                                                                                  | 278,597 | 605,826       |
|       | INTEGRA LIFESCIENCES HOLDINGS                        | 9,900                                                                                                  | 277,780 | 544,896       |
|       | KFORCE INC                                           | 10,200                                                                                                 | 214,512 | 377,910       |
|       | KORN FERRY                                           | 7,996                                                                                                  | 342,629 | 327,676       |
|       | LA Z BOY INC                                         | 8,700                                                                                                  | 240,333 | 266,568       |
|       | LHC GROUP INC                                        | 5,224                                                                                                  | 285,874 | 761,398       |
|       | LITTELFUSE INC                                       | 2,200                                                                                                  | 213,279 | 389,202       |
|       | LTC PPTYS INC                                        | 8,600                                                                                                  | 374,585 | 396,976       |
|       | MARCUS & MILLICHAP INC                               | 12,900                                                                                                 | 315,386 | 456,660       |
|       | MATADOR RESOURCES CO                                 | 24,686                                                                                                 | 560,860 | 362,144       |
|       | MEDPACE HOLDINGS INC                                 | 3,900                                                                                                  | 241,508 | 333,645       |
|       | MERCANTILE BANK CORP                                 | 7,600                                                                                                  | 251,927 | 249,052       |
|       | METHODE ELECTRONICS INC                              | 9,900                                                                                                  | 333,955 | 324,225       |
|       | MOELIS & CO                                          | 9,760                                                                                                  | 318,071 | 351,360       |
|       | MOVADO GROUP INC                                     | 10,400                                                                                                 | 328,037 | 179,088       |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a ) | ( b )                                                | ( c )                                                                                                  | ( d )      | ( e )         |
|-------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|---------------|
|       |                                                      | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost       | Current Value |
|       | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                        |            |               |
|       | MTS SYS CORP                                         | 8,600                                                                                                  | 479,007    | 435,934       |
|       | NEXSTAR MEDIA GROUP INC                              | 5,300                                                                                                  | 284,725    | 642,095       |
|       | OLD NATL BANCORP IND                                 | 29,100                                                                                                 | 406,766    | 521,181       |
|       | OMNICELL INC                                         | 5,500                                                                                                  | 220,981    | 447,040       |
|       | ONTO INNOVATION INC                                  | 8,300                                                                                                  | 261,149    | 314,902       |
|       | PC CONNECTION INC                                    | 7,695                                                                                                  | 218,356    | 383,519       |
|       | SELECTIVE INS GROUP INC                              | 9,012                                                                                                  | 285,841    | 597,045       |
|       | SENSIENT TECHNOLOGIES CORP                           | 6,000                                                                                                  | 302,464    | 358,500       |
|       | SOUTH STATE CORP                                     | 6,300                                                                                                  | 432,462    | 476,343       |
|       | STANDARD MOTOR PRODS                                 | 8,631                                                                                                  | 419,101    | 419,294       |
|       | STIFEL FINL CORP                                     | 9,700                                                                                                  | 397,973    | 627,493       |
|       | SYKES ENTERPRISES INC                                | 12,100                                                                                                 | 352,151    | 406,439       |
|       | TETRA TECH INC NEW                                   | 8,400                                                                                                  | 256,076    | 719,040       |
|       | UMB FINANICAL CORP                                   | 3,600                                                                                                  | 194,777    | 239,256       |
|       | UNITED BANKSHARES INC WEST VA                        | 7,356                                                                                                  | 197,040    | 252,311       |
|       | UNTIL CORP                                           | 4,368                                                                                                  | 216,556    | 269,462       |
|       | VAREX IMAGING CORP                                   | 8,296                                                                                                  | 297,378    | 229,384       |
|       | AMBARELLA INC                                        | 6,100                                                                                                  | 341,348    | 360,754       |
|       | ARGO GROUP INTL HLDGS LTD                            | 5,850                                                                                                  | 326,823    | 383,760       |
|       | SILICON MOTION TECHNOLOGY CORP                       | 6,500                                                                                                  | 225,628    | 298,285       |
|       | Total equity securities                              |                                                                                                        | 20,505,305 | 25,086,061    |
|       | Total managed by Tributary Capital                   |                                                                                                        | 21,208,266 | 25,789,022    |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                       | ( b )                                                           | ( c )                                                                                                  | ( d )              | ( e )              |
|-------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------|--------------------|
|                                                             |                                                                 | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost               | Current Value      |
| <u>Identity of Issue, Borrower, Lessor or Similar Party</u> |                                                                 |                                                                                                        |                    |                    |
| Registered investment companies:                            |                                                                 |                                                                                                        |                    |                    |
| *                                                           | BAIRD CORE PLUS INSTITUTIONAL BOND FUND                         | 6,627,109                                                                                              | <u>72,464,817</u>  | <u>77,934,803</u>  |
|                                                             |                                                                 |                                                                                                        | <u>72,464,817</u>  | <u>77,934,803</u>  |
| Common/collective trusts:                                   |                                                                 |                                                                                                        |                    |                    |
| *                                                           | MULTI-EMPLOYER PROPERTY TRUST                                   | 4,777                                                                                                  | 10,669,342         | 56,943,201         |
| *                                                           | FIAM CORE PLUS CL A                                             | 3,511,274                                                                                              | 31,001,368         | 80,513,523         |
| *                                                           | NORTHERN TRUST COLLECTIVE INVT TR                               | 505,185                                                                                                | 86,646,258         | 100,435,734        |
| *                                                           | STATE STREET RUSSELL 2000® INDEX                                | 240,949                                                                                                | 23,834,587         | 27,778,017         |
| *                                                           | THORNBURG GLOBAL EQUITY FUND                                    | 1,459,728                                                                                              | 15,437,799         | 36,653,767         |
| *                                                           | AFL-CIO EQUITY INDEX FUND                                       | 8,943,261                                                                                              | <u>132,576,776</u> | <u>259,722,130</u> |
|                                                             |                                                                 |                                                                                                        | <u>300,166,130</u> | <u>562,046,372</u> |
| Partnership/joint venture interests:                        |                                                                 |                                                                                                        |                    |                    |
| *                                                           | D.E. SHAW US BROAD MARKET CORE ALPHA EXTENSION FUND             |                                                                                                        | 11,538,178         | 62,938,223         |
| *                                                           | MESIROW FINANCIAL CAPITAL PARTNERS X, L.P.                      |                                                                                                        | 667,790            | 1,720,818          |
| *                                                           | HIGHSTAR CAPITAL IV, L.P. & SUBSIDIARIES                        |                                                                                                        | 2,985,345          | 2,359,770          |
| *                                                           | STARWOOD DISTRESSED OPPORTUNITY FUND IX - 1 U.S., L.P.          |                                                                                                        | 673,410            | 1,148,338          |
| *                                                           | STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P. |                                                                                                        | 145,071            | 184,839            |
| *                                                           | WARBURG PINCUS XI, L.P.                                         |                                                                                                        | 2,230,176          | 3,726,295          |
| *                                                           | HIGHBRIDGE IRISH SPECIALTY LOAN FUND III PLC                    |                                                                                                        | 1,169,182          | 911,582            |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                  | ( b )                                                   | ( c )                                                                                                  | ( d )             | ( e )              |
|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|                                                        | Identity of Issue, Borrower, Lessor or Similar Party    | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost              | Current Value      |
| *                                                      | FIRST RESERVE FUND XIII. L.P.                           |                                                                                                        | 3,204,553         | 3,374,448          |
| *                                                      | ENTRUST SPECIAL OPPORTUNITIES FUND II LTD               |                                                                                                        | 513,117           | 812,192            |
| *                                                      | ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A      |                                                                                                        | 4,117,076         | 4,286,166          |
| *                                                      | GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P. |                                                                                                        | 2,430,086         | 4,435,315          |
| *                                                      | ANGELO GORDON CAPITAL RECOVERY VIII HOLDINGS, L.P.      |                                                                                                        | 81,495            | 282,099            |
| *                                                      | ANGELO GORDON REALTY FUND IX, L.P.                      |                                                                                                        | 4,450,838         | 7,537,966          |
| *                                                      | H.I.G ADVANTAGE BUYOUT FUND, L.P.                       |                                                                                                        | 714,104           | 740,747            |
| *                                                      | BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY              |                                                                                                        | 15,000,000        | 19,947,879         |
|                                                        |                                                         |                                                                                                        | <u>49,920,421</u> | <u>114,406,677</u> |
| * Investment manager: Key Bank Securities Lending Pool |                                                         |                                                                                                        |                   |                    |
| Money market funds:                                    |                                                         |                                                                                                        |                   |                    |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS FD MONEY MARKET FUND   | 658,366                                                                                                | <u>658,366</u>    | <u>658,366</u>     |
|                                                        | Total money market funds                                |                                                                                                        | <u>658,366</u>    | <u>658,366</u>     |
| Repurchase agreements:                                 |                                                         |                                                                                                        |                   |                    |
|                                                        | CITIGROUP CORPORATE REPO REPURCHASE AGREEMENT           | 2,288,000                                                                                              | 2,288,000         | 2,288,000          |
|                                                        | GOLDMAN CORP EVERGREEN REPURCHASE AGREEMENT             | 2,200,000                                                                                              | 2,200,000         | 2,200,000          |
|                                                        | WELLS FARGO SECURITIES CORP REPURCHASE AGREEMENT        | 1,000,000                                                                                              | <u>1,000,000</u>  | <u>1,000,000</u>   |
|                                                        | Total repurchase agreements                             |                                                                                                        | <u>5,488,000</u>  | <u>5,488,000</u>   |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                                     | ( b ) | ( c )                                                                                                  | ( d )                 | ( e )              |
|---------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------|-----------------------|--------------------|
|                                                                           |       | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost                  | Current Value      |
| <u>Identity of Issue, Borrower, Lessor or Similar Party</u>               |       |                                                                                                        |                       |                    |
| Corporate obligations:                                                    |       |                                                                                                        |                       |                    |
| VFNC TRUST NOTE DTD 10/01/09 FL RT% DUE 09/17/20 1MO LIBOR FLAT           |       |                                                                                                        | 1,157,621             | 778,545            |
| GRYPHON FUNDING LTD P-T NT DTD 07/23/08 ADJ% DUE 08/25/20 EXTENDIBLE PASS |       |                                                                                                        | <u>1,845,193</u>      | <u>349,000</u>     |
| Total corporate obligations                                               |       |                                                                                                        | <u>3,002,814</u>      | <u>1,127,545</u>   |
| Total managed by Key Bank Securities Lending Pool                         |       |                                                                                                        | <u>9,149,180</u>      | <u>7,273,911</u>   |
| Total investments                                                         |       |                                                                                                        | <u>\$ 497,295,382</u> | <u>855,722,341</u> |

\* Party in interest

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4j - Schedule of Reportable Transactions  
 Year Ended January 31, 2020

| ( a )                                                                               | ( b )                | ( c )             | ( d )            | ( g )      | ( h )                                      | ( i )          |
|-------------------------------------------------------------------------------------|----------------------|-------------------|------------------|------------|--------------------------------------------|----------------|
| Party<br>Involved                                                                   | Description of Asset | Purchase<br>Price | Selling<br>Price | Cost       | Current<br>Value on<br>Transaction<br>Date | Gain<br>(Loss) |
| <i>Category (i) - Single Transactions in Excess of 5 percent of Net Assets</i>      |                      |                   |                  |            |                                            |                |
| * AFL-CIO EQUITY INDEX FUND                                                         |                      |                   |                  |            |                                            |                |
|                                                                                     | Purchase             | \$ 42,348,220     | -                | 42,348,220 | 42,348,220                                 | -              |
| <i>Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets</i> |                      |                   |                  |            |                                            |                |
| * AFL-CIO EQUITY INDEX FUND                                                         |                      |                   |                  |            |                                            |                |
|                                                                                     | Purchases            | \$ 43,844,855     | -                | 43,844,855 | 43,844,855                                 | -              |

\* Party in interest

*There were no reportable category (ii) or (iv) transactions for the year ended January 31, 2020.*

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

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                  | ( b )                                                | ( c )                                                                                                  | ( d )         | ( e )         |
|--------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|---------------|
|                                                        | Identity of Issue, Borrower, Lessor or Similar Party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost          | Current Value |
| * Investment manager: Segal Alternative Investments    |                                                      |                                                                                                        |               |               |
|                                                        | Money market funds:                                  |                                                                                                        |               |               |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 15,670,848                                                                                             | \$ 15,670,848 | 15,670,848    |
| * Investment manager: Key Trust - Pension Cash         |                                                      |                                                                                                        |               |               |
|                                                        | Money market funds:                                  |                                                                                                        |               |               |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 526,117                                                                                                | 526,117       | 526,117       |
| * Investment manager: Key Trust (formerly SouthernSun) |                                                      |                                                                                                        |               |               |
|                                                        | Money market funds:                                  |                                                                                                        |               |               |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 64,353                                                                                                 | 64,353        | 64,353        |
| * Investment manager: Amalgatrust                      |                                                      |                                                                                                        |               |               |
|                                                        | Money market funds:                                  |                                                                                                        |               |               |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 2,027,155                                                                                              | 2,027,155     | 2,027,155     |
|                                                        | Equity securities:                                   |                                                                                                        |               |               |
|                                                        | ADOBE SYSTEMS INC                                    | 2,910                                                                                                  | 281,476       | 1,021,817     |
|                                                        | ALPHABET INC                                         | 1,490                                                                                                  | 978,712       | 2,137,003     |
|                                                        | AMAZON COM INC                                       | 1,114                                                                                                  | 574,006       | 2,237,714     |
|                                                        | AMPHENOL CORP                                        | 12,433                                                                                                 | 371,466       | 1,236,711     |
|                                                        | AUTODESK INC                                         | 9,407                                                                                                  | 1,308,378     | 1,851,768     |
|                                                        | BOOKING HOLDINGS INC                                 | 391                                                                                                    | 741,280       | 715,745       |
|                                                        | BROWN-FORMAN CORP                                    | 18,825                                                                                                 | 891,755       | 1,273,323     |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a ) | ( b )                                                | ( c )                                                                                                                    | ( d )     | ( e )         |
|-------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
|       |                                                      | Description of<br>investment<br>including<br>maturity date,<br>rate of interest,<br>collateral, par or<br>maturity value | Cost      | Current Value |
|       | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                                          |           |               |
|       | BWX TECHNOLOGIES INC                                 | 11,428                                                                                                                   | 629,043   | 726,707       |
|       | CINTAS CORP                                          | 5,028                                                                                                                    | 870,993   | 1,402,661     |
|       | COSTCO WHOLESALE CORP                                | 3,924                                                                                                                    | 425,561   | 1,198,860     |
|       | DANAHER CORP DEL                                     | 8,442                                                                                                                    | 404,763   | 1,358,065     |
|       | DEXCOM INC                                           | 6,948                                                                                                                    | 494,342   | 1,672,731     |
|       | EDWARDS LIFESCIENCES CORP                            | 5,957                                                                                                                    | 706,062   | 1,309,706     |
|       | ELECTRONICS ARTS INC                                 | 14,026                                                                                                                   | 1,530,517 | 1,513,686     |
|       | ESTEE LAUDER COS INC                                 | 7,445                                                                                                                    | 573,782   | 1,452,966     |
|       | FORTIVE CORP                                         | 19,095                                                                                                                   | 973,281   | 1,430,788     |
|       | ILLUMINA INC                                         | 3,727                                                                                                                    | 1,136,289 | 1,081,091     |
|       | INTUIT                                               | 5,564                                                                                                                    | 741,643   | 1,560,034     |
|       | INTUITIVE SURGICAL INC                               | 2,937                                                                                                                    | 502,539   | 1,644,074     |
|       | L3HARRIS TECHNOLOGIES INC                            | 4,794                                                                                                                    | 988,637   | 1,061,056     |
|       | MISCROSOFT CORP                                      | 14,572                                                                                                                   | 1,571,410 | 2,480,592     |
|       | PAYPAL HOLDINGS INC                                  | 13,764                                                                                                                   | 573,785   | 1,567,582     |
|       | ROPER TECHNOLOGIES INC                               | 4,415                                                                                                                    | 812,581   | 1,685,029     |
|       | SALESFORCE.COM INC                                   | 7,907                                                                                                                    | 279,613   | 1,441,525     |
|       | SBA COMMUNICATIONS CORP                              | 7,880                                                                                                                    | 810,721   | 1,966,533     |
|       | SHERWIN WILLIAMS CO                                  | 3,045                                                                                                                    | 1,249,799 | 1,696,035     |
|       | THERMO FISHER SCIENTIFIC INC                         | 5,927                                                                                                                    | 965,646   | 1,856,277     |
|       | TJX COS INC NEW                                      | 21,161                                                                                                                   | 803,155   | 1,249,345     |
|       | VISA INC                                             | 10,988                                                                                                                   | 502,841   | 2,186,282     |
|       | ZOETIS INC                                           | 16,348                                                                                                                   | 955,931   | 2,194,065     |
|       | ALIBABA GROUP HOLDING LTD                            | 4,829                                                                                                                    | 781,972   | 997,623       |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                                       | ( b )                                                | ( c )                                                                                                  | ( d )      | ( e )         |
|-----------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|---------------|
|                                                                             |                                                      | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost       | Current Value |
|                                                                             | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                        |            |               |
|                                                                             | GENPACT LTD                                          | 31,794                                                                                                 | 636,914    | 1,407,520     |
|                                                                             | NXP SEMICONDUCTOR NV                                 | 9,215                                                                                                  | 830,048    | 1,169,015     |
|                                                                             | Total equity securities                              |                                                                                                        | 25,898,941 | 49,783,929    |
|                                                                             | Total managed by Amalgatrust                         |                                                                                                        | 27,926,096 | 51,811,084    |
| * Investment manager: Key Trust (formerly Manning & Napier - Equity)        |                                                      |                                                                                                        |            |               |
|                                                                             | Money market funds:                                  |                                                                                                        |            |               |
|                                                                             | FEDERATED PRIME CASH OBLIGATIONS IS                  | 9,321                                                                                                  | 9,321      | 9,321         |
| * Investment manager: Key Trust (formerly Manning & Napier - International) |                                                      |                                                                                                        |            |               |
|                                                                             | Money market funds:                                  |                                                                                                        |            |               |
|                                                                             | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 171,947                                                                                                | 171,947    | 171,947       |
| * Investment manager: Key Trust (formerly Cooke & Bieler - Equity)          |                                                      |                                                                                                        |            |               |
|                                                                             | Money market funds:                                  |                                                                                                        |            |               |
|                                                                             | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 17,886                                                                                                 | 17,886     | 17,886        |
| * Investment manager: Tributary Capital                                     |                                                      |                                                                                                        |            |               |
|                                                                             | Money market funds:                                  |                                                                                                        |            |               |
|                                                                             | FEDERATED GOVERNMENT OBLIGATIONS IS                  | 702,961                                                                                                | 702,961    | 702,961       |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a ) | ( b )                                                | ( c )                                                                                                  | ( d )   | ( e )         |
|-------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------|---------------|
|       |                                                      | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost    | Current Value |
|       | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                        |         |               |
|       | Equity securities:                                   |                                                                                                        |         |               |
|       | AGREE REALTY CORP                                    | 4,700                                                                                                  | 246,855 | 356,871       |
|       | AMERICAN WOODMARK CORP                               | 5,000                                                                                                  | 447,049 | 548,250       |
|       | AMN HEALTHCARE SERVICES INC                          | 10,300                                                                                                 | 204,926 | 694,014       |
|       | ANGIODYNAMICS INC                                    | 13,693                                                                                                 | 303,247 | 188,553       |
|       | ATLANTIC UNION BANKSAHRES CO                         | 14,800                                                                                                 | 502,880 | 498,612       |
|       | BALCHEM CORP                                         | 4,300                                                                                                  | 253,186 | 464,486       |
|       | BARNES GROUP INC                                     | 7,000                                                                                                  | 223,268 | 442,190       |
|       | BENCHMARK ELECTRS INC                                | 11,400                                                                                                 | 320,756 | 350,892       |
|       | BIG LOTS INC                                         | 10,700                                                                                                 | 392,688 | 289,542       |
|       | BOOT BARN HOLDINGS INC                               | 6,252                                                                                                  | 266,815 | 262,396       |
|       | CACI INTL INC                                        | 1,769                                                                                                  | 132,153 | 473,101       |
|       | CALAMP CORP                                          | 18,420                                                                                                 | 315,192 | 177,200       |
|       | CALLON PETROLEUM CO                                  | 109,818                                                                                                | 897,280 | 329,454       |
|       | CAROLINA FINANCIAL CORP                              | 8,265                                                                                                  | 345,755 | 316,963       |
|       | CARPENTER TECHNOLOGY CORP                            | 6,900                                                                                                  | 317,708 | 274,206       |
|       | CHESAPEAKE UTILITIES CORP                            | 2,900                                                                                                  | 265,257 | 279,009       |
|       | COLUMBIA BKG SYS INC                                 | 7,300                                                                                                  | 291,441 | 282,510       |
|       | CTS CORP                                             | 10,300                                                                                                 | 349,436 | 301,893       |
|       | DORMAN PRODUCTS INC                                  | 6,700                                                                                                  | 415,845 | 467,660       |
|       | EASTERLY GOVT PROPERTIES INC                         | 25,900                                                                                                 | 492,335 | 627,039       |
|       | EXLSERVICE HOLDINGS INC                              | 7,100                                                                                                  | 287,636 | 519,081       |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a ) | ( b )                                                | ( c )                                                                                                  | ( d )   | ( e )         |
|-------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------|---------------|
|       |                                                      | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost    | Current Value |
|       | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                        |         |               |
|       | FORWARD AIR CORP                                     | 8,400                                                                                                  | 372,131 | 549,780       |
|       | FRANKLIN ELEC INC                                    | 8,400                                                                                                  | 316,110 | 484,596       |
|       | G-III APPAREL GROUP LTD                              | 12,900                                                                                                 | 437,483 | 351,009       |
|       | GETTY REALTY CORP                                    | 8,000                                                                                                  | 249,192 | 252,160       |
|       | GRANITE CONSTR INC                                   | 10,200                                                                                                 | 379,258 | 276,726       |
|       | GREAT WESTERN BANCORP INC                            | 11,000                                                                                                 | 413,184 | 325,050       |
|       | ICF INTERNATIONAL INC                                | 4,500                                                                                                  | 372,304 | 394,155       |
|       | IDACORP INC                                          | 5,400                                                                                                  | 278,597 | 605,826       |
|       | INTEGRA LIFESCIENCES HOLDINGS                        | 9,900                                                                                                  | 277,780 | 544,896       |
|       | KFORCE INC                                           | 10,200                                                                                                 | 214,512 | 377,910       |
|       | KORN FERRY                                           | 7,996                                                                                                  | 342,629 | 327,676       |
|       | LA Z BOY INC                                         | 8,700                                                                                                  | 240,333 | 266,568       |
|       | LHC GROUP INC                                        | 5,224                                                                                                  | 285,874 | 761,398       |
|       | LITTELFUSE INC                                       | 2,200                                                                                                  | 213,279 | 389,202       |
|       | LTC PPTYS INC                                        | 8,600                                                                                                  | 374,585 | 396,976       |
|       | MARCUS & MILLICHAP INC                               | 12,900                                                                                                 | 315,386 | 456,660       |
|       | MATADOR RESOURCES CO                                 | 24,686                                                                                                 | 560,860 | 362,144       |
|       | MEDPACE HOLDINGS INC                                 | 3,900                                                                                                  | 241,508 | 333,645       |
|       | MERCANTILE BANK CORP                                 | 7,600                                                                                                  | 251,927 | 249,052       |
|       | METHODE ELECTRONICS INC                              | 9,900                                                                                                  | 333,955 | 324,225       |
|       | MOELIS & CO                                          | 9,760                                                                                                  | 318,071 | 351,360       |
|       | MOVADO GROUP INC                                     | 10,400                                                                                                 | 328,037 | 179,088       |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a ) | ( b )                                                | ( c )                                                                                                  | ( d )      | ( e )         |
|-------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|---------------|
|       |                                                      | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost       | Current Value |
|       | Identity of Issue, Borrower, Lessor or Similar Party |                                                                                                        |            |               |
|       | MTS SYS CORP                                         | 8,600                                                                                                  | 479,007    | 435,934       |
|       | NEXSTAR MEDIA GROUP INC                              | 5,300                                                                                                  | 284,725    | 642,095       |
|       | OLD NATL BANCORP IND                                 | 29,100                                                                                                 | 406,766    | 521,181       |
|       | OMNICELL INC                                         | 5,500                                                                                                  | 220,981    | 447,040       |
|       | ONTO INNOVATION INC                                  | 8,300                                                                                                  | 261,149    | 314,902       |
|       | PC CONNECTION INC                                    | 7,695                                                                                                  | 218,356    | 383,519       |
|       | SELECTIVE INS GROUP INC                              | 9,012                                                                                                  | 285,841    | 597,045       |
|       | SENSIENT TECHNOLOGIES CORP                           | 6,000                                                                                                  | 302,464    | 358,500       |
|       | SOUTH STATE CORP                                     | 6,300                                                                                                  | 432,462    | 476,343       |
|       | STANDARD MOTOR PRODS                                 | 8,631                                                                                                  | 419,101    | 419,294       |
|       | STIFEL FINL CORP                                     | 9,700                                                                                                  | 397,973    | 627,493       |
|       | SYKES ENTERPRISES INC                                | 12,100                                                                                                 | 352,151    | 406,439       |
|       | TETRA TECH INC NEW                                   | 8,400                                                                                                  | 256,076    | 719,040       |
|       | UMB FINANCIAL CORP                                   | 3,600                                                                                                  | 194,777    | 239,256       |
|       | UNITED BANKSHARES INC WEST VA                        | 7,356                                                                                                  | 197,040    | 252,311       |
|       | UNTIL CORP                                           | 4,368                                                                                                  | 216,556    | 269,462       |
|       | VAREX IMAGING CORP                                   | 8,296                                                                                                  | 297,378    | 229,384       |
|       | AMBARELLA INC                                        | 6,100                                                                                                  | 341,348    | 360,754       |
|       | ARGO GROUP INTL HLDGS LTD                            | 5,850                                                                                                  | 326,823    | 383,760       |
|       | SILICON MOTION TECHNOLOGY CORP                       | 6,500                                                                                                  | 225,628    | 298,285       |
|       | Total equity securities                              |                                                                                                        | 20,505,305 | 25,086,061    |
|       | Total managed by Tributary Capital                   |                                                                                                        | 21,208,266 | 25,789,022    |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                       | ( b )                                                           | ( c )                                                                                                  | ( d )              | ( e )              |
|-------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------|--------------------|
|                                                             |                                                                 | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost               | Current Value      |
| <u>Identity of Issue, Borrower, Lessor or Similar Party</u> |                                                                 |                                                                                                        |                    |                    |
| Registered investment companies:                            |                                                                 |                                                                                                        |                    |                    |
| *                                                           | BAIRD CORE PLUS INSTITUTIONAL BOND FUND                         | 6,627,109                                                                                              | <u>72,464,817</u>  | <u>77,934,803</u>  |
|                                                             |                                                                 |                                                                                                        | <u>72,464,817</u>  | <u>77,934,803</u>  |
| Common/collective trusts:                                   |                                                                 |                                                                                                        |                    |                    |
| *                                                           | MULTI-EMPLOYER PROPERTY TRUST                                   | 4,777                                                                                                  | 10,669,342         | 56,943,201         |
| *                                                           | FIAM CORE PLUS CL A                                             | 3,511,274                                                                                              | 31,001,368         | 80,513,523         |
| *                                                           | NORTHERN TRUST COLLECTIVE INVT TR                               | 505,185                                                                                                | 86,646,258         | 100,435,734        |
| *                                                           | STATE STREET RUSSELL 2000® INDEX                                | 240,949                                                                                                | 23,834,587         | 27,778,017         |
| *                                                           | THORNBURG GLOBAL EQUITY FUND                                    | 1,459,728                                                                                              | 15,437,799         | 36,653,767         |
| *                                                           | AFL-CIO EQUITY INDEX FUND                                       | 8,943,261                                                                                              | <u>132,576,776</u> | <u>259,722,130</u> |
|                                                             |                                                                 |                                                                                                        | <u>300,166,130</u> | <u>562,046,372</u> |
| Partnership/joint venture interests:                        |                                                                 |                                                                                                        |                    |                    |
| *                                                           | D.E. SHAW US BROAD MARKET CORE ALPHA EXTENSION FUND             |                                                                                                        | 11,538,178         | 62,938,223         |
| *                                                           | MESIROW FINANCIAL CAPITAL PARTNERS X, L.P.                      |                                                                                                        | 667,790            | 1,720,818          |
| *                                                           | HIGHSTAR CAPITAL IV, L.P. & SUBSIDIARIES                        |                                                                                                        | 2,985,345          | 2,359,770          |
| *                                                           | STARWOOD DISTRESSED OPPORTUNITY FUND IX - 1 U.S., L.P.          |                                                                                                        | 673,410            | 1,148,338          |
| *                                                           | STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P. |                                                                                                        | 145,071            | 184,839            |
| *                                                           | WARBURG PINCUS XI, L.P.                                         |                                                                                                        | 2,230,176          | 3,726,295          |
| *                                                           | HIGHBRIDGE IRISH SPECIALTY LOAN FUND III PLC                    |                                                                                                        | 1,169,182          | 911,582            |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                  | ( b )                                                   | ( c )                                                                                                  | ( d )             | ( e )              |
|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------|--------------------|
|                                                        | Identity of Issue, Borrower, Lessor or Similar Party    | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost              | Current Value      |
| *                                                      | FIRST RESERVE FUND XIII. L.P.                           |                                                                                                        | 3,204,553         | 3,374,448          |
| *                                                      | ENTRUST SPECIAL OPPORTUNITIES FUND II LTD               |                                                                                                        | 513,117           | 812,192            |
| *                                                      | ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A      |                                                                                                        | 4,117,076         | 4,286,166          |
| *                                                      | GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P. |                                                                                                        | 2,430,086         | 4,435,315          |
| *                                                      | ANGELO GORDON CAPITAL RECOVERY VIII HOLDINGS, L.P.      |                                                                                                        | 81,495            | 282,099            |
| *                                                      | ANGELO GORDON REALTY FUND IX, L.P.                      |                                                                                                        | 4,450,838         | 7,537,966          |
| *                                                      | H.I.G ADVANTAGE BUYOUT FUND, L.P.                       |                                                                                                        | 714,104           | 740,747            |
| *                                                      | BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY              |                                                                                                        | 15,000,000        | 19,947,879         |
|                                                        |                                                         |                                                                                                        | <u>49,920,421</u> | <u>114,406,677</u> |
| * Investment manager: Key Bank Securities Lending Pool |                                                         |                                                                                                        |                   |                    |
| Money market funds:                                    |                                                         |                                                                                                        |                   |                    |
|                                                        | FEDERATED GOVERNMENT OBLIGATIONS FD MONEY MARKET FUND   | 658,366                                                                                                | <u>658,366</u>    | <u>658,366</u>     |
|                                                        | Total money market funds                                |                                                                                                        | <u>658,366</u>    | <u>658,366</u>     |
| Repurchase agreements:                                 |                                                         |                                                                                                        |                   |                    |
|                                                        | CITIGROUP CORPORATE REPO REPURCHASE AGREEMENT           | 2,288,000                                                                                              | 2,288,000         | 2,288,000          |
|                                                        | GOLDMAN CORP EVERGREEN REPURCHASE AGREEMENT             | 2,200,000                                                                                              | 2,200,000         | 2,200,000          |
|                                                        | WELLS FARGO SECURITIES CORP REPURCHASE AGREEMENT        | 1,000,000                                                                                              | <u>1,000,000</u>  | <u>1,000,000</u>   |
|                                                        | Total repurchase agreements                             |                                                                                                        | <u>5,488,000</u>  | <u>5,488,000</u>   |

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 January 31, 2020

| ( a )                                                                     | ( b ) | ( c )                                                                                                  | ( d )                 | ( e )              |
|---------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------|-----------------------|--------------------|
|                                                                           |       | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost                  | Current Value      |
| <u>Identity of Issue, Borrower, Lessor or Similar Party</u>               |       |                                                                                                        |                       |                    |
| Corporate obligations:                                                    |       |                                                                                                        |                       |                    |
| VFNC TRUST NOTE DTD 10/01/09 FL RT% DUE 09/17/20 1MO LIBOR FLAT           |       |                                                                                                        | 1,157,621             | 778,545            |
| GRYPHON FUNDING LTD P-T NT DTD 07/23/08 ADJ% DUE 08/25/20 EXTENDIBLE PASS |       |                                                                                                        | <u>1,845,193</u>      | <u>349,000</u>     |
| Total corporate obligations                                               |       |                                                                                                        | <u>3,002,814</u>      | <u>1,127,545</u>   |
| Total managed by Key Bank Securities Lending Pool                         |       |                                                                                                        | <u>9,149,180</u>      | <u>7,273,911</u>   |
| Total investments                                                         |       |                                                                                                        | <u>\$ 497,295,382</u> | <u>855,722,341</u> |

\* Party in interest

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust  
 EIN #31-6038516 PLAN #001  
 Schedule H, Line 4j - Schedule of Reportable Transactions  
 Year Ended January 31, 2020

| ( a )                                                                               | ( b )                | ( c )             | ( d )            | ( g )      | ( h )                                      | ( i )          |
|-------------------------------------------------------------------------------------|----------------------|-------------------|------------------|------------|--------------------------------------------|----------------|
| Party<br>Involved                                                                   | Description of Asset | Purchase<br>Price | Selling<br>Price | Cost       | Current<br>Value on<br>Transaction<br>Date | Gain<br>(Loss) |
| <i>Category (i) - Single Transactions in Excess of 5 percent of Net Assets</i>      |                      |                   |                  |            |                                            |                |
| * AFL-CIO EQUITY INDEX FUND                                                         |                      |                   |                  |            |                                            |                |
|                                                                                     | Purchase             | \$ 42,348,220     | -                | 42,348,220 | 42,348,220                                 | -              |
| <i>Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets</i> |                      |                   |                  |            |                                            |                |
| * AFL-CIO EQUITY INDEX FUND                                                         |                      |                   |                  |            |                                            |                |
|                                                                                     | Purchases            | \$ 43,844,855     | -                | 43,844,855 | 43,844,855                                 | -              |

\* Party in interest

*There were no reportable category (ii) or (iv) transactions for the year ended January 31, 2020.*

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

**Schedule R, Summary of Funding Improvement Plan**

**Plan Name: Iron Workers District Council of Southern Ohio & Vicinity Pension Trust**

**EIN: 31-6038516, PN: 001**

**Iron Workers District Council of Southern Ohio and Vicinity  
Pension Trust**

Funding Improvement Plan  
For the Plan Year beginning February 1, 2019

**INTRODUCTION**

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

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

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

For the plan years beginning February 1, 2011 through 2019, the Pension Trust was certified to be in endangered status. The Funding Improvement Period began February 1, 2011, and the Pension Trust was certified as making scheduled progress in meeting the requirements of the FIP every year since that date. The FIP has been updated annually in compliance with the deadlines established by the PPA, unchanged since 2009 except for the passage of each plan year.

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

---

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

### **FUNDING IMPROVEMENT PERIOD**

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

### **FUNDING IMPROVEMENT PLAN - SCHEDULES**

The FIP must be designed to accomplish the following:

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

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

Both the Default Schedule (the schedule that would be applicable should a schedule not be adopted in collective bargaining on a timely basis) and the Alternative Schedule remain unchanged for the ninth consecutive year. Details of each Schedule are shown below.

#### **Default Schedule**

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

**Alternative Schedule**

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

| <b>Period of Hours Worked</b> | <b>Hourly Contribution Rate</b> |
|-------------------------------|---------------------------------|
| On or after June 1, 2016      | \$9.50                          |

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

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

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

**AUTOMATIC IMPLEMENTATION OF FIP DEFAULT SCHEDULE**

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

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

**ADOPTION OF FUNDING IMPROVEMENT PLAN**

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

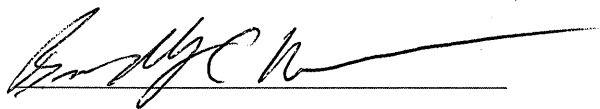
**MONITORING AND ANNUAL UPDATING OF FUNDING IMPROVEMENT PLAN**

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

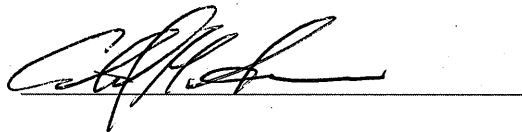
**ADOPTION BY THE BOARD OF TRUSTEES**

The Board of Trustees for the Iron Workers District Council of Southern Ohio and Vicinity Pension Trust indicated their adoption and approval of the aforesaid Funding Improvement Plan on November 12, 2019 in accordance with the requirements of the PPA and authorized the Co-Chairmen of the Trust to sign as follows:

**UNION CO-CHAIRMAN**

A handwritten signature in black ink, appearing to be "James H. H.", written over a horizontal line.

**EMPLOYER CO-CHAIRMAN**

A handwritten signature in black ink, appearing to be "C. H. H.", written over a horizontal line.

**FSA Contribution  
Timing (Schedule MB,  
line 3a)**

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

---