

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>02/01/2020</u> and ending <u>01/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan	<u>IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST</u> 1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>12/01/1962</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY</u> <u>1470 WORLDWIDE PL</u> <u>VANDALIA, OH 45377-1156</u>	2b Employer Identification Number (EIN) <u>31-6038516</u> 2c Plan Sponsor's telephone number <u>937-454-1744</u> 2d Business code (see instructions) <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 HERE	Filed with authorized/valid electronic signature.	11/22/2021	BRADLEY WINANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/22/2021	CLINTON SUGGS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN 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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	8148
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	3062
a(2) Total number of active participants at the end of the plan year		6a(2)	3069
b Retired or separated participants receiving benefits.....		6b	3187
c Other retired or separated participants entitled to future benefits		6c	1385
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	7641
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	540
f Total. Add lines 6d and 6e		6f	8181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	326
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 02/01/2020 and ending 01/31/2021	
A Name of plan IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY	D Employer Identification Number (EIN) 31-6038516

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1187096	5521	06/01/2019	05/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	626778
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 02/01/2020 and ending 01/31/2021

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

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

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

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

1a Enter the valuation date: Month 02 Day 01 Year 2020

b Assets

(1) Current value of assets.....	1b(1)	872132385
(2) Actuarial value of assets for funding standard account	1b(2)	841576707
c (1) Accrued liability for plan using immediate gain methods	1c(1)	1117142614
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	1117142614
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	2192595252
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	43832319
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	85289494
(3) Expected plan disbursements for the plan year.....	1d(3)	86539494

Statement by Enrolled Actuary

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

SIGN HERE	10/21/2021
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 ☐

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2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a**

872132385

b "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment

3740

(2) Current liability

1162515269

(2) For terminated vested participants

1346

239834441

(3) For active participants:**(a)** Non-vested benefits.....

111670609

(b) Vested benefits.....

678574933

(c) Total active

3062

790245542

(4) Total

8148

2192595252

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage**2c**

39.78 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/31/2021	50943639				
Totals ▶ 3(b)				50943639	3(c) 0

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))**4a**

75.3 %

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5**4b**

E

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date**4e****f** If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐**4f****5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.92 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.50 %	7.50 %	
e Expense loading	6e	8.2 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.8 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.5 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2999611	316109

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	15848052
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	436035803 58423485
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	5570365
e Total charges. Add lines 9a through 9d.....	9e	79841902

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	43925483
g	Employer contributions. Total from column (b) of line 3.....	9g	50943639
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	116544413
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	6443598
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	360489900
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	1178935318
(3)	FFL credit	9j(3)	0
k	(1) Waived funding deficiency	9k(1)	0
	(2) Other credits	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	117830066
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	37988164
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3)	Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☐ Yes ☒ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 02/01/2020 and ending 01/31/2021		
A Name of plan IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY	D Employer Identification Number (EIN) 31-6038516	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

20-8581682

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

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

BCP SPECIAL OPP OFFSHORE FEEDER II

98-1481286

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

SEI-THORNBURG GLOBAL EQUITY FUND

06-1271230

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

CHEVY CHASE - AFL-CIO EQUITY INDEX

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

HIGHSTAR CAPITAL LP- IV LP & SUBSID

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

STARWOOD CAP DISTRESSED OPPORTUNITY

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

WARBURG PINCUS XI, LP

45-3414550

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

KOHLBERG TE INVESTORS IX, LP

84-3726326

(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

CROSSLINK ENDEAVOR FUND I, LP

31-6127229

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

FRANCISCO PARTNERS AGILITY II-A, LP

98-1519803

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

BARDIN HILL OPP CREDIT FD OFFSHORE

98-1532032

(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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	RELATED FUND	559669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

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

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

AMALGATRUST

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	272318	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL COMPANY MIDWEST

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	215097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENT ASSET MGMT

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	165508	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OVERMYER HALL ASSOCIATES

27-2481536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	155310	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TRIBUTARY CAPITAL

20-1736988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	147662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	75159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COLLECTIVE INVST TR

26-6411809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	56940	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FAULKNER, HOFFMAN & PHILLIPS, LLP

34-1909706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	54818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET - RUSSELL 2000 (R)

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	53476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSTAFF GRAPHICS

65 TAHLEQUAH TRAIL
SPRINGBORO, OH 45066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	25711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KEYBANK NA

31-0466650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 19 50 59 99	NONE	13341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	12405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMERICAN ARBITRATION ASSOCIATION

600 SUPERIOR AVENUE EAST
SUITE 1300
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 02/01/2020 and ending 01/31/2021

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTIPLE-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>57265897</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>27-3350609-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>294313100</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>THORNBURG GLOBAL EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>26-3668265-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35249360</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMON ALL COUNTRY WORLD INVST MKT</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>26-6411809-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>118998346</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM CORE PLUS CL A</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-052</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>85065066</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 (R) IND NON-LENDING FD</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36124365</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 02/01/2020 and ending 01/31/2021		
A Name of plan IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY	D Employer Identification Number (EIN) 31-6038516	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	48519874835047
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	7060941455908
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	4631307733519937
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	11275450
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	7486999081444570
(5) Partnership/joint venture interests		1c(5)	114406677130463854
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(9) Value of interest in common/collective trusts		1c(9)	562046372627016134
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	7793480377155124
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	570040	535537
f Total assets (add all amounts in lines 1a through 1e)	1f	882826585	956426111

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	200559	237506
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	10493641	3381991
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10694200	3619497

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	872132385	952806614
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	51193639	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		51193639
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	31466	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31466
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	710176	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1891787	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2601963
(3) Rents	2b(3)		84550
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10512573	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10512573
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	4232090	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4232090

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		85080177
(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)		2328534
c Other income	2c		12183371
d Total income. Add all income amounts in column (b) and enter total.....	2d		168248363

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	85146203	
(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)		85146203
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)	354408	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	995845	
(4) Other.....	2i(4)	1077678	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2427931
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		87574134

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		80674229
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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.)

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4339432.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration 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>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 02/01/2020 and ending 01/31/2021

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

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

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

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.)
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<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☒ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☒ N/A</div>

Part III	Amendments
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<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☒ No</div>
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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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

0

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

0

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

1

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

250000

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 68 % Investment-Grade Debt: 10 % High-Yield Debt: 9 % Real Estate: 11 % Other: 2 %

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

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

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

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

- 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, 2021 and 2020, 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, 2021 and changes therein for the year then ended, and its financial status as of January 31, 2020 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

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

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 29, 2021

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 02/01/2020 and ending 01/31/2021

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 02 Day 01 Year 2020

b Assets	
(1) Current value of assets	1b(1) 872,132,385
(2) Actuarial value of assets for funding standard account.....	1b(2) 841,576,707
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1,117,142,614
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 1,117,142,614
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 2,192,595,252
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 43,832,319
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 85,289,494
(3) Expected plan disbursements for the plan year	1d(3) 86,539,494

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

SIGN HERE	Daniel V. Ciner <i>DVC</i>	10/21/2021
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Signature of actuary	Date
----------------------	------

DANIEL V. CINER, MAAA	2005773
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Type or print name of actuary	Most recent enrollment number
-------------------------------	-------------------------------

SEGAL	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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	872,132,385
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,740	1,162,515,269
(2) For terminated vested participants	1,346	239,834,441
(3) For active participants:		
(a) Non-vested benefits		111,670,609
(b) Vested benefits		678,574,933
(c) Total active	3,062	790,245,542
(4) Total	8,148	2,192,595,252
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	39.77%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/31/2021	50,943,639	0			
Totals ▶			3(b)	50,943,639	3(c)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	75.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.92 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.50 % 7.50 %
e Expense loading	6e	8.2 % ☐ N/A % ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.5 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	2,999,611	316,109

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	15,848,052
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	436,035,803
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended.....	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	5,570,365
e Total charges. Add lines 9a through 9d.....	9e	79,841,902

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	43,925,483
g Employer contributions. Total from column (b) of line 3.....	9g	50,943,639
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	116,544,413
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	6,443,598

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	360,489,900
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	1,178,935,318
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	117,830,066
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	37,988,164
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)..... **10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☐ Yes ☒ No

Actuarial Status Certification as of February 1, 2020 under IRC Section 432

April 30, 2020

Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)

This is to certify that 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, 2020 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.

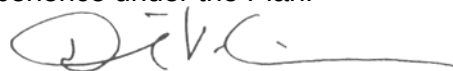
The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic 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 contribution requirements based on the plan's funded status); differences in statutory interpretations and changes in plan provisions or applicable law.

This certification is based on the February 1, 2019 actuarial valuation, dated November 4, 2019. 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 does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretations on which this certification is based reflect Segal's understanding as an actuarial firm.

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

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



Daniel V. Ciner, MAAA

Enrolled Actuary No. 20-05773

Senior Vice President and Actuary

Certificate Contents

Exhibit I	Status Determination as of February 1, 2020
Exhibit II	Summary of Actuarial Valuation Projections
Exhibit III	Funding Standard Account Projections
Exhibit IV	Funding Standard Account – Projected Bases Assumed Established After February 1, 2019
Exhibit V	Actuarial Assumptions and Methodology

Exhibit I

Status Determination as of February 1, 2020

Status	Condition	Component Result	Final Result
Critical Status:			
I. Initial critical status tests:			
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
II. Emergence test:			
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	No
In Critical Status? (If any of C1-C6 is Yes, then Yes)			No

Status	Condition	Component Result	Final Result
III. Determination of whether plan is projected to be in critical status in any of the succeeding five plan years:			
C7. (a)	Is not in critical status,	Yes	
(b)	AND is projected to be in critical status in any of the next five years?	No	No
In Critical Status in any of the five succeeding plan years?			No
Endangered Status:			
E1. (a)	Is not in critical status,	Yes	
(b)	AND the funded percentage is less than 80%?	Yes	Yes
E2. (a)	Is not in critical status,	Yes	
(b)	AND a funding deficiency is projected in seven years?	No	No
In Endangered Status? (Yes when either (E1) or (E2) is Yes)			Yes
In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)			No
Neither Critical Status Nor Endangered Status			
Neither Critical nor Endangered Status?			No

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

Exhibit II

Summary of Actuarial Valuation Projections

The actuarial factors as of February 1, 2020 (based on projections from the February 1, 2019 valuation certificate):

I. Financial Information			
1.	Market value of assets		\$871,071,351
2.	Actuarial value of assets		840,898,296
3.	Reasonably anticipated contributions		
a.	Upcoming year		55,067,985
b.	Present value for the next five years		231,153,681
c.	Present value for the next seven years		302,610,906
4.	Projected benefit payments		85,504,590
5.	Projected administrative expenses		1,238,307
II. Liabilities			
1.	Present value of vested benefits for active participants		260,374,942
2.	Present value of vested benefits for non-active participants		804,048,135
3.	Total unit credit accrued liability		1,115,315,250
4.	Present value of payments	Benefit Payments	Administrative Expenses
a.	Next five years	\$367,023,641	\$5,694,423
b.	Next seven years	486,743,093	7,652,438
5.	Unit credit normal cost plus expenses		16,068,101
6.	Ratio of inactive participants to active participants		1.6488
III. Funded Percentage (I.2)/(II.3)			75.4%
IV. Funding Standard Account			
1.	Credit Balance as of the end of prior year		\$43,451,792
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

Exhibit III

Funding Standard Account Projections

	Year Beginning February 1,					
	2019	2020	2021	2022	2023	2024
1. Credit balance (BOY)	\$47,645,918	\$43,451,792	\$41,705,226	\$44,162,764	\$48,360,319	\$56,504,062
2. Interest on (1)	3,573,442	3,258,884	3,127,892	3,312,207	3,627,024	4,237,805
3. Normal cost	14,763,407	14,829,794	14,905,146	14,882,341	14,902,785	14,855,289
4. Administrative expenses	1,202,240	1,238,307	1,275,456	1,313,720	1,353,132	1,393,726
5. Net amortization charges	45,304,237	41,735,140	37,589,992	36,127,368	32,689,492	28,543,793
6. Interest on (3), (4) and (5)	4,595,241	4,335,243	4,032,795	3,924,257	3,670,906	3,359,461
7. Expected contributions	55,997,645	55,067,985	55,067,985	55,067,985	55,067,985	55,067,985
8. Interest on (7)	2,099,912	2,065,049	2,065,049	2,065,049	2,065,049	2,065,049
9. Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	\$43,451,792	\$41,705,226	\$44,162,764	\$48,360,319	\$56,504,062	\$69,722,632
	2025	2026	2027	2028	2029	
1. Credit balance (BOY)	\$69,722,632	\$83,859,750	\$98,541,755	\$114,742,727	\$132,728,990	
2. Interest on (1)	5,229,197	6,289,481	7,390,632	8,605,705	9,954,674	
3. Normal cost	14,701,009	14,482,106	14,368,201	14,320,582	14,217,347	
4. Administrative expenses	1,435,538	1,478,604	1,522,962	1,568,651	1,615,711	
5. Net amortization charges	28,724,024	29,379,300	29,060,180	28,531,674	30,590,147	
6. Interest on (3), (4) and (5)	3,364,543	3,400,501	3,371,351	3,331,568	3,481,740	
7. Expected contributions	55,067,985	55,067,985	55,067,985	55,067,985	55,067,985	
8. Interest on (7)	2,065,049	2,065,049	2,065,049	2,065,049	2,065,049	
9. Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	\$83,859,750	\$98,541,755	\$114,742,727	\$132,728,990	\$149,911,753	

Exhibit IV
 Funding Standard Account – Projected Bases Assumed Established after
 February 1, 2019

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Loss	2/ 1/2020	\$1,376,967	15	\$145,110
Experience Gain	2/ 1/2021	(18,473,777)	15	(1,946,831)
Experience Gain	2/ 1/2022	(9,950,081)	15	(1,048,574)
Experience Loss	2/ 1/2023	5,234,343	15	551,613
Experience Gain	2/ 1/2024	(11,473,627)	15	(1,209,131)

Exhibit V

Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the February 1, 2019 actuarial valuation certificate, dated November 4, 2019 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, 2020 was based on an unaudited financial statement provided by the fund administrator on February 24, 2020.

For projections after that date, the assumed administrative expenses were increased by 3% per year. Benefit payments were projected based on the February 1, 2019 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2020 – 2029 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 5.80 million hours for the Plan Year ending 2020 (equivalent to 3,067 active participants working 1,890 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 3,067 for all years. New entrants are expected to have a demographic mix similar to recent hires.

Technical Issues

Segal does not practice law and, therefore, cannot and does not provide legal advice.

Any statutory interpretations on which the certification is based reflect 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.

April 30, 2020

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, 2020 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, 2020, 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
101 North Wacker Drive, Suite 500, Chicago, IL 60606
Phone number: (312) 984-8500

Sincerely,



Daniel V. Ciner, MAAA
Senior Vice President and Actuary
Enrolled Actuary No. 20-05773

After expiration of the Plan's prior funding improvement period, the Plan is considered in endangered status for the first time and the funding improvement period has not yet begun. Therefore there was no certification of scheduled progress in the current plan year.

Statement of Actuarial Assumptions, Methods and Models

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

¹ Mortality rates shown for base table.

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

³ Withdrawal rates cut out at early retirement age.

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

Retirement Rates

Age	Rate (%)	
	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, 2020 actuarial valuation.
Retirement Age for Inactive Vested Participants	62 The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and projected retirement ages based on the prior years' assumption over the most recent five years.
Future Benefit Accruals	0.95 pension credit, one year of vesting service, and benefit accrual of \$110 per year The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.
Liabilities for Future Pro-Rata Pensioners	2% load on active liabilities and normal cost. The load for pro-rata pensioners was based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Definition of Active Participants	Participants who had worked at least 250 hours in the pension credit year that ended on December 31, 2019 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, 2020, and include an adjustment to benefit accruals for 1/12 plan year.
Inactive Vested Participants	<p>Inactive participants over age 70 are assumed to never return and apply for a benefit. For this valuation 15 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>
Percent Married	80%
Age of Spouse	Females are 4 years younger than their spouses.
Sex of Spouse	<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>
Benefit Election	<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>
Net Investment Return	<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>
Annual Administrative Expenses	<p>\$1,250,000 for the year beginning February 1, 2020 (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>
Actuarial Value of Assets	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.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated based on accruals under the Plan.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in <i>Section 3, Exhibit L</i> .

Current Liability Assumptions	<i>Interest:</i> 2.92%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <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-2018
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 7.8%, for the Plan Year ending January 31, 2020 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 14.5%, for the Plan Year ending January 31, 2020

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

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.

Plan Year	February 1 through January 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	<ul style="list-style-type: none"> • <i>Age Requirement:</i> 62 • <i>Service Requirement:</i> 5 pension credits • <i>Amount:</i> The sum of the following: <ul style="list-style-type: none"> i. \$35 times the pension credit earned before January 1, 1980; plus ii. \$120 times the pension credits earned January 1, 1980 through December 31, 2005, including hour bank pension credits earned prior to January 1, 2006; plus iii. \$120 times the pension credits earned after December 31, 2005, including hours from the hour bank. No pension credit accrual will be earned unless the participant works at least 250 hours in Covered Employment. Participants who work at least 250 hours, but less than 1,500 receive a prorated benefit accrual rate.
Thirty-and-Out Service Pension	<ul style="list-style-type: none"> • <i>Age Requirement:</i> 55 • <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. • <i>Amount:</i> <ul style="list-style-type: none"> – For participants retiring prior to January 1, 2010, regular pension accrued. – For participants retiring on or after January 1, 2010 with at least 30 years of participation based on vesting service, regular pension accrued. – For participants retiring on or after January 1, 2010 with less than 30 years of participation based on vesting service, regular pension accrued for pension credits earned for hours worked prior to January 1, 2010, plus regular pension accrued reduced by 4.5% for each year of age under 62 for pension credits earned for hours worked after January 1, 2010.
100-and-Out Service Pension	<ul style="list-style-type: none"> • <i>Age Requirement:</i> 58 • <i>Service Requirement:</i> Age added to pension credits equal to 100 or more • <i>Amount:</i> Regular pension accrued

Early Retirement	<ul style="list-style-type: none"> • <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 15 pension credits • <i>Amount:</i> Regular pension accrued, reduced by 6% for each year of age less than 62 								
Regular Disability	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 30 pension credits or 5 pension credits and qualified for a Social Security Disabilities benefit. • <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> 	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								
Temporary Disability	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 pension credits • <i>Amount:</i> <ul style="list-style-type: none"> – If the participant is totally and permanently disabled from employment as an iron worker, payments are made for 24 months, with the participant able to apply for a deferred benefit when otherwise eligible. – For participants awarded the temporary disability benefit on or after January 1, 2010, the amount of any other Pension benefits except for a regular disability pension will be actuarially reduced by the value of the temporary disability benefit payments received. 								
Pro-Rata	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 Combined Service Credits (pension credits under this Plan and any related Plan which has executed a Pro-Rata agreement) • <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 								
Vesting	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 pension credits earned during the contribution period or 5 years of vesting service Or • <i>Age and Service Requirement:</i> 65 • <i>Amount:</i> Regular or early pension accrued based on plan in effect when last active <p><i>Normal Retirement Age: 65</i></p>								

Pre-Retirement Death Benefit	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 pension credits during the contribution period or 5 years of vesting service. • <i>Amount:</i> <ul style="list-style-type: none"> – Married Participants: 50% of the benefit the participant would have received had he or she retired the day before death and elected the joint and survivor option. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date participant would have been eligible to retire. – Non-Married Participants: Single lump sum payment equal in value to the amount that would have been paid to the participant's qualified spouse (had he been married), paid immediately to a designated non-spouse beneficiary. <p><i>Charge for Coverage:</i> None</p>
Pre-Retirement 60-Payment Certain (Payable in lieu of Spouse's benefit)	<ul style="list-style-type: none"> • <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 15 pension credits or 5 pension credits at age 62. • <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
Post-Retirement Death Benefit – Husband and Wife	If married, beginning at age 55 pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected and the spouse pre-deceases the participant, the participants monthly benefit will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, the benefits are payable for the life of the employee with five years of payment guaranteed without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount. Regular Disability pensioners are guaranteed five years of payment based on early retirement pension for which they would have been eligible or 100% return of contributions.
Post-Retirement Death Benefit – Lump-Sum Benefit	For all participants who retire or have retired on a Regular, Early, Disability, or Thirty and Out Service pension, a \$7,000 lump sum death benefit is payable at the time of death.
Optional Forms of Benefits	<ul style="list-style-type: none"> • Single Life Annuity with 60 months guaranteed • 75% and 100% Husband and Wife Pension Options with a "pop-up" feature • 50%, 75%, and 100% Joint-and-Survivor Options to a non-spouse • Social Security Level Income Option, assuming Social Security benefits would start at age 62
Participation	Earliest January 1 or July 1 after completion of 1,000 hours during a calendar year.
Pension Credit	One hundredth of a pension credit for each 15 hours in covered employment, up to one pension credit in any year; plus the pension credit earned, if any, from the hour bank. Hours in excess of 1,800 hours in a calendar year prior to 2005, and all hours in excess of 2,000 on or after January 1, 2005 are added to the hour bank.
Vesting Credit	One year of vesting service for each calendar year in which the employee works 1,000 hours in covered employment.
Contribution Rate	\$9.50 per hour, effective June 1, 2016

**Changes in Plan
Provisions**

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
2020	\$85,195,299
2021	86,346,740
2022	87,329,487
2023	88,273,216
2024	89,058,286
2025	89,886,968
2026	90,909,121
2027	91,437,959
2028	91,531,887
2029	91,615,481

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- 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, 2020.

Age	Pension Credits									
	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	163	155	8	–	–	–	–	–	–	–
25 - 29	311	201	107	3	–	–	–	–	–	–
30 - 34	448	179	146	118	5	–	–	–	–	–
35 - 39	436	105	96	160	67	8	–	–	–	–
40 - 44	475	53	68	124	121	103	6	–	–	–
45 - 49	507	35	42	91	125	138	68	8	–	–
50 - 54	413	12	19	70	78	105	70	56	3	–
55 - 59	244	12	14	20	47	63	63	16	8	1
60 - 64	61	2	5	8	8	16	10	6	5	1
65 - 69	3	1	–	1	–	–	–	1	–	–
Unknown	1	1	–	–	–	–	–	–	–	–
Total	3,062	756	505	595	451	433	217	87	16	2

Note: Excludes 476 participants with less than one pension credit.

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	06/01/1990	\$58,421	.33	\$58,421
Plan amendment	06/01/1991	697,236	1.33	529,191
Plan amendment	06/01/1992	788,697	2.33	354,370
Plan amendment	02/01/1993	5,090,474	3	1,820,911
Plan amendment	02/01/1994	5,787,858	4	1,607,504
Experience loss	02/01/1995	6,216,372	5	1,429,272
Plan amendment	02/01/1996	11,359,177	6	2,251,176
Change in assumptions	02/01/1997	4,165,268	7	731,539
Change in assumptions	02/01/1998	1,997,602	8	317,251
Plan amendment	02/01/1998	18,169,243	8	2,885,564
Plan amendment	02/01/1999	11,054,670	9	1,612,102
Plan amendment	02/01/2000	13,831,273	10	1,874,439
Plan amendment	02/01/2002	21,589,540	12	2,596,325
Experience loss	02/01/2006	1,791,349	1	1,791,349
Experience loss	02/01/2008	5,724,223	3	2,047,608
Experience loss	02/01/2009	4,785,317	4	1,329,061
Base due to Jan. 31, 2009 Investment Loss	02/01/2009	112,058,024	18	10,739,741
Base due to Jan. 31, 2009 Investment Loss	02/01/2010	5,945,462	18	569,818
Base due to Jan. 31, 2009 Investment Loss	02/01/2011	8,415,750	18	806,573
Change in assumptions	02/01/2012	4,911,282	7	862,560
Base due to Jan. 31, 2009 Investment Loss	02/01/2012	10,813,627	18	1,036,388
Base due to Jan. 31, 2009 Investment Loss	02/01/2013	13,589,739	18	1,302,453
Base due to Jan. 31, 2009 Investment Loss	02/01/2014	28,872,421	18	2,767,159
Experience loss	02/01/2015	13,532,911	10	1,834,004

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	02/01/2015	18,837,322	10	2,552,868
Change in assumptions	02/01/2016	7,750,001	11	985,494
Experience loss	02/01/2016	25,370,521	11	3,226,127
Change in assumptions	02/01/2017	17,375,244	12	2,089,520
Experience loss	02/01/2017	25,003,843	12	3,006,923
Experience loss	02/01/2018	17,014,172	13	1,947,754
Experience loss	02/01/2019	10,439,153	14	1,143,911
Experience loss	02/01/2020	2,999,611	15	316,109
Total		\$436,035,803		\$58,423,485

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Asset Method	02/01/2009	\$39,851,753	19	\$3,722,372
Plan amendment	02/01/2010	2,560,868	5	588,796
Experience gain	02/01/2010	4,439,368	5	1,020,702
Experience Gain	02/01/2011	14,665,635	6	2,906,455
Experience Gain	02/01/2012	7,259,531	7	1,274,978
Experience Gain	02/01/2013	16,839,040	8	2,674,306
Experience Gain	02/01/2014	21,754,229	9	3,172,417
Plan amendment	02/01/2018	5,757,980	13	659,164
Change in asset method	02/01/2019	3,416,009	9	498,156
Total		\$116,544,413		\$16,517,346

**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.

Form 5500

Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ Complete all entries in accordance with
the instructions to the Form 5500.OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public
Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 02/01/2020 and ending 01/31/2021

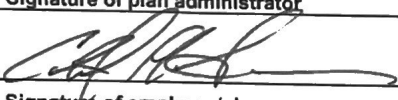
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first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

Part II Basic Plan Information—enter all requested information

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

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

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

SIGN HERE		11-22-21	Bradley Winans
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		11/22/21	Clinton Suggs
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204



CLARK SCHAEFER HACKETT
BUSINESS ADVISORS

Iron Workers District Council of Southern Ohio & Vicinity Pension Trust

Financial Statements and Supplemental Schedules

January 31, 2021 and 2020

with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

We have audited the accompanying financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, which comprise the statements of net assets available for benefits as of January 31, 2021 and 2020, 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, 2021 and changes therein for the year then ended, and its financial status as of January 31, 2020 and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

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

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 29, 2021

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Statements of Net Assets Available for Benefits
January 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value:		
Money market funds	\$ 13,767,147	19,848,954
Repurchase agreements	-	5,488,000
Corporate obligations	-	1,127,545
Equity securities	79,319,014	66,150,581
Common/collective trusts	627,016,134	562,046,372
Partnership/joint venture interests	130,463,854	114,406,677
Registered investment companies	77,155,124	77,934,803
Securities pledged to creditors:		
Equity securities	<u>2,125,556</u>	<u>8,719,409</u>
Total investments	929,846,829	855,722,341
Cash	19,752,790	20,976,123
Accrued interest receivable	18,463	28,155
Employer contributions receivable	4,835,047	4,851,987
Due from broker for securities sold	775,331	11,024
Prepaid retiree insurance and tax withholdings	662,114	666,915
Property:		
Land	225,000	225,000
Building, at cost less accumulated depreciation of \$1,059,446 and \$1,024,943	<u>310,537</u>	<u>345,040</u>
Total assets	<u>956,426,111</u>	<u>882,826,585</u>
Liabilities		
Accounts payable	237,506	200,559
Accounts payable to related funds:		
Benefit Trust	404,353	690,810
Annuity Trust	129,559	273,593
IMPACT Fund	172,445	162,522
Fringe fund escrow	22,959	20,090
Obligation to return securities lending collateral	2,463,155	9,150,180
Due to broker for securities purchased	<u>189,520</u>	<u>196,446</u>
Total liabilities	<u>3,619,497</u>	<u>10,694,200</u>
Net assets available for benefits	<u><u>\$ 952,806,614</u></u>	<u><u>872,132,385</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, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investment income:		
Net investment earnings	\$ 116,970,174	112,851,628
Rental income from related plans	<u>84,550</u>	<u>78,459</u>
	117,054,724	112,930,087
Investment expenses	<u>(995,845)</u>	<u>(961,447)</u>
Net investment income	116,058,879	111,968,640
Employer contributions, net of reciprocity	<u>51,193,639</u>	<u>56,454,214</u>
	<u>167,252,518</u>	<u>168,422,854</u>
Benefits paid	85,146,203	84,800,566
Administrative expenses - direct	872,417	763,715
Administrative expenses allocated from related plans	<u>559,669</u>	<u>553,364</u>
	<u>86,578,289</u>	<u>86,117,645</u>
Net change	80,674,229	82,305,209
Net assets available for benefits:		
Beginning of year	<u>872,132,385</u>	<u>789,827,176</u>
End of year	<u><u>\$ 952,806,614</u></u>	<u><u>872,132,385</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 though 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 hours 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 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 \$34,503 and \$35,396 for the years ended January 31, 2021 and 2020, 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 \$84,550 and \$78,459 for the years ended January 31, 2021 and 2020, 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 \$559,669 and \$553,364 for the years ended January 31, 2021 and 2020, 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 funds.

At January 31, 2021, \$404,353 and \$129,559 was due to the Benefit and Annuity Trusts, respectively. At January 31, 2020, \$690,810 and \$273,593 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, 2021 and 2020, the Plan had \$172,445 and \$162,522, 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.

Accounting change

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update No. 2018-13. "Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement, (ASU 2018-13)," which amends ASC 820 to add, remove, and modify fair value measurement disclosure requirements. ASU 2018-13 became effective for all entities for fiscal years beginning after December 15, 2019. Certain requirements of the standard should be applied prospectively, while others are required to be adopted retrospectively. The adoption of ASU 2018-13 primarily simplified the disclosure requirements related investments categorized within Level III of the fair value hierarchy.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through October 29, 2021, 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 was as follows:

	<u>2021</u>	<u>2020</u>
Interest from cash, money market, and debt investments	\$ 31,466	250,005
Dividends:		
Equity investments	710,176	1,237,463
Registered investment companies	1,891,787	2,218,880
	<u>2,601,963</u>	<u>3,456,343</u>
Unrealized appreciation (depreciation) from debt and equity investments held at year end:		
Securities lending - corporate obligations	-	(41,142)
Equity securities	4,232,090	20,652,772
	<u>4,232,090</u>	<u>20,611,630</u>
Realized appreciation from debt and equity investments sold during the year	10,512,573	4,537,083
Net earnings from common/collective trust funds	<u>85,080,177</u>	<u>66,435,815</u>
Net appreciation from registered investment companies	2,328,534	5,282,745
Net earnings from partnerships/joint ventures	<u>12,183,371</u>	<u>12,278,007</u>
Net investment income	<u>\$ 116,970,174</u>	<u>112,851,628</u>

The Plan conducts securities lending activities. Securities on loan at January 31, 2021 and 2020 consisted of equity securities with fair values of \$2,125,556 and \$8,719,409, respectively. 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 Plan has experienced losses on certain investments made with collateral funds and as a result, the obligation to return securities lending collateral exceeds the fair value of the collateral investments held at January 31, 2021 and January 31, 2020. The fair value and cost of collateral investments at January 31, 2021 was \$0 and \$2,463,155, respectively. The fair value and cost of collateral investments at January 31, 2020 was \$7,273,911 and \$9,150,180, respectively.

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.

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, 2021 and 2020.

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.

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Notes to Financial Statements
Years Ended January 31, 2021 and 2020

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 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, 2021:

Description	Level 1	Level 2	Level 3	Assets at NAV	Total
Money market funds	\$ 13,767,147	-	-	-	13,767,147
Corporate obligations	-	-	-	-	-
Equity securities	81,444,570	-	-	-	81,444,570
Common/collective trusts	-	-	-	627,016,134	627,016,134
Partnership/ joint venture interests	-	-	-	130,463,854	130,463,854
Registered investment companies	77,155,124	-	-	-	77,155,124
	<u>\$ 172,366,841</u>	<u>-</u>	<u>-</u>	<u>757,479,988</u>	<u>929,846,829</u>

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Notes to Financial Statements
Years Ended January 31, 2021 and 2020

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

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/ joint venture interests	-	-	-	114,406,677	114,406,677
Registered investment 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 availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits.

There were no transfers, purchases or issuances of Level 3 assets for the years ended January 31, 2021 and 2020.

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Notes to Financial Statements
Years Ended January 31, 2021 and 2020

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, 2021:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/Collective trusts:				
Multi-Employer Property Trust (a)	\$ 57,265,897	-	Quarterly	90 Days
FIAM Core Plus CL A (a)	85,065,066	-	Immediate	30 Days
Northern Trust Collective Inv't Tr (a)	118,998,346	-	Immediate	None
State Street Russell 2000(R) Index (a)	36,124,365	-	Immediate	None
Thornburg Global Equity Fund (a)	35,249,360	-	Immediate	None
AFL-CIO Equity Index Fund (a)	294,313,100	-	Immediate	None
	<u>627,016,134</u>			
Partnerships/joint ventures:				
D.E. Shaw US Broad Market Core Alpha Extension Fund (b)	63,480,933	-	Limited	30 Days
Mesirow Financial Capital Partners X, L.P. (c)	715,220	120,000	Limited	Not applicable
Highstar Capital IV, L.P. & Subidiaries (d)	1,448,956	318,769	Limited	Not applicable
Starwood Distressed Opportunity Fund IX - 1 U.S., L.P. (e)	978,184	280,000	Limited	Not applicable
Starwood International Opportunity Fund - 1 International, L.P. (e)	93,560	280,000	Limited	Not applicable
Warburg Pincus XI, LP (f)	3,721,659	-	Limited	Not applicable
Highbridge Irish Specialty Loan Fund III plc (g)	335,150	241,552	Limited	Not applicable
First Reserve Fund XIII, L.P. (h)	3,009,459	654,464	Limited	Not applicable
EnTrust Special Opportunities Fund II Ltd (i)	722,346	402,460	Limited	Not applicable
Entrust Special Opportunities Fund III Ltd Class A (i)	4,037,010	-	Limited	Not applicable
Global Infrastructure Partners II B - Feeder Fund, L.P. (j)	4,131,452	367,786	Limited	Not applicable
Angelo Gordon Capital Recovery VIII Holdings, LP (k)	182,899	1,324,637	Limited	Not applicable
Angelo Gordon Realty Fund IX, LP (l)	7,363,157	873,750	Limited	Not applicable
H.I.G. Advantage Buyout Fund, L.P. (m)	1,740,164	6,433,776	Limited	Not applicable
Boyd Watterson GSA Fund, LP and Subsidiary (n)	21,047,460	-	Limited	Not applicable
Crosslink Endeavor Fund I, L.P. (o)	2,670,609	6,400,000	Limited	Not applicable
Francisco Partners Agility II-A, L.P. (p)	111,738	1,372,500	Limited	Not applicable
Bardin Hill Opportunistic Credit Fund Offshore L.P. (q)	7,299,749	3,566,442	Limited	Not applicable
BCP Special Opportunities Offshore Feeder II, L.P. (r)	6,357,372	3,912,944	Limited	Not applicable
Kohlberg TE Investors IX, L.P. (s)	1,016,777	8,999,153	Limited	Not applicable
	<u>130,463,854</u>			
	<u><u>\$ 757,479,988</u></u>			

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Notes to Financial Statements
Years Ended January 31, 2021 and 2020

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 Commitment	Redemption Frequency	Redemption Notice 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)	259,722,130	-	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	272,749	Limited	Not applicable
First Reserve Fund XIII, L.P. (h)	3,374,448	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)	3,968,259	-	Limited	Not applicable
Global Infrastructure Partners II B - Feeder Fund, L.P. (j)	4,435,315	396,148	Limited	Not applicable
Angelo Gordon Capital Recovery VIII Holdings, LP (k)	282,099	1,324,637	Limited	Not applicable
Angelo Gordon Realty Fund IX, LP(l)	7,537,966	1,398,750	Limited	Not applicable
H.I.G. Advantage Buyout Fund, L.P. (m)	740,747	7,285,896	Limited	Not applicable
Boyd Watterson GSA Fund, LP and Subsidiary (n)	19,947,879	-	Limited	Not applicable
	<u>114,406,677</u>			
	<u>\$ 676,453,049</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 2020, 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, 2021. 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 and will continue until July 15, 2024. 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) 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.
- (l) 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.
- (m) 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.
- (n) 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.
- (o) Crosslink Endeavour Fund I, L.P. is a Delaware limited partnership. The Partnership was formed to invest in venture capital and other growth-stage investment opportunities. The term of the fund shall continue for seven years from the commencement date on October 10, 2019. The investment is deemed to be illiquid until expiration of the fund term.
- (p) Francisco Partners Agility II-A, L.P. was organized to make investments in technology companies, for long-term capital appreciation, using various transaction structures including leveraged buyouts, management buyouts, spinouts, recapitalizations, minority investments, restructurings and growth equity investments. The fund has a general partner, Francisco Partners Agility GP II, L.P. The term of the partnership will continue until June 5, 2030 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.

- (q) Bardin Hill Opportunistic Credit Fund Offshore L.P. is a feeder fund with dual master trusts. Bardin Hill Fund GP LLC is the general partner of the feeder fund. The partnership's investment objective is to target superior risk-adjusted returns on low correlation to global credit and equity markets. The fund is a closed end investment company, which closed on February 12, 2021. The term of the feeder fund will continue three years following the end of the final closing date. The ability to transfer ownership from the fund is restricted.
- (r) BCP Special Opportunities Offshore Feeder II, L.P. was established to make and oversee credit-oriented investments on an opportunistic basis. The term of the fund shall continue for eight years from the commencement date on January 28, 2020 unless the fund's general partner extends the term for up to two additional one-year periods. The ability to transfer ownership from the fund is restricted.
- (s) Kohlberg TE Investors IX, L.P. was established to make and oversee equity investments with the objective of controlling private equity investments in managed buyouts and recapitalizations of companies with enterprise values ranging from \$200 million to \$1.5 billion. The Partnership will terminate on June 26, 2030 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.

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, 2020 is as follows:

Vested:	
Participants currently receiving benefits	\$ 710,304,411
Other participants	355,193,865
	<hr/> 1,065,498,276
Nonvested:	51,644,338
	<hr/>
Total actuarial present value of accumulated plan benefits	<hr/> \$ 1,117,142,614 <hr/>

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Notes to Financial Statements
Years Ended January 31, 2021 and 2020

The change in actuarial present value of accumulated plan benefits for the year ended January 31, 2020 is as follows:

Actuarial present value of accumulated plan benefits	
at beginning of year	<u>\$ 1,101,182,708</u>
Increase (decrease) attributed to:	
Interest	79,143,680
Benefits paid	(84,800,566)
Benefits accumulated, net experience gain or loss, changes in data	<u>21,616,792</u>
Net increase	<u>15,959,906</u>
Actuarial value of accumulated plan benefits	
at end of year	<u><u>\$ 1,117,142,614</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, 2020 and 2019, 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. RISKS AND UNCERTAINTIES:

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

9. PLAN OPERATIONS:

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic which has impacted the financial markets and global economy. The COVID-19 pandemic is ongoing and the duration and extent of the related financial impact on the Plan's net assets available for benefits and changes in net assets available is uncertain and cannot be reasonably estimated 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, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investment expenses:		
Investment advisory - Segal Marco Advisors	\$ 285,000	285,000
Services fees:		
Fidelity	165,508	162,001
Amalgatrust	272,318	231,904
Northern Trust	56,940	-
Key Trust	13,341	13,160
Cooke & Bieler	-	52,013
Tributary Capital	147,662	170,261
State Street Global Advisors	53,476	27,908
JP Morgan	1,600	19,200
	<u>\$ 995,845</u>	<u>961,447</u>
Administrative expenses - direct:		
Insurance	\$ 167,715	163,842
PBGC premium	244,440	237,336
Actuary and consulting	215,097	142,036
Legal fees	64,152	57,781
Accounting and audit	75,159	75,032
Supplies, technology and other	46,915	29,178
Real estate taxes	24,436	23,114
Depreciation	34,503	35,396
	<u>872,417</u>	<u>763,715</u>
Administrative expenses allocated from related Plans:		
Trustee expenses and education	11,750	49,840
Service fees	21,761	59,774
Personnel	307,214	297,872
Office pension cost and funded status change	115,326	22,624
Utilities, supplies, postage, and other	103,618	123,254
	<u>559,669</u>	<u>553,364</u>
	<u>\$ 1,432,086</u>	<u>1,317,079</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, 2021

(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				
* Investment manager: Segal Alternative Investments				
Money market funds:				
	FEDERATED GOVERNMENT OBLIGATIONS IS	11,874,461	\$ 11,874,461	11,874,461
* Investment manager: Key Trust - Pension Cash				
Money market funds:				
	FEDERATED GOVERNMENT OBLIGATIONS IS	547,438	547,438	547,438
* Investment manager: Amalgatrust				
Money market funds:				
	FEDERATED GOVERNMENT OBLIGATIONS IS	739,225	739,225	739,225
Equity securities:				
	ADOBE SYSTEMS INC	3,985	956,186	1,828,198
	ALPHABET INC	1,305	890,798	2,395,641
	AMAZON COM INC	729	416,841	2,337,320
	AUTODESK INC	7,718	1,128,861	2,141,205
	BROWN-FORMAN CORP	18,933	925,421	1,356,928
	CINTAS CORP	5,177	976,004	1,646,907
	COSTCO WHOLESALE CORP	3,434	436,713	1,210,245
	DANAHER CORP DEL	8,155	565,176	1,939,585
	DEXCOM INC	4,423	416,707	1,657,962
	EDWARDS LIFESCIENCES CORP	19,047	915,881	1,572,901
	ELECTRONICS ARTS INC	14,325	1,617,954	2,051,340
	ESTEE LAUDER COS INC	6,466	521,571	1,530,179
	FORTIVE CORP	19,160	928,044	1,266,093
	INTUIT	5,633	840,798	2,034,809
	INTUITIVE SURGICAL INC	2,968	804,001	2,218,996
	L3HARRIS TECHNOLOGIES INC	7,217	1,432,517	1,237,788
	LULULEMON ATHLETICA INC	3,625	795,684	1,191,465
	MASTERCARD INC	6,345	1,991,145	2,006,860
	MATCH GROUP INC	11,989	1,318,793	1,676,782
	MISCROSOFT CORP	11,423	1,260,285	2,649,679
	PAYPAL HOLDINGS INC	10,350	459,997	2,425,109
	ROPER TECHNOLOGIES INC	3,881	772,556	1,524,884
	SBA COMMUNICATIONS CORP	6,237	679,011	1,675,695
	SERVICENOW INC	2,807	1,509,231	1,524,650
	SHERWIN WILLIAMS CO	2,669	1,106,866	1,846,414
	SHOPIFY	1,578	1,514,854	1,733,575
	THERMO FISHER SCIENTIFIC INC	4,866	817,470	2,480,200
	VEEVA SYSTEMS INC	4,319	1,223,460	1,193,944
	ZOETIS INC	12,562	764,284	1,937,689
	GENPACT LTD	19,484	465,952	745,845
	NXP SEMICONDUCTOR NV	9,843	968,700	1,579,506
Total equity securities			29,421,761	54,618,394
Total managed by Amalgatrust			30,160,986	55,357,619

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, 2021

(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				
* Investment manager: Tributary Capital				
Money market funds:				
	FEDERATED GOVERNMENT OBLIGATIONS IS	606,023	606,023	606,023
Equity securities:				
	AGREE REALTY CORP	6,024	331,587	380,717
	AMERICAN WOODMARK CORP	5,102	458,825	441,374
	AMN HEALTHCARE SERVICES INC	10,391	256,903	749,399
	ATLANTIC UNION BANKSAHRES CO	15,793	528,584	518,642
	BALCHEM CORP	4,397	264,130	470,611
	BARNES GROUP INC	7,148	243,841	343,604
	BENCHMARK ELECTRS INC	17,605	464,455	445,935
	BOOT BARN HOLDINGS INC	12,488	428,057	714,813
	BOTTOMLINE TECHNOLOGIES INC	6,666	341,288	318,501
	CACI INTL INC	1,615	151,311	389,570
	CASS INFORMATION SYSTEMS INC	6,601	232,994	268,001
	CHESAPEAKE UTILITIES CORP	2,900	265,257	294,147
	COCA-COLA CONSOLIDATED INC	1,745	435,584	465,671
	COMFORT SYSTEMS USA INC	6,569	258,420	364,120
	CTS CORP	11,772	383,349	359,046
	CSW INDUSTRIALS INC	3,327	235,263	387,662
	DIODES INC	4,375	201,168	309,663
	DORMAN PRODUCTS INC	6,731	418,146	611,377
	EASTERLY GOVT PROPERTIES INC	19,695	365,495	432,305
	ENERSYS	4,737	230,412	389,524
	EXLSERVICE HOLDINGS INC	5,672	232,904	434,929
	FORWARD AIR CORP	7,151	320,233	512,655
	FRANKLIN ELEC INC	7,332	279,731	508,987
	G-III APPAREL GROUP LTD	15,806	489,524	427,394
	GETTY REALTY CORP	10,709	300,056	284,538
	ICF INTERNATIONAL INC	7,612	600,599	587,114
	IDACORP INC	5,536	293,691	488,829
	INTEGRA LIFESCIENCES HOLDINGS	12,138	399,375	801,594
	J&J SNACK FOODS CORP	2,472	329,299	377,376
	KAISER ALUMINUM CORP	5,631	494,606	488,208
	KFORCE INC	10,745	268,732	458,274
	KORN FERRY	9,394	407,954	428,366
	LA Z BOY INC	12,876	313,679	498,559
	LHC GROUP INC	1,646	92,382	327,916
	LITTELFUSE INC	1,093	105,961	266,003

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, 2021

(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				
MARCUS & MILLICHAP INC		14,799	389,566	528,768
MEDPACE HOLDINGS INC		3,926	243,991	521,334
MERCANTILE BANK CORP		10,172	308,565	276,170
MOELIS & CO		9,760	318,071	485,170
MOVADO GROUP INC		20,215	471,550	417,642
NEXSTAR MEDIA GROUP INC		6,362	398,107	723,169
OLD NATL BANCORP IND		32,914	461,301	552,626
OLLIE'S BARGAIN OUTLET HLDGS		3,987	185,471	377,689
OMNICELL INC		5,255	238,552	619,039
ONTO INNOVATION INC		10,508	329,725	567,957
PACIRA BIOSCIENCES INC		3,428	185,645	226,522
PIONEER NATURAL RESOURCES CO		3,398	186,544	410,825
SELECTIVE INS GROUP INC		10,377	369,685	674,297
SOUTH STATE CORP		8,149	540,293	568,311
SPS COMMERCE INC		2,214	125,641	218,942
STANDARD MOTOR PRODS		8,631	419,101	338,594
STEWART INFORMATION SVCS CORP		7,913	308,547	367,005
STIFEL FINL CORP		14,764	407,661	765,070
SUPERNUS PHARMACEUTICALS INC		8,114	229,436	238,470
SYKES ENTERPRISES INC		7,690	224,479	296,757
TETRA TECH INC NEW		2,820	88,825	342,827
UMB FINANCIAL CORP		5,158	277,642	366,063
UNITED BANKSHARES INC WEST VA		12,809	416,440	405,533
UNTIL CORP		6,070	287,096	247,474
AMBARELLA INC		3,858	216,489	364,041
SILICON MOTION TECHNOLOGY CORP		7,700	272,757	380,457
Total equity securities			19,324,975	26,826,176
Total managed by Tributary Capital			19,930,998	27,432,199
Registered investment companies:				
* BAIRD CORE PLUS INSTITUTIONAL BOND FUND		6,397,606	70,076,982	77,155,124
			70,076,982	77,155,124
Common/collective trusts:				
* MULTI-EMPLOYER PROPERTY TRUST		4,773	10,658,521	57,265,897
* FIAM CORE PLUS CL A		3,480,567	30,730,252	85,065,066
* NORTHERN TRUST COLLECTIVE INVT TR		506,193	86,830,875	118,998,346
* STATE STREET RUSSELL 2000® INDEX		240,827	23,822,593	36,124,365
* THORNBURG GLOBAL EQUITY FUND		1,110,566	18,497,776	35,249,360
* AFL-CIO EQUITY INDEX FUND		8,645,308	125,014,893	294,313,100
			295,554,910	627,016,134

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, 2021

(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>				
Partnership/joint venture interests:				
*	D.E. SHAW US BROAD MARKET CORE ALPHA EXTENSION FUND		11,538,178	63,480,933
*	MESIROW FINANCIAL CAPITAL PARTNERS X, L.P.		134,415	715,220
*	HIGHSTAR CAPITAL IV, L.P. & SUBSIDIARIES		2,638,352	1,448,956
*	STARWOOD DISTRESSED OPPORTUNITY FUND IX - U.S., L.P.		644,537	978,184
*	STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P.		112,344	93,560
*	WARBURG PINCUS XI, L.P.		1,822,040	3,721,659
*	HIGHBRIDGE IRISH SPECIALTY LOAN FUND III PLC		654,559	335,150
*	FIRST RESERVE FUND XIII. L.P.		3,661,950	3,009,459
*	ENTRUST SPECIAL OPPORTUNITIES FUND II LTD		404,256	722,346
*	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		3,492,160	4,037,010
*	GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P.		2,353,184	4,131,452
*	ANGELO GORDON CAPITAL RECOVERY VIII HOLIDINGS, L.P.		30,570	182,899
*	ANGELO GORDON REALTY FUND IX, L.P.		4,532,996	7,363,157
*	H.I.G ADVANTAGE BUYOUT FUND, L.P.		1,566,224	1,740,164
*	BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY		15,000,000	21,047,460
*	CROSSLINK ENDEAVOR FUND I, L.P.		2,720,000	2,670,609
*	FRANCISCO PARTNERS AGILITY II-A, L.P.		127,500	111,738
*	BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.		6,433,559	7,299,749
*	BCP SPECIAL OPPORTUNITIES OFFSHORE FEEDER II, L.P.		6,087,056	6,357,372
*	KOHLBERG TE INVESTORS IX, L.P.		1,000,847	1,016,777
			<u>64,954,727</u>	<u>130,463,854</u>
Total investments			<u>\$ 493,100,502</u>	<u>929,846,829</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, 2021

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Party Involved	Description of Asset	Purchase Price	Selling Price	Cost	Current Value on Transaction Date	Gain (Loss)
<i>Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets</i>						
* Keybank	Federated Government Obligations IS					
	Purchases	\$ 33,921,764	-	33,921,764	33,921,764	-
	Sales	-	39,335,884	39,335,884	39,335,884	-

* Party in interest

There were no reportable category (i), (ii) or (iv) transactions for the year ended January 31, 2021.

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, 2021

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		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
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Money market funds:				
	FEDERATED GOVERNMENT OBLIGATIONS IS	11,874,461	\$ 11,874,461	11,874,461
* Investment manager: Key Trust - Pension Cash				
Money market funds:				
	FEDERATED GOVERNMENT OBLIGATIONS IS	547,438	547,438	547,438
* Investment manager: Amalgatrust				
Money market funds:				
	FEDERATED GOVERNMENT OBLIGATIONS IS	739,225	739,225	739,225
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	CINTAS CORP	5,177	976,004	1,646,907
	COSTCO WHOLESALE CORP	3,434	436,713	1,210,245
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	INTUIT	5,633	840,798	2,034,809
	INTUITIVE SURGICAL INC	2,968	804,001	2,218,996
	L3HARRIS TECHNOLOGIES INC	7,217	1,432,517	1,237,788
	LULULEMON ATHLETICA INC	3,625	795,684	1,191,465
	MASTERCARD INC	6,345	1,991,145	2,006,860
	MATCH GROUP INC	11,989	1,318,793	1,676,782
	MISCROSOFT CORP	11,423	1,260,285	2,649,679
	PAYPAL HOLDINGS INC	10,350	459,997	2,425,109
	ROPER TECHNOLOGIES INC	3,881	772,556	1,524,884
	SBA COMMUNICATIONS CORP	6,237	679,011	1,675,695
	SERVICENOW INC	2,807	1,509,231	1,524,650
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	SHOPIFY	1,578	1,514,854	1,733,575
	THERMO FISHER SCIENTIFIC INC	4,866	817,470	2,480,200
	VEEVA SYSTEMS INC	4,319	1,223,460	1,193,944
	ZOETIS INC	12,562	764,284	1,937,689
	GENPACT LTD	19,484	465,952	745,845
	NXP SEMICONDUCTOR NV	9,843	968,700	1,579,506
Total equity securities			29,421,761	54,618,394
Total managed by Amalgatrust			30,160,986	55,357,619

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, 2021

(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				
* Investment manager: Tributary Capital				
Money market funds:				
	FEDERATED GOVERNMENT OBLIGATIONS IS	606,023	606,023	606,023
Equity securities:				
	AGREE REALTY CORP	6,024	331,587	380,717
	AMERICAN WOODMARK CORP	5,102	458,825	441,374
	AMN HEALTHCARE SERVICES INC	10,391	256,903	749,399
	ATLANTIC UNION BANKSAHRES CO	15,793	528,584	518,642
	BALCHEM CORP	4,397	264,130	470,611
	BARNES GROUP INC	7,148	243,841	343,604
	BENCHMARK ELECTRS INC	17,605	464,455	445,935
	BOOT BARN HOLDINGS INC	12,488	428,057	714,813
	BOTTOMLINE TECHNOLOGIES INC	6,666	341,288	318,501
	CACI INTL INC	1,615	151,311	389,570
	CASS INFORMATION SYSTEMS INC	6,601	232,994	268,001
	CHESAPEAKE UTILITIES CORP	2,900	265,257	294,147
	COCA-COLA CONSOLIDATED INC	1,745	435,584	465,671
	COMFORT SYSTEMS USA INC	6,569	258,420	364,120
	CTS CORP	11,772	383,349	359,046
	CSW INDUSTRIALS INC	3,327	235,263	387,662
	DIODES INC	4,375	201,168	309,663
	DORMAN PRODUCTS INC	6,731	418,146	611,377
	EASTERLY GOVT PROPERTIES INC	19,695	365,495	432,305
	ENERSYS	4,737	230,412	389,524
	EXLSERVICE HOLDINGS INC	5,672	232,904	434,929
	FORWARD AIR CORP	7,151	320,233	512,655
	FRANKLIN ELEC INC	7,332	279,731	508,987
	G-III APPAREL GROUP LTD	15,806	489,524	427,394
	GETTY REALTY CORP	10,709	300,056	284,538
	ICF INTERNATIONAL INC	7,612	600,599	587,114
	IDACORP INC	5,536	293,691	488,829
	INTEGRA LIFESCIENCES HOLDINGS	12,138	399,375	801,594
	J&J SNACK FOODS CORP	2,472	329,299	377,376
	KAISER ALUMINUM CORP	5,631	494,606	488,208
	KFORCE INC	10,745	268,732	458,274
	KORN FERRY	9,394	407,954	428,366
	LA Z BOY INC	12,876	313,679	498,559
	LHC GROUP INC	1,646	92,382	327,916
	LITTELFUSE INC	1,093	105,961	266,003

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, 2021

(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				
MARCUS & MILLICHAP INC		14,799	389,566	528,768
MEDPACE HOLDINGS INC		3,926	243,991	521,334
MERCANTILE BANK CORP		10,172	308,565	276,170
MOELIS & CO		9,760	318,071	485,170
MOVADO GROUP INC		20,215	471,550	417,642
NEXSTAR MEDIA GROUP INC		6,362	398,107	723,169
OLD NATL BANCORP IND		32,914	461,301	552,626
OLLIE'S BARGAIN OUTLET HLDGS		3,987	185,471	377,689
OMNICELL INC		5,255	238,552	619,039
ONTO INNOVATION INC		10,508	329,725	567,957
PACIRA BIOSCIENCES INC		3,428	185,645	226,522
PIONEER NATURAL RESOURCES CO		3,398	186,544	410,825
SELECTIVE INS GROUP INC		10,377	369,685	674,297
SOUTH STATE CORP		8,149	540,293	568,311
SPS COMMERCE INC		2,214	125,641	218,942
STANDARD MOTOR PRODS		8,631	419,101	338,594
STEWART INFORMATION SVCS CORP		7,913	308,547	367,005
STIFEL FINL CORP		14,764	407,661	765,070
SUPERNUS PHARMACEUTICALS INC		8,114	229,436	238,470
SYKES ENTERPRISES INC		7,690	224,479	296,757
TETRA TECH INC NEW		2,820	88,825	342,827
UMB FINANCIAL CORP		5,158	277,642	366,063
UNITED BANKSHARES INC WEST VA		12,809	416,440	405,533
UNTIL CORP		6,070	287,096	247,474
AMBARELLA INC		3,858	216,489	364,041
SILICON MOTION TECHNOLOGY CORP		7,700	272,757	380,457
Total equity securities			19,324,975	26,826,176
Total managed by Tributary Capital			19,930,998	27,432,199
Registered investment companies:				
* BAIRD CORE PLUS INSTITUTIONAL BOND FUND		6,397,606	70,076,982	77,155,124
			70,076,982	77,155,124
Common/collective trusts:				
* MULTI-EMPLOYER PROPERTY TRUST		4,773	10,658,521	57,265,897
* FIAM CORE PLUS CL A		3,480,567	30,730,252	85,065,066
* NORTHERN TRUST COLLECTIVE INVT TR		506,193	86,830,875	118,998,346
* STATE STREET RUSSELL 2000® INDEX		240,827	23,822,593	36,124,365
* THORNBURG GLOBAL EQUITY FUND		1,110,566	18,497,776	35,249,360
* AFL-CIO EQUITY INDEX FUND		8,645,308	125,014,893	294,313,100
			295,554,910	627,016,134

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, 2021

(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>				
Partnership/joint venture interests:				
*	D.E. SHAW US BROAD MARKET CORE ALPHA EXTENSION FUND		11,538,178	63,480,933
*	MESIROW FINANCIAL CAPITAL PARTNERS X, L.P.		134,415	715,220
*	HIGHSTAR CAPITAL IV, L.P. & SUBSIDIARIES		2,638,352	1,448,956
*	STARWOOD DISTRESSED OPPORTUNITY FUND IX - U.S., L.P.		644,537	978,184
*	STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P.		112,344	93,560
*	WARBURG PINCUS XI, L.P.		1,822,040	3,721,659
*	HIGHBRIDGE IRISH SPECIALTY LOAN FUND III PLC		654,559	335,150
*	FIRST RESERVE FUND XIII. L.P.		3,661,950	3,009,459
*	ENTRUST SPECIAL OPPORTUNITIES FUND II LTD		404,256	722,346
*	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		3,492,160	4,037,010
*	GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P.		2,353,184	4,131,452
*	ANGELO GORDON CAPITAL RECOVERY VIII HOLIDINGS, L.P.		30,570	182,899
*	ANGELO GORDON REALTY FUND IX, L.P.		4,532,996	7,363,157
*	H.I.G ADVANTAGE BUYOUT FUND, L.P.		1,566,224	1,740,164
*	BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY		15,000,000	21,047,460
*	CROSSLINK ENDEAVOR FUND I, L.P.		2,720,000	2,670,609
*	FRANCISCO PARTNERS AGILITY II-A, L.P.		127,500	111,738
*	BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.		6,433,559	7,299,749
*	BCP SPECIAL OPPORTUNITIES OFFSHORE FEEDER II, L.P.		6,087,056	6,357,372
*	KOHLBERG TE INVESTORS IX, L.P.		1,000,847	1,016,777
			<u>64,954,727</u>	<u>130,463,854</u>
Total investments			<u>\$ 493,100,502</u>	<u>929,846,829</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, 2021

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Party Involved	Description of Asset	Purchase Price	Selling Price	Cost	Current Value on Transaction Date	Gain (Loss)
<i>Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets</i>						
* Keybank	Federated Government Obligations IS					
	Purchases	\$ 33,921,764	-	33,921,764	33,921,764	-
	Sales	-	39,335,884	39,335,884	39,335,884	-

* Party in interest

There were no reportable category (i), (ii) or (iv) transactions for the year ended January 31, 2021.

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

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

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

For the plan years beginning February 1, 2011 through 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.

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

FUNDING IMPROVEMENT PERIOD

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

FUNDING IMPROVEMENT PLAN - SCHEDULES

The FIP must be designed to accomplish the following:

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

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

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:

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

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

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

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

AUTOMATIC IMPLEMENTATION OF FIP DEFAULT SCHEDULE

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

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

ADOPTION OF FUNDING IMPROVEMENT PLAN

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

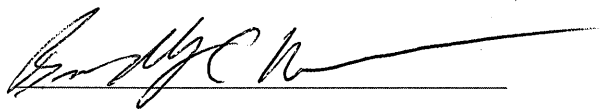
MONITORING AND ANNUAL UPDATING OF FUNDING IMPROVEMENT PLAN

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

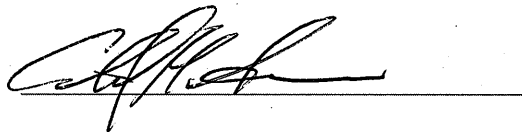
ADOPTION BY THE BOARD OF TRUSTEES

The Board of Trustees for the Iron Workers District Council of Southern Ohio and Vicinity Pension Trust indicated their adoption and approval of the aforesaid Funding Improvement Plan on November 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.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning and ending

A Name of plan	B Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)

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

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)..... b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14a 14b 14c	0 0 0
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	1
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	250,000
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: <u>68</u> % Investment-Grade Debt: <u>10</u> % High-Yield Debt: <u>9</u> % Real Estate: <u>11</u> % Other: <u>2</u> %	
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 _____	