Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
IRONWORKERS NATIONAL PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/20/1969

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)
IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES

1520 KENSINGTON ROAD
SUITE 200
OAKBROOK, IL 60523

2b Employer Identification Number (EIN) 52-6122274

2c Plan Sponsor's telephone number 202-383-4874

2d Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2022	ERIC DEAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	12764
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)**	2614
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2481
b Retired or separated participants receiving benefits	**6b**	4864
c Other retired or separated participants entitled to future benefits	**6c**	3715
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11060
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1469
f Total. Add lines **6d** and **6e**	**6f**	12529
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**	133

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)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[X]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
IRONWORKERS NATIONAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6122274

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

1 Coverage Information:

(a) Name of insurance carrier
UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1423090	69744	GA02082	12529	07/01/2020	06/30/2021

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

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**	16539486

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**	
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **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
IRONWORKERS NATIONAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6122274

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

1a Enter the valuation date: Month 07 Day 01 Year 2020

b	Assets		
(1)	Current value of assets	**1b(1)**	418883518
(2)	Actuarial value of assets for funding standard account	**1b(2)**	436094996
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	470859164
(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)**	456762692
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)**	798008321
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	8284076
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	36053893
(3)	Expected plan disbursements for the plan year	**1d(3)**	37817017

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 12/13/2021
ADAM E. CONDRICK, MAAA	Most recent enrollment number: 20-06512
Type or print name of actuary	
SEGAL	Telephone number (including area code): 202-833-6400
Firm name	
1800 M ST N.W., SUITE 900 S, WASHINGTON, DC 20036-5880	
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**	420021323
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		6037	449242823
(2) For terminated vested participants		3807	213673461
(3) For active participants:			
(a) Non-vested benefits			6163453
(b) Vested benefits			128928564
(c) Total active		2154	135092017
(4) Total		11998	798008301
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**	52.63 %	

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/15/2021	7740053	0			
		Totals ► **3(b)**	7740053	**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**	95.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

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

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

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

i ☐ Other (specify):

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

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.68 %		
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.00 %		7.00 %	
e Expense loading	**6e**	96.4 %	☐ N/A	0.0 %	☐ 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**	6.6 %			
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	3.2 %			

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
3	273357	30549
4	21450733	2201098
1	-5229052	-536562

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**	3463197
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)**	196598996	30811469
(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**	2399227
e Total charges. Add lines 9a through 9d		**9e**	36673893

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	126170942
g	Employer contributions. Total from column (b) of line 3		**9g**	7740053
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 35663886		4918548
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	9424591
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 194322470		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 284809673		
	(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**	148254134
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	111580241
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			[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
IRONWORKERS NATIONAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6122274

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

ASB CAPITAL MANAGEMENT

80-0618452

(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

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

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

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

BENEFITS MANAGEMENT GROUP, INC

20-0188125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	948840	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK

1825 K ST NW
WASHINGTON, DC 20006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	271455	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NEW TOWER TRUST COMPANY

30-0872552

(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 52	NONE	268755	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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 CONSULTING

13-1835864

(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 50 55 70	NONE	262074	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GLADNEY LAW GROUP

1750 NEW YORK NW
SUITE 700
WASHINGTON, DC 20006

(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	203191	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BOSTON PARTNERS

98-0202744

(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 52 68	NONE	197510	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

LAZARD ASSET MANAGEMENT

05-0530199

(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 52	NONE	190854	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

REID & ASSOCIATES, P.C.

52-2283119

(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	161044	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ULLICO INVESTMENT ADVISORS INC

52-6435649

(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	144710	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

UNION LABOR LIFE INSURANCE COMPANY

13-1423090

(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 52	NONE	135238	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

(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	135037	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY

26-4310632

(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 72	NONE	120000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MANNING & NAPIER ADVISORS INC

45-3328488

(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	108978	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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 28	NONE	108057	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

UNION INSURANCE GROUP INC

303 W ERIE
SUITE 310
CHICAGO, IL 60654

(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?
23 50	NONE	75663	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WITHUMSMITH+BROWN

22-2027092

(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	64890	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZIEGLER CAPITAL MANAGEMENT, LLC

85-0597999

(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	52577	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST

36-2723087

(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 52 59	NONE	27120	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

SUN LIFE CAPITAL MANAGEMENT LLC

68-0635051

(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	26625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GROSVENOR CAPITAL MANAGEMENT INC

36-3795985

(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	22269	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MESIROW FINANCIAL INVESTMENT

36-3429599

(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	15897	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BOND BROTHERS & CO INC

7826 WEST 47TH STREET
LYONS, IL 60534

(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	12675	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WCM INVESTMENT MANAGEMENT, INC

20-8941519

(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 52	NONE	7870	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
IRONWORKERS NATIONAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6122274

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	31566023

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

b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANT

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)
13-1423090-203	P	16539486

a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD CORE FIXED INCOME PORTFOLIO

b Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC

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)
30-0598495-001	E	33915217

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON AFL-CIO SL STOCK INDEX

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-340	C	33996735

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL-COUNTRY WORLD EX-US INDEX FUND

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

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)
45-6138589-103	C	18848871

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
IRONWORKERS NATIONAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6122274

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	4900015	1278638
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	614967	903708
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1951004	1971876
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4585805	6592955
(2) U.S. Government securities	1c(2)	39753919	26395738
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20573478	33677148
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	117275184	156947246
(5) Partnership/joint venture interests	1c(5)	44778008	72502383
(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)	89914388	84411628
(10) Value of interest in pooled separate accounts	1c(10)	23598270	16539486
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	41223718	33915217
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	31755888	38878371
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	420924644	474014394
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	539215	187730
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	364106	675638
k	Total liabilities (add all amounts in lines 1g through1j)	1k	903321	863368
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	420021323	473151026

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)	7523815	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	445137	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7968952
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)	671110	
	(C) Corporate debt instruments	2b(1)(C)	813945	
	(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)		1485055
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	2365787	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	429567	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2795354
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	376813074	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	329479968	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		47333106
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	23585429	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		23585429

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12754839
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-6348159
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-5737492
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7119728
c Other income	2c		6049
d Total income. Add all **income** amounts in column (b) and enter total	2d		90962861
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34141431	
(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)		34141431
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)	691199	
(2) Contract administrator fees	2i(2)	519981	
(3) Investment advisory and management fees	2i(3)	1835609	
(4) Other	2i(4)	644938	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3691727
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		37833158
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		53129703
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: WITHUMSMITH&BROWN PC **(2)** EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		66919692
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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 4344782.

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.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
IRONWORKERS NATIONAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IRONWORKERS NATIONAL PENSION PLAN BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6122274

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 1

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer PELLA VINYL-PORTLAND OPERATION

b EIN 20-0876482 **c** Dollar amount contributed by employer 707514

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 09 Day 30 Year 2023

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) 1.98
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ALBERICI CONSTRUCTORS INC

b EIN 43-0624621 **c** Dollar amount contributed by employer 705241

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 04 Day 30 Year 2023

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) 3.50
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer PTR BALER & COMPACTOR CO

b EIN 20-1284683 **c** Dollar amount contributed by employer 471941

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 01 Day 31 Year 2023

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) 6.51
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer VERITAS STEEL - FKA PDM BRIDGE

b EIN 46-3778002 **c** Dollar amount contributed by employer 401545

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 02 Day 28 Year 2022

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) 1.73
(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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	674
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**	637
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**	633

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**	1.06
b The corresponding number for the second preceding plan year	**15b**	1.06

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**	3
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**	245904

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: 58 % Investment-Grade Debt: 25 % High-Yield Debt: 0 % Real Estate: 10 % Other: 7 %

b Provide the average duration of the combined investment-grade and high-yield debt:
[ ] 0-3 years [X] 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)?
[X] 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 _____

IRONWORKERS NATIONAL PENSION PLAN

EIN 52-6122274
Plan No. 001
Plan Year Ended June 30, 2021

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	07/01/1993	$538,877	3	$191,907
Plan Amendment	07/01/1994	1,821,565	4	502,596
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/1995	1,794,756	5	409,088
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/1996	2,048,980	6	401,745
Plan Amendment	07/01/1996	2,253,026	6	441,753
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/1997	3,221,535	7	558,660
Plan Amendment	07/01/1997	18,992,015	7	3,293,486
Plan Amendment	07/01/1998	425,116	8	66,536
Changes in Actuarial Assumptions	07/01/1998	3,224,568	8	504,683
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/1998	4,062,331	8	635,803
Colorado Fabricators Combined Bases	09/01/1998	56,772	.17	56,772
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/1999	4,883,697	9	700,543
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2000	5,104,327	10	679,198
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2001	5,690,798	11	709,259
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2002	4,485,801	12	527,824
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2003	3,615,423	13	404,288
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2004	6,190,363	14	661,530

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2005	4,610,024	15	473,043
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2006	543,218	16	53,742
Local 508 Plan Change in Assumptions	07/01/2007	366,130	17	35,048
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2007	1,198,467	17	114,723
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2008	429,308	3	152,886
Experience Loss	07/01/2008	901,358	3	320,994
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2009	309,146	4	85,298
Experience Loss	07/01/2009	22,736,527	4	6,273,329
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2010	223,213	5	50,878
Experience Loss	07/01/2010	3,349,593	5	763,490
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2011	66,472	6	13,033
Experience Loss	07/01/2011	10,747,837	6	2,107,337
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2012	162,051	7	28,102
Experience Loss	07/01/2012	3,181,195	7	551,664
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2013	182,850	8	28,618
Experience Loss	07/01/2013	737,345	8	115,403
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2014	290,322	9	41,645
Experience Loss	07/01/2015	5,362,060	10	713,492

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2016	99,815	11	12,440
Experience Loss	07/01/2016	14,366,172	11	1,790,494
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2017	575,803	12	67,752
Experience Loss	07/01/2017	6,654,938	12	783,056
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2018	192,651	13	21,543
Experience Loss	07/01/2018	24,321,343	13	2,719,691
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2019	343,773	14	36,737
Experience Loss	07/01/2019	4,488,984	14	479,713
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2020	273,357	15	30,549
Change in Assumptions	07/01/2020	21,450,733	15	2,201,098
Total		**$196,598,996**		**$30,811,469**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2010	$1,090,711	4.5	$271,848
Change in Assumptions	07/01/2011	888,820	6	174,272
Change in Assumptions	07/01/2012	5,947,333	7	1,031,352
Plan Amendment	01/01/2013	766,991	7.5	126,084
Change in Assumptions	07/01/2014	2,919,686	9	418,815
Experience Gain	07/01/2014	6,600,017	9	946,741
Benefit Level Increase Due to Higher Negotiated Contribution Rates	07/01/2015	60,813	10	8,092
Change in Assumptions	07/01/2016	5,924,158	11	738,343
Change in Assumptions	07/01/2019	6,236,305	14	666,439
Experience Gain	07/01/2020	5,229,052	15	536,562
Total		**$35,663,886**		**$4,918,548**

IRONWORKERS NATIONAL PENSION PLAN

EIN 52-6122274
Plan No. 001
Plan Year Ended June 30, 2021

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Exhibit K: 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	July 1 through June 30
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Normal Retirement Age	Later of age 65 or first day of Plan Year in which fifth anniversary of participation occurs.
Regular Pension	• *Age Requirement:* For Pension Credit on or after January 1, 2010, age 65; for Pension Credit prior to January 1, 2010, age 60. • *Service Requirement:* 5 years of Pension Credit; at least one year of Pension Credit during the Contribution Period. • *Monthly Amount:* On or after January 1, 2013: 1.4% times the contributions made on behalf of the participant during the Calendar Year. There is no accrual if the participant works less than 450 hours in the Calendar Year. There is no maximum contribution rate for this calculation. On or after July 1, 2005 but prior to January 1, 2013: $0.32 per 1¢ of the contribution rate ($4.00 maximum) in effect on the January 1st of each calendar year times the Pension Credit earned during the calendar year. Prior to July 1, 2005: $0.52 per 1¢ of the highest contribution rate ($2.75 maximum) in effect prior to July 1, 2005 at which the participant earned 1,500 hours, times Pension Credits earned to that date. A different benefit structure applied to certain employers in the Plan. The total benefit accrual prior to January 1, 2013 is limited to the 40 highest calendar year accruals. • *Delayed Retirement Amount:* Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each of the first 60 months after NRA, and 1.5% for each month thereafter.
Early Retirement	• *Age Requirement:* 55 • *Service Requirement:* 5 years of Pension Credit; at least one year of Pension Credit during the Contribution Period. • *Amount:* Regular pension accrued, reduced as follows: For benefits accrued on or after January 1, 2010, 6% for each year that retirement age is less than 65; for the benefit accrued prior to January 1, 2010, 3% for each year that retirement age is less than 60.

Disability	• *Age Requirement:* None • *Service Requirement:* 5 years of Pension Credit; at least one year of Pension Credit during the Contribution Period. • *Other Requirement:* Social Security Disability Award Certified required as proof of disability. Board may require evidence of continued entitlement to Social Security Disability Benefits. • *Amount:* Regular pension accrued, payable immediately, with the same reduction as is applied for Early Retirement Pension. If the participant is younger than age 55, then the maximum reduction is that computed as if the participant were age 55 at retirement.
Deferred Pension	• *Age Requirement:* None • *Service Requirement:* 5 years of Vesting Service. • *Amount:* Regular pension accrued, payable on reduced basis as early as age 55, with the same reduction as is applied for Early Retirement Pension.
Spouse's Pre-Retirement Death Benefit	• *Age Requirement:* None • *Service Requirement:* Same as Early Retirement Pension or Deferred Pension. • *Amount:* 50% of the benefit employee would have received had he/she retired the day before he/she died and elected the 50% Husband-and-Wife option, with payments commencing as early as the date the participant would have attained age 55 if death occurs prior to age 55. • *Charge for Coverage:* None
Pre-Retirement Lump-sum Death Benefit	• *Age Requirement:* None • *Service Requirement:* One year of Pension Credit during the Contribution Period. • *Amount:* A lump-sum payment equal to the total amount of contributions paid to the Fund on the participant's behalf. This benefit is not provided if the Spouse's Benefit is payable.
Post-Retirement Death Benefit	If the employee is married, pension benefits are paid in the form of a reduced 50% Joint and Survivor annuity unless this form is rejected by the participant and spouse. If the form is rejected, or if the employee is not married, benefits are payable for the life of the employee with five years of payments guaranteed without reduction, or in an optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	Life Annuity with 120 months guaranteed; 75% or 100% Joint and Survivor Annuity; Social Security Level Income Option (benefits earned prior to January 1, 2008 only); lump-sum if Actuarial Present Value is $7,500 or less.
Participation	On the earliest January 1 or July 1 after completion of 1,000 hours in Covered Employment during a 12-consecutive-month period.

Section 3: Certificate of Actuarial Valuation

Pension Credit

Past Service credit plus service during Contribution Period per calendar year, as follows:

Hours	Years of Pension Credit
0 – 449	0.0
450 – 599	0.3
600 – 749	0.4
750 – 899	0.5
900 – 1,049	0.6
1,050 – 1,199	0.7
1,200 – 1,349	0.8
1,350 – 1,499	0.9
1,500 or more	1.0

Vesting Credit

One year of vesting service is credited for 1,000 hours worked per calendar year in Covered Employment during the Contribution Period. Upon earning 1,500 hours of service with an employer, whose date of participation is on or after November 1, 2004 and before January 1, 2013, credited past service of up to four years will count as vesting service.

Average Contribution Rate (based on current actives)

Date	Average Hourly Contribution Rate	Minimum	Maximum
July 1, 2019	$1.4576	$0.10	$5.50
July 1, 2020	$1.5097	$0.10	$5.75

Changes in Plan Provisions

There were no changes in plan provisions reflected in this actuarial valuation.

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

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **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
IRONWORKERS NATIONAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
IRONWORKERS NATIONAL PENSION PLAN - BOARD OF TRUSTEES

D Employer Identification Number (EIN)
52-6122274

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

1a Enter the valuation date: Month 07 Day 01 Year 2020

b	Assets		
(1)	Current value of assets	**1b(1)**	418,883,518
(2)	Actuarial value of assets for funding standard account	**1b(2)**	436,094,996
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	470,859,164
(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)**	456,762,692
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)**	798,008,321
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	8,284,076
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	36,053,893
(3)	Expected plan disbursements for the plan year	**1d(3)**	37,817,017

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 Adam E. Condrick 12/13/2021

Signature of actuary — Date

ADAM E. CONDRICK, MAAA — 2006512

Type or print name of actuary — Most recent enrollment number

SEGAL — 202-833-6400

Firm name — Telephone number (including area code)

1800 M ST N.W., SUITE 900 S
WASHINGTON DC 20036-5880

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**	420,021,323
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		6,037	449,242,823
(2) For terminated vested participants		3,807	213,673,461
(3) For active participants:			
(a) Non-vested benefits			6,163,453
(b) Vested benefits			128,928,564
(c) Total active		2,154	135,092,017
(4) Total		11,998	798,008,301
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	52.63%

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
01/15/2021	7,740,053	0			
			Totals ► **3(b)**	7,740,053	**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**	95.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

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

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

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

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

i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	2.68 %			
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.00%		7.00%	
e Expense loading	**6e**	96.4 %	☐ N/A	0.0%	☐ 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**	6.6%			
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	3.2%			

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
3	273,357	30,549
4	21,450,733	2,201,098
1	-5,229,052	-536,562

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	3,463,197
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)	196,598,996		30,811,469
(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	2,399,227
e Total charges. Add lines 9a through 9d			9e	36,673,893

Credits to funding standard account:

f Prior year credit balance, if any			9f	126,170,942
g Employer contributions. Total from column (b) of line 3			9g	7,740,053
		Outstanding balance		
h Amortization credits as of valuation date	9h	35,663,886		4,918,548
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	9,424,591

j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	194,322,470		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	284,809,673		
(3) FFL credit			9j(3)	
k (1) Waived funding deficiency			9k(1)	
(2) Other credits			9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	148,254,134
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	111,580,241
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	

9 o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		

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

Exhibit J: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates	Pre-retirement mortality: Pri-2012 Blue Collar Employee Amount-weighted Mortality Table, multiplied by 1.087 and projected generationally using Scale MP-2019 Nondisabled pensioner mortality: Pri-2012 Blue Collar Healthy Annuitant Amount-weighted Mortality Table, multiplied by 1.087 and projected generationally using Scale MP-2019 Disabled pensioner mortality: Pri-2012 Disabled Retiree Amount-weighted Mortality Table, multiplied by 1.087 and projected generationally using Scale MP-2019 The underlying tables with generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years. The mortality rates were based on historical and current demographic data, estimated future experience, and professional judgment. As part of the analysis, a comparison was made between the actual number of (and the actual liability change due to) deaths of disabled and nondisabled pensioners and the projected number of (and liability change due to) deaths based on the prior year's assumption over the most recent nine years.

Termination Rates before Retirement

Disability rates: 2.0 times the OASDI Table, until age 55

Turnover rates: 2.0 times the Sarason T-5 Table, until age 55, for participants with five or more years of vesting service

	Rate (%)	
Age	Disability	Withdrawal[1]
20	0.12	15.88
25	0.17	15.45
30	0.22	14.44
35	0.29	12.55
40	0.44	10.30
45	0.72	7.95
50	1.21	5.13
55	--	--

[1] For participants with less than five years of vesting service, the assumed withdrawal rate is 17.5% per years at all ages.

The termination and disability rates were based on historical and current demographic data, employer withdrawal history, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of (and liability change due to) terminations and disability retirements by age and years of service versus the projected number (and projected liability change) based on the prior year's assumption over the most recent eleven years.

Retirement Rates

Age	Annual Retirement Rates*
55	5%
56 – 61	3.5
62	30
63 – 64	17.5
65 – 69	45
70	100

**if eligible*

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

Description of Weighted Average Retirement Age

Age 63, 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 current actuarial valuation.

Section 3: Certificate of Actuarial Valuation

Retirement Rates for Inactive Vested Participants

Age	Annual Retirement Rates*
55	15%
56 – 61	3.5
62	20
63 – 64	10
65 – 67	50
68 – 70	30
70 and older	100

**if eligible*

The retirement rates for inactive vested participants were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of (and liability change due to) retirements by age and the projected number (and projected liability change) based on the prior years' assumption over the most recent ten years.

Future Benefit Accruals

For benefit accrual purposes, active employees are assumed to work the same number of hours in all future years as they worked in the prior calendar year.

Future Service Accruals

For eligibility purposes, actives employees are assumed to earn one pension credit per year.

The future service accruals were based on historical and current demographic data, adjusted to reflect the changes in plan design effective January 1, 2013, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual service accruals (and liability changes due to these accruals) over the most recent twelve years.

Form of Payment Election

50% of future pensioners are assumed to elect the 50% joint and survivor form of payment, while the remaining 50% of future pensioners are assumed to elect the 5-year certain and life form of payment.

The benefit elections were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns (and liability changes due to these patterns) over the most recent nine years.

Unknown Data for Participants

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

Definition of Active Participants

Active participants are defined as those who worked at least 450 hours in covered employment during the most recent calendar year and had at least one Pension Credit as of the end of the calendar year. Those who retired between the end of the Pension Credit year and the valuation date are excluded from the active participants.

Section 3: Certificate of Actuarial Valuation

Exclusion of Inactive Vested Participants	Inactive vested participants over age 80 are excluded from the valuation. The exclusion of inactive vested participants over age 80 was based on historical and current demographic data, and estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	75%
Age/Sex of Spouse	Male participants are assumed to have female spouses and female participants are assumed to have male spouses. Female spouses are assumed to be three years younger than their male spouses.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$1,700,000, payable at the beginning of the year, for the year beginning as of the valuation date. The annual administrative expenses were based on historical and current data, adjusted to reflect the budget for the upcoming year, and estimated future experience and professional judgment.
Actuarial Value of Assets	Market value of assets less unrecognized returns in each of the last four years. Unrecognized return is equal to the difference between the actual market return and the projected return (at the actuarially assumed rate) on the market value, and is recognized ratably over a four-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry age is defined as age at employment if known; otherwise, age at valuation date less service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and allocated by service. Normal Cost is calculated as if the rate of current benefit accrual had always been in effect and is adjusted for retirements between the end of the Pension Credit year and the valuation date.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit K.
Current Liability Assumptions	*Interest:* 2.68%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2018 (previously, the MP-2017 scale was used).
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 6.6%, for the Plan Year ending June 30, 2020 *On current (market) value of assets (Schedule MB, line 6h):* 3.2%, for the Plan Year ending June 30, 2020
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 January 15 contribution date.

Section 3: Certificate of Actuarial Valuation

Market Value of Assets (Schedule MB, line 2a):	Market value excluding withdrawal liability contributions receivable: $418,883,518 Market value including withdrawal liability contributions receivable: $420,021,323
Actuarial Models	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. Deterministic cost projections are based on a proprietary forecasting model. Our 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, validate the models, and reviews test lives and results, under the supervision of the responsible actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 3.07% to 2.68% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on current 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, the assumed net investment return was lowered from 7.50% to 7.00%.

Section 3: Certificate of Actuarial Valuation

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IRONWORKERS NATIONAL PENSION PLAN

EIN 52-6122274
Plan No. 001
Plan Year Ended June 30, 2021

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended June 30, 2020.

		Pension Credits								
Age	**Total**	**1 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	122	113	9	–	–	–	–	–	–	–
25 - 29	188	130	58	–	–	–	–	–	–	–
30 - 34	190	102	60	26	2	–	–	–	–	–
35 - 39	206	85	58	36	25	2	–	–	–	–
40 - 44	227	91	52	32	32	20	–	–	–	–
45 - 49	240	65	54	32	30	31	25	3	–	–
50 - 54	222	43	36	24	29	33	31	26	–	–
55 - 59	279	52	38	35	27	30	35	37	22	3
60 - 64	217	26	31	16	21	23	31	21	23	25
65 - 69	34	5	5	5	5	2	5	3	2	2
70 & over	4	1	2	–	–	–	–	–	–	1
Unknown	225	186	31	8	–	–	–	–	–	–
Total	**2,154**	**899**	**434**	**214**	**171**	**141**	**127**	**90**	**47**	**31**

Note: Excludes 413 participants with less than one pension credit.

Exhibit E: Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Expected Annual Benefit Payments
2020	$36,016,057
2021	36,703,504
2022	37,381,521
2023	37,841,121
2024	38,143,090
2025	38,283,377
2026	38,261,308
2027	38,073,981
2028	37,776,565
2029	37,340,853

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.

IRONWORKERS NATIONAL PENSION PLAN
Financial Statements
June 30, 2021 and 2020
With Independent Auditor's Report

withum
ADVISORY TAX AUDIT

Ironworkers National Pension Plan
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ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees,
Ironworkers National Pension Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of the Ironworkers National Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2021 and 2020, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the 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 auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity'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 entity'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 Ironworkers National Pension Plan's net assets available for benefits as of June 30, 2021, and the changes therein for the year then ended and its financial status as of June 30, 2020, and the changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

WithumSmith+Brown, PC

November 18, 2021

Ironworkers National Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2021 and 2020

	2021	2020
Assets		
Investments - at fair value		
Common collective trusts	$ 118,326,845	$ 131,138,106
Common stock	147,282,350	108,870,928
Corporate bonds	33,677,148	20,573,478
Limited partnerships	72,502,383	44,778,008
Registered investment companies	38,878,371	31,755,888
Short term investment funds	6,592,955	4,585,805
U.S. government and agency obligations	26,395,738	39,753,919
ULLICO common stock	9,664,896	8,404,256
ULLICO pooled fund	16,539,486	23,598,270
Total investments	469,860,172	413,458,658
Receivables		
Withdrawal liability assessments - net	1,366,704	1,137,805
Interest and dividends	479,297	566,572
Employer contributions - net	903,708	614,967
Due from broker for securities sold	125,875	246,627
Total receivables	2,875,584	2,565,971
Other assets		
Cash and cash equivalents	1,278,638	4,900,015
Total assets	474,014,394	420,924,644
Liabilities		
Accounts payable	187,730	539,215
Due to broker for securities purchased	675,638	364,106
Total liabilities	863,368	903,321
Net assets available for benefits	$ 473,151,026	$ 420,021,323

The Notes to Financial Statements are an integral part of these statements.

Ironworkers National Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2021 and 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	$ 78,707,452	$ 9,466,309
Interest	1,485,055	1,519,185
Dividends	2,795,354	4,254,529
	82,987,861	15,240,023
Investment expenses	(1,835,609)	(1,723,950)
Net investment income	81,152,252	13,516,073
Contributions and other related income		
Employer contributions	7,523,815	7,131,213
Withdrawal liability assessments	370,351	245,904
Interest on withdrawal liability assessments	74,786	115,495
Total contributions and other related income	7,968,952	7,492,612
Miscellaneous income	6,048	48,755
Total additions	89,127,252	21,057,440
Deductions		
Benefits paid	34,141,431	34,461,333
Administrative expenses	1,856,118	2,110,700
Total deductions	35,997,549	36,572,033
Net change in net assets available for benefits	53,129,703	(15,514,593)
Net assets available for benefits		
Beginning of the year	420,021,323	435,535,916
End of the year	$ 473,151,026	$ 420,021,323

The Notes to Financial Statements are an integral part of these statements.

1. PLAN DESCRIPTION

The following brief description of the Ironworkers National Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for complete information.

General

An Agreement and Declaration of Trust establishing the Plan was made on March 20, 1969 (amended and restated January 1, 2015) between participating employers and the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers (the "International Association"). The purpose of the trust is to provide pension benefits to employees of employers entering into a collective bargaining agreement with the Affiliated Shopmen's Local Unions of the International Association. The Plan is a non-contributory, multiemployer, defined benefit plan that is administered by the Board of Trustees having equal representation by the employers and the International Association. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Funding

Contributions are made to the Plan pursuant to collective bargaining agreements entered into between employers and the Affiliated Shopmen's Local Unions of the International Association. The Trustees have established a plan with a funding policy based on the "entry age normal actuarial cost method." Unfunded benefits are amortized pursuant to the regulations governing such actuarial issues under ERISA.

Investments

The Plan's assets are invested by professional entities acting as investment managers as defined under ERISA. These investment managers have invested Plan assets in various types of securities which are subject to fluctuation in value.

Benefits

The Plan provides for regular unreduced pension benefits to participants based on the calendar years in which the benefits were accrued. For participants retiring after December 31, 2009 who have accrued 25 years of service credit, benefits accrued on and after January 1, 2010 are unreduced upon attainment of age 65 and benefits accrued prior to January 1, 2010 are unreduced at age 60, as defined in the Plan. The Plan also has provisions for early retirement, disability, and death benefits. There are various payment options and a pre-retirement death benefit under certain circumstances. Benefits paid to the participants from other pension plans that have been merged with the Plan are paid based upon the provisions of the merger agreements, including payment options. Participants should refer to the Summary Plan Description for more information concerning how Plan benefit payments are determined.

Actuarial Certification of Funded Status

The Actuary certified that for the Plan years beginning July 1, 2020 and 2019, respectively, the Plan is in neither "critical" nor "endangered" status under the Pension Protection Act of 2006. The Plan's contributions met the minimum funding requirements of ERISA.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan.

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions which affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results may differ from these estimates.

Cash Equivalents

Highly liquid investments with a maturity of three months or less, when acquired, are considered cash equivalents. Cash equivalents include a repurchase agreement.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements.

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

Employer Contributions Receivable

Employer contributions receivable are contributions due that relate to work completed on or before June 30 and are accrued based on an analysis of employer remittance reports and subsequent cash receipts. Employer contributions receivable is reported net of an allowance for doubtful collection. This allowance as of June 30, 2021 and 2020 is $586,449 and $470,000, respectively.

Withdrawal Liability Assessments

The Plan assesses withdrawal liability to employers who have withdrawn from the Plan in accordance with the plan provisions and related regulations. The method of assessing withdrawal liability is based on the presumptive method as permitted by the Pension Benefit Guaranty Corporation (PBGC). Once the receivable is recorded, at net present value, a portion of each payment received reduces the receivable and a portion is recorded as interest income on withdrawal liability assessments. Withdrawal liability receivable is reported net of an allowance for doubtful collection. This allowance as of June 30, 2021 and 2020 is $946,805 and $0, respectively.

Payment of Benefits

Benefits are recognized when paid.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after June 30, 2021 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through November 18, 2021 the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service rendered by plan participants.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated plan participants or their beneficiaries, (b) beneficiaries of plan participants who have died and (c) present plan participants or their beneficiaries. Benefits under the Plan are based on contributions received by the Plan on participants' behalf and past services. Benefits payable under all circumstances are included to the extent they are deemed attributable to participants' service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of June 30, 2020 was as follows:

Vested benefits	
Participants currently receiving payments	$ 293,736,958
Other participants	160,886,456
	454,623,414
Nonvested benefits	2,139,278
Total actuarial present value of accumulated	
Plan benefits before administrative expenses	456,762,692
Actuarial present value of administrative expenses	22,223,333
Total actuarial present value of	
accumulated Plan benefits	$ 478,986,025

The changes in the actuarial present value of accumulated Plan benefits for the year ended June 30, 2020 were as follows:

Actuarial present value of accumulated Plan	
benefits as of the beginning of the year	$ 466,532,564
Changes in benefit level due to higher	
negotiated contribution rates	48,299
Benefits accumulated, net experience gain or	
loss, changes in data	(6,167,618)
Benefits paid	(34,461,333)
Interest	31,971,133
Changes in actuarial assumptions	20,423,884
Change in present value of administrative	
expenses	639,096
Actuarial present value of accumulated Plan	
benefits as of the end of the year	$ 478,986,025

The significant actuarial assumptions used in determining the present value of accumulated Plan benefits as of June 30, 2020 and the changes in significant assumptions from the prior year were as follows:

- Valuation method - Entry Age Normal Actuarial Cost Method
- Retirement rates from active status (*if eligible):

Age	Retirement Probability*
55	5%
56-61	3.5%
62	30%
63 - 64	17.5%
65 - 69	45%
70 and older	100%

- Retirement rates from inactive vested service (*if eligible):

Age	Retirement Probability*
55	15%
56 - 61	3.5%
62	20%
63 - 64	10%
65 - 67	50%
68 - 70	30%
70 and older	100%

- Investment return - 7.0% compounded annually net of investment expenses
- Current liability interest rate - 2.68%
- Administrative expenses - $1,700,000
- 50% of future pensioners are assumed to elect the 50% joint and survivor form of payment, while the remaining 50% of future pensioners are assumed to elect the 5-year certain and life form of payment.
- Mortality Rates -
  Pre-retirement mortality – Pri-2012 Blue Collar Employee Amount-weighted Mortality Table, multiplied by 1.087 and projected generationally using Scale MP-2019
  Nondisabled pensioner mortality - Pri-2012 Blue Collar Healthy Annuitant Amount-weighted Mortality Table, multiplied by 1.087 and projected generationally using Scale MP-2019
  Disabled pensioner morality - Pri-2012 Disabled Retiree Amount-weighted Mortality Table, multiplied by 1.087 and projected generationally using Scale MP-2019

Changes in actuarial assumptions since the last valuation:

- Investment return was lowered from 7.5% to 7.0%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2020. Had the valuation been performed as of June 30, 2020, there would be no material difference.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure the 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 in active markets for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The 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 June 30, 2021 and 2020.

- Common stocks, registered investment companies and certain U.S. government and agency obligations are valued at the closing price reported on the active market on which the individual securities are traded.
- Certain U.S. government and agency obligations and corporate bonds are valued using the market approach and are priced using models such as benchmark yields, yield curves, exchange pricing model, and similar traded securities.
- Short term investment funds are valued at cost, which approximates fair value. Certain short term investments are collateralized by certain bonds.
- ULLICO common stock is valued based on ULLICO's quarterly net asset value (“NAV”) less a 10% non-controlling, non-marketable discount as of year-end.
- The ULLICO pooled fund, common collective trusts, and the limited partnerships are not publicly traded and are valued using the NAV per share of units held. NAV is used as a practical expedient to estimate fair value and is based upon the fair value of the underlying investments.

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. For the years ended June 30, 2021 and 2020, there were no transfers in or out of level 3.

As of June 30, 2021 and 2020, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2021			
	Level 1	Level 2	Level 3	Total Fair Value
Common stocks	$ 147,282,350	$ -	$ -	$ 147,282,350
Corporate bonds	-	33,677,148	-	33,677,148
Registered investment companies	38,878,371	-	-	38,878,371
Short term investment funds	6,592,955	-	-	6,592,955
U.S. government and agency obligations	19,640,522	6,755,216	-	26,395,738
ULLICO common stock	-	-	9,664,896	9,664,896
Total investments in the fair value hierarchy	212,394,198	40,432,364	9,664,896	262,491,458
Investments measured at net asset value	-	-	-	207,368,714
Total assets measured at fair value	$ 212,394,198	$ 40,432,364	$ 9,664,896	$ 469,860,172

	2020			
	Level 1	Level 2	Level 3	Total Fair Value
Common stocks	$ 108,870,928	$ -	$ -	$ 108,870,928
Corporate bonds	-	20,573,478	-	20,573,478
Registered investment companies	31,755,888	-	-	31,755,888
Short term investment funds	4,585,805	-	-	4,585,805
U.S. government and agency obligations	29,611,225	10,142,694	-	39,753,919
ULLICO common stock	-	-	8,404,256	8,404,256
Total investments in the fair value hierarchy	174,823,846	30,716,172	8,404,256	213,944,274
Investments measured at net asset value	-	-	-	199,514,384
Total assets measured at fair value	$ 174,823,846	$ 30,716,172	$ 8,404,256	$ 413,458,658

During the years ended June 30, 2021 and 2020 there were no purchases, issues, or transfers in or out of Level 3 assets.

The fair values of the following investments have been determined using the NAV per unit of the investment at June 30, 2021 and 2020, respectively:

	2021		2020	
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments
Common collective trusts				
Multi-Employer Property Trust (a)	$ 31,566,023	$ -	$ 29,999,620	$ -
Lazard Core Fixed Income Portfolio (b)	33,915,216	-	41,223,718	-
AFL-CIO Equity Index Fund (c)	-	-	46,003,039	-
NT Collective MSCI ACWI EX-US (d)	18,848,871	-	13,911,729	-
AFL-CIO SL Stock Index Fund (e)	33,996,735	-	-	-
Total common collective trusts	118,326,845	-	131,138,106	-
ULLICO pooled fund				
ULLICO J - real estate (f)	16,539,486	-	23,598,270	-
Limited partnerships				
ULLICO Infrastructure Fund, L.P. (g)	8,292,377	-	8,576,512	-
WCM Focused				
International Growth Fund, L.P. (h)	36,721,946	-	25,967,288	-
Boyd Watterson GSA Fund, L.P. (i)	11,166,596	-	10,234,208	-
Labor Impact Feeder Fund, L.P (j)	1,478,901	3,505,751	-	-
Infrastructure Investments Fund, L.P. (k)	14,842,563	-	-	-
Total limited partnerships	72,502,383	3,505,751	44,778,008	-
	$ 207,368,714	$ 3,505,751	$ 199,514,384	$ -

(a) This is an open-end, commingled real estate fund established for investment in real estate loans and real estate assets. Unit values are determined at the end of each calendar quarter. No participation shall be withdrawn, in whole or in part, unless an irrevocable written request for or notice of intention of taking such action has been received one year prior to the valuation date upon which any such partial or complete withdrawal is to be effective.

(b) The investment objective is to outperform the total returns of the U.S. investment grade bond market as represented by the Barclay's Capital Aggregate Bond Index by investing primarily in fixed-income securities. The fair values of the investments are estimated using the net asset value of the units as of the close of each business day (the "Valuation Date"). Redemptions for all or a portion of the units must be provided to the Investment manager at least three business days prior to the requested redemption date.

(c) The objective of the fund is to as nearly as practical replicate the performance of the Standard and Poor's 500 Index, a widely recognized index of common stocks, by the purchase and sale of such equities which compose the S&P 500 Index. Redemptions of units are transacted at the net asset value per unit determined as of each daily valuation date.

(d) The primary objective of the fund is to replicate the overall performance of the MSCI All Country World ex-US (MSCI ACWI ex-US) Index. The Fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. This Index is valued daily based on the outstanding units and total net assets of that date. Capital contributions may be made on the first day of the month with the consent of the General Partner, or at any time at the discretion of the General Partner. Limited partner withdrawals may, with at least 5 days' written notice, be made as of the day of any calendar month. Withdrawals are recorded at the unit value determined on the valuation date and shall be made in accordance with the Declaration of Trust, and are paid out in the calendar month following the request.

(e) The fund's investment objective is to track the performance of the Standard and Poor's 500 Index. Participants may purchase or redeem units in their relative class for cash or securities (in-kind transactions at the sole discretion of the Trustee) based on the class unit value determined as of the valuation date. Class unit value is determined each business day of the year. All participants have a proportionate undivided interest in their relative class's net assets.

(f) The pooled fund focuses on investments in permanent and construction loans on commercial properties secured by first mortgages, for new construction or extensive renovation projects. The fair value of the investment is estimated on the "Valuation Date", which is the close of business on the last business day of month. Redemption requests for amounts less than 80% of an investment account will be paid on the first business day following the third Valuation Date from the date of receipt of the request. Redemption requests for more than 80% of an investment account will require a partial payment to the investor in an amount equal to 80% of the value of the redeemed units calculated as of the second Valuation Date following the receipt of the request. Final payment will be made within three weeks after the third Valuation Date. A redemption may be delayed when cash and other liquid assets, less amounts already committed for mortgages and reserves for account expenses, are inadequate to meet the request after satisfying all prior requests and funding commitments and expense reserves. Any redemption that is delayed has priority over redemption requests subsequently made. Once sufficient liquid assets are available to fulfill the redemption request, the investor's redeemed units will be redeemed with the unit value being calculated on the Valuation Date that is immediately prior to the date of such redemption.

(g) ULLICO Infrastructure Fund, L.P. (the "Partnership") a Delaware limited partnership, is designed to permit U.S. tax-exempt investors to commingle a portion of their assets for investment. Substantially all of the Partnership's assets are invested in units issued by Ullico Infrastructure Master Fund, L.P. (the "Master Fund"), a Delaware limited partnership. The Master Fund, through a U.S. blocker corporation, makes investments on behalf of the Partnership with both minority and controlling interests in a diverse portfolio of quality infrastructure businesses, focusing on underserved and growing markets of the United States and Canada. Redemption is allowed for a portion or all of a limited partner's units after the expiration of a four-year lock-up period beginning on the limited partner's admission date to the Partnership (August 24, 2012). Upon a 90-day notice submission to the General Partner, the limited partner will be placed in a redemption queue. A limited partner who is next up in the redemption queue will be able to have all or a portion of its requested units redeemed as funds are available.

(h) WCM Focused International Growth Fund, L.P. (the "Partnership") a Delaware limited partnership, is designed with the objective to seek long-term capital appreciation. The Partnership pursues this objective by investing primarily in equity securities of non-U.S. domiciled companies or depository receipts of non-U.S. domiciled companies. The business of the Partnership is governed by the Third Amended and Restated Limited Partnership Agreement, effective January 15, 2016. The Partnership shall continue in perpetuity, unless terminated earlier in accordance with the provisions of the Limited Partnership Agreement. The Partnership's activities are managed by WCM Investment Management, the General Partner. Redemption is, with at least five days' written notice to the General Partner, permitted to be made on the last calendar day of any month, which is also the date that units are valued.

(i) The Boyd Watterson GSA Fund is a Delaware limited partnership that was formed to operate as a perpetual life, open-end, commingled collective investment fund. It intends to invest primarily in real estate leased to the U.S. federal government either through the General Services Administration ("GSA") or other federal government agencies. The valuation of real estate held by the fund was performed using the income approach. Properties are also appraised at regular intervals by a qualified independent appraiser. Redemptions request are satisfied at the end of each calendar quarter and fund partners are required to send their requests at least 60 days prior to the end of the calendar quarter. Redemptions many be denied if the General Partners determines that fulfilling the redemption request would not be compatible with applicable laws or regulations.

(j) The Labor Impact Feeder Fund, L.P. was formed for the purpose of (i) investing, directly or indirectly, as a limited partner in Labor Impact Fund, L.P. and LIF AIV 1, L.P. (the "Master Partnerships") which have the same investment objectives as the Partnership and (ii) doing everything necessary or desirable for the accomplishment of the above purposes and to do every other act and thing incident thereto or connected therewith permitted by the Delaware Act. The Partnership records its investment in subsidiaries based on the Partnership's allocable share of the subsidiaries partners' capital balance at the valuation date. The subsidiaries are carried at fair value. The Partnership's investment in subsidiary represents an interest in a non-redeemable, closed-end private investment fund that does not trade in an active market and represents an illiquid long-term investment that generally requires future capital commitments.

(k) The Infrastructure Investments Fund's purpose is to invest in a broad range of infrastructure and infrastructure-related assets located in member countries of the Organization for Economic Co-Operation and Development (OECD) with a primary focus on the US, Canada, Western Europe and Australia. The fair value of the investment in infrastructure assets is based on each FIV's allocable share of the Holding Companies' net assets. Infrastructure investments made by the Holding Companies are valued by independent appraisers on a quarterly basis. Asset valuations and the salient valuation-sensitive assumptions of each interest are reviewed by the Adviser and values are adjusted quarterly. Redemptions by investors are accepted by the adviser at March 31st or September 30th of each year.

5. RISKS AND UNCERTAINTIES

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

The actuarial present value of accumulated plan benefits is reported based upon certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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.

The 2019 novel coronavirus (or "COVID-19") has adversely affected, and may continue to adversely affect economic activity globally, nationally and locally. Following the COVID-19 outbreak in March 2020, the financial markets have experienced significant volatility, therefore affecting the values of investment securities. These economic and market conditions and other effects of the COVID-19 outbreak may continue to cause volatility. The extent of any adverse impact of the COVID-19 outbreak on the Plan's financial status and changes therein, cannot be predicted as of the date of these financial statements. The financial statements do not include any adjustments that might result from the outcome of this uncertainty.

6. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents, in accordance with applicable law. In the event of termination, the assets of the Plan will be used for the payment of benefits and administrative expenses and will not revert to any employer or to the International Association or its Local Unions under any condition. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In the event that the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may not be provided for at all. Additional information describing pension guarantees can be found in the Summary Plan Description, as well as the annual funding notice.

7. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan assets are invested in securities issued and managed by the custodian of the Plan. These transactions are party in interest transactions exempt from the prohibited transactions rules under ERISA.

8. TAX STATUS

The Plan obtained its latest determination letter dated September 27, 2017 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since obtaining the determination letter. The Plan's Trustees believe that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe that the Plan is qualified and the related trust is exempt from federal income taxes as of the financial statement date.

Generally accepted accounting principles require management to evaluate tax positions taken and accrue a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the tax positions taken by the Plan and concluded that as of June 30, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there have been no tax related interest or penalties for periods presented in these financial statements.

9. CONCENTRATIONS

Financial instruments that subject the Plan to concentrations of credit risk include cash and cash equivalents and investments, which are held by financial institutions. While the Plan attempts to limit its financial exposure, its deposit balances and investments held by financial institutions exceed the limits insured by agencies of the U.S. government. The Plan has not experienced, and management does not anticipate experiencing, any credit losses on such deposits.

SUPPLEMENTARY INFORMATION

withum
ADVISORY TAX AUDIT

REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees,
Ironworkers National Pension Plan:

We have audited the financial statements of the Ironworkers National Pension Plan as of and for the year ended June 30, 2021 and have issued our report thereon dated November 18, 2021 which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole.

The supplemental schedule H – line 4i - schedule of assets (held at end of year) and schedule H – line 4j – schedule of reportable transactions for the year ended June 30, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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.

WithumSmith+Brown, PC

November 18, 2021

Ironworkers National Pension Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 52-6122274, Plan # 001
June 30, 2021

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost	(e) Current Value
Cash and Cash Equivalents							
	Short term investment funds	Cash	N/A	N/A	6,592,955	$ 6,592,955	$ 6,592,955
						6,592,955	6,592,955
US Government Securities							
	FG A89870	Bonds	1.47	11/1/2039	2,980	3,345	3,305
	FG A91164	Bonds	1.63	2/1/2040	173,614	200,564	197,596
	FG C09044	Bonds	1.32	7/1/2043	12,501	13,162	13,419
	FG C75791	Bonds	1.16	1/1/2033	4,978	-	5,729
	FG G05122	Bonds	1.63	1/1/2039	11,046	11,685	12,886
	FG G08331	Bonds	1.44	2/1/2039	84,246	-	93,433
	FG G08660	Bonds	1.68	8/1/2045	136,387	136,387	147,603
	FG G08737	Bonds	1.64	12/1/2046	377,992	401,176	397,727
	FG G08741	Bonds	1.64	1/1/2047	397,132	397,714	417,866
	FHLMC PC GOL	Bonds	1.18	8/1/2035	6,556	-	7,457
	FHLMC PC GOL	Bonds	1.58	11/1/2035	12,050	-	13,889
	FHMS K034 A2	Bonds	0.49	7/25/2023	215,000	219,957	226,378
	FHMS K718 A2	Bonds	0.61	1/25/2022	228,236	229,722	230,101
	FN 190404	Bonds	1.58	5/1/2040	50,138	57,703	55,547
	FN 310157	Bonds	1.84	9/1/2041	7,024	8,214	8,154
	FN 735893	Bonds	1.24	10/1/2035	7,342	8,189	8,349
	FN 745275	Bonds	1.25	2/1/2036	76,037	80,746	86,467
	FN 745355	Bonds	1.24	3/1/2036	48,581	54,731	55,245
	FN 797044	Bonds	1.57	7/1/2034	34,102	-	39,540
	FN 888430	Bonds	1.10	11/1/2033	31,689	-	35,768
	FN 995018	Bonds	1.84	6/1/2038	55,427	58,388	64,349
	FN 995148	Bonds	1.67	4/1/2037	25,235	28,794	29,203
	FN 995243	Bonds	1.20	8/1/2038	39,200	-	43,669
	FN 995245	Bonds	1.40	1/1/2039	58,612	71,057	66,666
	FN AB1957	Bonds	1.33	12/1/2040	70,428	80,496	77,018

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974

Ironworkers National Pension Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 52-6122274, Plan # 001
June 30, 2021

FN AE0210	Bonds	1.71	8/1/2040	67,296	-	76,535
FN AL5097	Bonds	1.62	9/1/2043	23,014	25,396	25,497
FN AL6622	Bonds	1.65	1/1/2043	131,495	141,632	145,731
FN AL8380	Bonds	0.86	9/1/2025	12,707	13,593	13,154
FN AL8867	Bonds	1.76	9/1/2041	22,258	25,916	25,325
FN AL9893	Bonds	1.79	2/1/2045	45,532	51,669	51,293
FN AS6515	Bonds	1.76	1/1/2046	10,738	11,163	11,613
FN AS6520	Bonds	1.71	1/1/2046	226,619	226,619	241,749
FN AU1629	Bonds	1.47	7/1/2043	67,663	68,458	71,832
FN B08628	Bonds	1.87	2/1/2050	256,190	272,774	267,031
FN BL1216	Bonds	2.00	2/1/2026	145,000	147,646	156,119
FN BR4722	Bonds	1.83	3/1/2051	599,170	607,621	605,935
FN CA3641	Bonds	1.58	6/1/2049	34,798	38,734	37,145
FN CA4794	Bonds	1.63	12/1/2049	119,547	130,322	125,820
FN MA2806	Bonds	1.65	11/1/2046	212,501	193,744	223,504
FN MA3058	Bonds	1.63	7/1/2047	114,207	128,422	122,174
FN MA3120	Bonds	1.70	9/1/2047	160,655	170,282	169,836
FN MA3238	Bonds	1.70	1/1/2048	50,411	54,419	53,292
FN MA4182	Bonds	1.84	11/1/2050	208,268	215,185	210,517
FN MA4282	Bonds	1.77	3/1/2051	111,986	117,951	115,887
FN MA4306	Bonds	1.78	4/1/2051	172,926	178,851	178,950
FNMA PASS-THRU LNG	Bonds	1.44	7/1/2033	7,338	-	8,484
FNMA PASS-THRU LNG	Bonds	0.88	3/1/2035	25,016	-	27,959
FNMA PASS-THRU LNG	Bonds	1.43	8/1/2037	134,425	149,008	154,639
FR RA4218	Bonds	1.71	12/1/2050	408,961	-	424,424
FR SD7504	Bonds	1.45	8/1/2049	311,772	338,266	331,568
FR SD8098	Bonds	1.84	10/1/2050	138,069	143,145	139,560
FR SD8121	Bonds	1.84	1/1/2051	169,634	175,872	171,465
FR SD8122	Bonds	1.78	12/1/2050	66,052	69,453	68,333
FRESB 2019 - SB64 A5	Bonds	1.21	4/25/2039	290,103	296,914	299,703
GF F08707	Bonds	1.79	5/1/2046	112,360	116,363	121,235

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Ironworkers National Pension Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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June 30, 2021

GN 551605	Bonds	3.65	8/15/2031	2,908	-	3,222
GN 604139	Bonds	5.67	3/15/2033	2,691	-	2,791
GNMA PASS-THRU X PLA	Bonds	2.27	12/15/2026	837	-	911
US TREASURY N/B	Bonds	0.16	8/15/2021	275,000	275,028	275,688
US TREASURY N/B	Bonds	0.09	11/15/2021	520,000	521,340	525,423
US TREASURY N/B	Bonds	0.08	11/30/2021	80,000	80,517	80,559
US TREASURY N/B	Bonds	0.14	9/30/2022	610,000	614,039	623,249
US TREASURY N/B	Bonds	0.27	8/15/2023	770,000	780,945	806,336
US TREASURY N/B	Bonds	0.44	5/31/2024	2,240,000	2,281,139	2,341,158
US TREASURY N/B	Bonds	0.66	4/30/2025	1,375,000	1,371,177	1,360,178
US TREASURY N/B	Bonds	0.82	2/15/2026	1,300,000	1,299,339	1,347,528
US TREASURY N/B	Bonds	1.06	5/31/2027	1,210,000	1,193,107	1,171,437
US TREASURY N/B	Bonds	1.08	8/15/2027	400,000	396,000	427,780
US TREASURY N/B	Bonds	1.22	6/30/2028	210,000	210,353	210,361
US TREASURY N/B	Bonds	1.31	5/15/2029	200,000	223,246	215,844
US TREASURY N/B	Bonds	1.38	2/15/2030	215,000	216,331	217,150
US TREASURY N/B	Bonds	2.00	5/15/2040	70,000	60,490	60,441
US TREASURY N/B	Bonds	1.95	8/15/2041	95,000	106,542	123,321
US TREASURY N/B	Bonds	2.06	2/15/2047	205,000	212,367	243,438
US TREASURY N/B	Bonds	2.07	8/15/2047	75,000	86,287	85,266
US TREASURY N/B	Bonds	2.07	11/15/2049	670,000	697,997	713,235
US TREASURY N/B	Bonds	0.125	1/15/2024	2,100,000	2,096,309	2,087,285
US TREASURY N/B	Bonds	0.125	5/31/2023	2,400,000	2,394,750	2,394,844
US TREASURY N/B	Bonds	0.375	1/31/2026	1,000,000	996,367	979,961
US TREASURY N/B	Bonds	0.5	3/31/2025	1,000,000	1,007,070	995,039
US TREASURY N/B	Bonds	0.5	4/30/2027	1,000,000	989,688	969,883
US TREASURY N/B	Bonds	0.75	1/31/2028	1,000,000	996,563	973,555
					25,278,438	26,249,554
Corporate Debt						
3M COMPANY	Bonds	2.00	2/14/2025	500,000	528,435	520,922
ABBVIE INC	Bonds	3.22	11/14/2048	140,000	156,271	181,532

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ABBVIE INC	Bonds	3.80	3/15/2025	400,000	445,200	437,538
ALTRIA GROUP INC	Bonds	2.45	2/4/2032	275,000	259,798	265,947
AMERICAN HONDA FINANCE	Bonds	2.15	9/10/2024	500,000	528,495	522,342
ANHEUSER-BUSCH INBEV	Bonds	3.30	6/1/2050	175,000	188,751	213,393
ANTHEM INC	Bonds	3.13	12/1/2047	150,000	144,049	182,991
AON CORP	Bonds	3.75	5/2/2029	300,000	345,270	337,579
APPLE INC	Bonds	3.20	5/13/2025	500,000	554,005	545,321
ASTRAZENECA PLC	Bonds	2.38	6/12/2022	500,000	513,130	509,458
AT&T INC	Bonds	3.08	3/1/2037	140,000	162,227	176,586
AUTOZONE INC	Bonds	2.21	1/15/2031	300,000	299,161	285,501
BANK OF AMERICA CORP	Bonds	2.85	6/19/2041	195,000	201,890	189,735
BANK OF AMERICA CORP	Bonds	4.45	3/3/2026	500,000	578,725	567,897
BANK OF NY MELLON CORP	Bonds	2.10	10/24/2024	500,000	530,930	523,955
BARCLAYS PLC	Bonds	1.35	5/7/2026	170,000	170,388	179,576
BEST BUY CO INC	Bonds	2.33	10/1/2030	175,000	174,231	169,503
BLACKROCK INC	Bonds	3.50	3/18/2024	500,000	548,535	540,142
BOEING CO	Bonds	1.59	2/4/2026	345,000	345,101	348,260
BOEING CO	Bonds	3.20	3/1/2029	200,000	209,942	209,900
BORGWARNER INC	Bonds	1.56	7/1/2027	170,000	170,233	180,283
BP CAP MARKETS AMERI	Bonds	2.99	6/17/2041	165,000	165,000	166,631
BP CAP MARKETS AMERICA	Bonds	3.80	9/21/2025	365,000	410,408	404,520
BURLINGTN NORTH SANTA FE	Bonds	3.40	9/1/2024	500,000	548,235	540,504
BURLINGTON NORTH SAN	Bonds	2.91	9/1/2043	155,000	176,251	211,336
CAPITAL ONE FINANCIA	Bonds	0.65	3/9/2022	325,000	324,569	330,376
CATERPILLAR INC	Bonds	2.60	4/9/2030	300,000	324,636	319,766
CHARLES SCHWAB CORP	Bonds	4.20	3/24/2025	300,000	341,604	335,195
CHEVRON CORP	Bonds	2.00	5/11/2027	370,000	382,351	381,716
CIMAREX ENERGY CO	Bonds	2.36	3/15/2029	185,000	209,011	210,338
CITIGROUP INC	Bonds	2.35	5/1/2032	260,000	260,443	264,878
CITIGROUP INC	Bonds	2.76	1/24/2039	80,000	81,054	91,816
COMCAST CORP	Bonds	6.50	11/15/2035	260,000	392,142	378,168

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COMMONWEALTH EDISON	Bonds	2.88	8/15/2047	55,000	55,770	63,636
CONAGRA BRANDS INC	Bonds	3.46	11/1/2048	145,000	179,067	193,811
CONOCOPHILLIPS COMPANY	Bonds	3.35	11/15/2024	500,000	550,640	539,854
CROWN CASTLE INTL CORP	Bonds	3.30	7/1/2030	260,000	286,504	278,536
CVS HEALTH CORP	Bonds	2.88	6/1/2026	300,000	327,507	322,211
D.R. HORTON INC	Bonds	1.74	10/15/2027	265,000	264,317	259,594
DARDEN RESTAURANTS I	Bonds	1.84	5/1/2027	115,000	127,747	127,706
DEUTSCHE BANK NY	Bonds	2.75	9/18/2031	165,000	172,774	175,586
DIAMONDBACK ENERGY I	Bonds	3.68	3/24/2051	170,000	169,878	192,029
DISCOVER FINL SVCS	Bonds	0.41	11/21/2022	220,000	218,908	230,501
DISCOVERY COMMUNICAT	Bonds	3.68	5/15/2050	120,000	140,758	140,450
DOWDUPONT INC	Bonds	0.57	11/15/2023	145,000	145,000	156,980
DR HORTON INC	Bonds	0.95	10/15/2024	80,000	79,627	83,898
DUKE ENERGY CORP NEW	Bonds	3.35	9/1/2046	245,000	225,659	261,217
DUPONT DE NEMOURS INC	Bonds	4.73	11/15/2028	260,000	315,643	309,984
ENBRIDGE INC	Bonds	2.50	8/1/2033	170,000	169,365	170,076
ENERGY TRANSFER LP	Bonds	4.28	4/15/2049	210,000	257,735	276,156
ENERGY TRANSFER LP	Bonds	3.75	5/15/2030	260,000	275,798	282,435
ENTERGY TEXAS INC	Bonds	2.14	3/30/2029	145,000	150,188	163,559
ENTERPRISE PRODUCTS OPER	Bonds	4.15	10/16/2028	360,000	417,357	413,772
EOG RESOURCES INC	Bonds	0.38	3/15/2023	110,000	109,062	113,584
ERP OPER LTD PARTNER	Bonds	0.38	12/15/2021	200,000	201,193	201,768
EXPEDIA GROUP INC	Bonds	2.65	2/15/2030	175,000	174,905	182,824
EXXON MOBIL CORPORATION	Bonds	1.90	8/16/2022	500,000	513,375	509,281
FIRST CITIZENS BANCS	Bonds	2.85	3/15/2030	180,000	180,150	183,271
FISERV INC	Bonds	1.90	10/1/2028	145,000	145,143	166,792
FMC CORP	Bonds	1.60	10/1/2026	190,000	203,236	204,795
GE CAPITAL FUNDING LLC	Bonds	4.40	5/15/2030	250,000	290,488	291,333
GENERAL MOTORS CO	Bonds	3.81	4/1/2049	200,000	266,892	272,296
GILEAD SCIENCES INC	Bonds	0.75	9/29/2023	300,000	300,783	300,148
GOLDMAN SACHS GROUP	Bonds	0.36	1/24/2022	330,000	329,750	340,052

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GOLDMAN SACHS GROUP	Bonds	2.28	10/31/2022	240,000	243,661	241,871
GOLDMAN SACHS GROUP	Bonds	1.02	2/12/2026	135,000	133,089	133,996
GOLDMAN SACHS GROUP INC	Bonds	3.63	1/22/2023	300,000	318,996	314,943
HCP INC	Bonds	1.40	7/15/2026	95,000	95,035	103,270
HORMEL FOODS CORP	Bonds	1.70	6/3/2028	155,000	154,973	155,879
HSBC HOLDINGS PLC	Bonds	1.35	6/4/2026	255,000	255,735	262,288
HUNTINGTON BANCSHARE	Bonds	0.24	1/14/2022	137,000	136,690	138,281
JOHN DEERE CAPITAL CORP	Bonds	2.65	6/24/2024	500,000	537,590	531,589
JPMORGAN CHASE & CO	Bonds	1.17	4/22/2026	165,000	165,000	170,625
JPMORGAN CHASE & CO	Bonds	1.34	10/1/2026	155,000	155,222	167,006
KINDER MORGAN INC	Bonds	4.30	6/1/2025	400,000	453,636	445,359
KOHL'S CORPORATION	Bonds	4.21	7/17/2045	310,000	346,757	371,740
MARATHON OIL CORP	Bonds	6.80	3/15/2032	63,000	81,092	82,759
MARRIOTT INTERNATION	Bonds	2.35	4/15/2028	120,000	128,551	131,946
MARRIOTT INTERNATION	Bonds	2.47	12/1/2028	45,000	50,296	51,419
MICROSOFT CORP	Bonds	2.40	8/8/2026	500,000	541,970	532,936
MORGAN STANLEY	Bonds	2.64	7/22/2038	150,000	159,431	175,988
MORGAN STANLEY	Bonds	4.35	9/8/2026	300,000	349,842	339,680
MOSAIC CO	Bonds	2.88	11/15/2033	90,000	113,849	113,147
ORACLE CORP	Bonds	0.42	10/15/2022	125,000	124,566	128,338
OWENS CORNING	Bonds	1.59	8/15/2026	185,000	190,337	200,671
PHILIP MORRIS INTL I	Bonds	0.95	5/1/2025	130,000	129,509	132,638
PHILLIPS 66	Bonds	2.34	12/15/2030	175,000	174,524	172,163
PIONEER NATURAL RESO	Bonds	2.34	8/15/2030	185,000	183,649	178,288
PNC FINANCIAL SERVICES	Bonds	3.15	5/19/2027	260,000	291,564	284,183
PRAXAIR INC	Bonds	1.11	2/15/2022	95,000	94,669	95,787
QUANTA SERVICES INC	Bonds	2.44	10/1/2030	175,000	175,150	181,529
RAYTHEON TECH CORP	Bonds	4.13	11/16/2028	300,000	352,692	345,168
REGIONS FINANCIAL CO	Bonds	2.43	8/14/2023	145,000	153,809	154,627
REPUBLIC SERVICES INC	Bonds	1.45	2/15/2031	260,000	250,528	243,583
ROSS STORES INC	Bonds	2.23	4/15/2031	175,000	174,393	169,635

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SALESFORCE.COM INC	Bonds	1.95	7/15/2031	248,000	248,247	248,034
SANTANDER UK GROUP H	Bonds	0.38	8/5/2021	345,000	345,852	345,834
SAUDI ARABIAN OIL CO	Bonds	2.75	4/16/2022	350,000	359,489	356,244
SIMON PROPERTY GROUP	Bonds	2.34	2/1/2031	210,000	209,316	207,440
SOUTHERN CAL EDISON	Bonds	1.10	4/1/2024	125,000	125,103	125,861
SOUTHERN CAL EDISON	Bonds	2.85	8/1/2029	250,000	269,663	259,549
SOUTHWEST AIRLINES C	Bonds	1.88	6/15/2027	290,000	332,142	341,495
STANFORD UNIVERSITY	Bonds	1.29	06/01/2027	250,000	251,126	250,264
STATE STREET CORP	Bonds	3.30	12/16/2024	500,000	555,055	544,204
SYSCO CORPORATION	Bonds	3.52	4/1/2050	168,000	243,522	261,077
TECK RESOURCES LTD	Bonds	3.96	7/15/2041	275,000	351,546	361,507
TJX COS INC	Bonds	3.88	4/15/2030	220,000	257,842	252,179
UNION PACIFIC CORP	Bonds	2.81	5/20/2041	330,000	329,905	348,896
UNITED TECHNOLOGIES	Bonds	3.07	11/16/2048	80,000	97,686	102,725
UNITEDHEALTH GROUP I	Bonds	1.12	3/15/2026	155,000	156,822	169,007
VERIZON COMMUNICATIO	Bonds	3.19	3/22/2051	175,000	173,214	186,998
VERIZON COMMUNICATIONS	Bonds	3.15	3/22/2030	250,000	275,040	269,943
VF CORP	Bonds	2.20	4/23/2030	180,000	179,653	190,498
VULCAN MATERIALS CO	Bonds	2.23	6/1/2030	235,000	240,498	259,019
VULCAN MATERIALS CO	Bonds	3.50	6/1/2030	260,000	294,718	286,598
WALT DISNEY COMPANY	Bonds	1.11	1/13/2026	130,000	129,728	133,670
WASTE MANAGEMENT INC	Bonds	2.00	6/1/2029	210,000	210,345	212,234
WELLS FARGO & COMPAN	Bonds	1.17	4/30/2026	290,000	294,822	301,075
WELLS FARGO & COMPANY	Bonds	4.15	1/24/2029	300,000	341,841	345,502
WESTERN UNION CO/THE	Bonds	1.11	1/10/2025	160,000	159,984	169,394
XYLEM INC	Bonds	1.95	1/30/2028	130,000	130,972	131,173
ZIMMER BIOMET HOLDINGS	Bonds	3.55	3/20/2030	225,000	252,063	246,266
					31,448,688	31,789,758
Corporate Debt Other						
AMCAR 2020-3 C	Bonds	0.79	8/18/2026	125,000	124,995	125,894
BANK 2019-BN17 A4	Bonds	2.14	4/17/2052	305,000	313,251	343,459

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BANK 2021-BN33 A3	Bonds		2.02	5/15/2064	350,000	353,482	351,764
CARMX 2020-3 A3	Bonds		0.24	3/17/2025	260,000	259,975	261,002
CGCMT 2019-C7 A3	Bonds		2.24	12/15/2072	330,000	350,597	351,441
DRIVE 2018-1 D	Bonds		0.86	5/15/2024	123,131	123,822	124,653
SDART 2021-2 C	Bonds		1.28	6/15/2026	100,000	99,980	99,978
SMALL BUS ADMIN GTD	Bonds		2.27	5/1/2028	17,231	-	18,899
VZOT 2020-C A	Bonds		0.33	12/20/2025	210,000	209,974	210,300
						1,836,076	1,887,390
Municipal Bonds							
BOLINGBROOK-A-REF	Bonds		2.57	1/1/2036	145,000	143,566	146,183
						143,566	146,183
Corporate Common Stock							
3M COMPANY COMMON STOCK	Stock	N/A		N/A	4,303	953,739	854,705
5TH 3RD BANCOR	Stock	N/A		N/A	21,142	519,998	808,259
ACCENTURE PLC	Stock	N/A		N/A	1,332	212,619	392,660
ADOBE INC	Stock	N/A		N/A	547	253,457	320,345
AFLAC INC	Stock	N/A		N/A	2,918	101,956	156,580
ALASKA AIR GROUP	Stock	N/A		N/A	4,268	175,938	257,403
ALLEGHANY CORP DEL COM	Stock	N/A		N/A	520	302,802	346,876
ALLISON TRANSMISSION HOLDING	Stock	N/A		N/A	5,892	237,857	234,148
ALLSTATE CORPORATION	Stock	N/A		N/A	3,378	341,264	440,626
ALPHABET INC CL A	Stock	N/A		N/A	984	688,237	2,402,721
ALTICE USA INC	Stock	N/A		N/A	5,596	138,610	191,047
ALTRA INDUSTRIAL MOTION CORP COM STKUSD0.001	Stock	N/A		N/A	3,433	126,695	223,214
AMDOCS ORD GBP0.01	Stock	N/A		N/A	1,859	114,514	143,812
AMER ELEC PWR CO INC COM	Stock	N/A		N/A	1,817	150,211	153,700
AMERICAN EXPRESS CO	Stock	N/A		N/A	6,421	642,202	1,060,942
AMERICAN HOMES 4 RENT COMMON STOCK	Stock	N/A		N/A	5,960	133,113	231,546
AMERICAN INTERNATIONAL GROUP INC COM	Stock	N/A		N/A	5,193	254,630	247,187
AMERIPRISE FINL INC	Stock	N/A		N/A	3,090	449,932	769,039
AMERISOURCEBERGEN CORP COM	Stock	N/A		N/A	2,961	284,551	339,005

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AMETEK INC NEW COM	Stock	N/A	N/A	3,921	288,658	523,454
AMPHENOL CORP CL A	Stock	N/A	N/A	6,094	311,213	416,891
ANALOG DEVICES INC	Stock	N/A	N/A	3,368	380,339	579,835
ANALOG DEVICES INC	Stock	N/A	N/A	4,086	373,130	703,446
AON PLC	Stock	N/A	N/A	979	141,529	233,746
APPLE INC	Stock	N/A	N/A	6,951	266,757	952,009
APPLIED MATERIALS INC	Stock	N/A	N/A	1,318	77,800	187,683
APTIV PLC	Stock	N/A	N/A	2,094	150,764	329,449
ARCHER-DANIELS-MIDLAND CO	Stock	N/A	N/A	6,407	288,587	388,264
ASGN INCORPORATED COMN STK USD0.01	Stock	N/A	N/A	2,766	189,198	268,108
AUTOMATIC DATA PROCESSING	Stock	N/A	N/A	3,544	564,073	703,909
AUTOZONE INC	Stock	N/A	N/A	381	443,642	568,536
AVANTOR INC COM	Stock	N/A	N/A	9,627	155,412	341,855
AVERY DENNISON CORP	Stock	N/A	N/A	1,182	132,110	248,504
AVERY DENNISON CORP COM	Stock	N/A	N/A	718	74,162	150,952
BANK OF AMERICA CORP	Stock	N/A	N/A	33,238	975,152	1,370,403
BEST BUY INC	Stock	N/A	N/A	3,175	254,501	365,062
BEST BUY INC COM STK	Stock	N/A	N/A	1,027	63,909	118,084
BOOZ ALLEN HAMILTON HOLDINGS	Stock	N/A	N/A	2,145	179,100	182,711
BOSTON SCIENTIFIC CORP	Stock	N/A	N/A	9,098	342,924	389,031
BOSTON SCIENTIFIC CORP COM	Stock	N/A	N/A	3,351	98,128	143,289
BRISTOL MYERS SQUIBB CO	Stock	N/A	N/A	15,702	864,725	1,049,208
BROADRIDGE FINANCIAL SOLUTIONS	Stock	N/A	N/A	1,562	245,331	252,310
BUNGE LIMITED	Stock	N/A	N/A	2,245	180,062	175,447
BWX TECHNOLOGIES INC COM	Stock	N/A	N/A	4,223	244,945	245,441
C.H. ROBINSON WORLDWIDE INC	Stock	N/A	N/A	2,024	184,866	189,588
CAMPBELL SOUP CO	Stock	N/A	N/A	4,366	222,286	199,046
CAPITAL ONE FINL CORP COM	Stock	N/A	N/A	1,249	153,477	193,208
CATERPILLAR INC	Stock	N/A	N/A	4,122	626,632	897,071
CATERPILLAR INC	Stock	N/A	N/A	1,266	166,771	275,520
CDW CORP/DE	Stock	N/A	N/A	1,112	117,384	194,211

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CENTENE CORP DEL	Stock	N/A	N/A	3,974	237,939	289,824
CENTERPOINT ENERGY INC COM	Stock	N/A	N/A	19,531	386,586	478,900
CF INDUSTRIES HOLDINGS INC	Stock	N/A	N/A	3,534	162,809	181,824
CHAMPIONX CORPORATION COM USD0.01 WI	Stock	N/A	N/A	10,481	206,300	268,838
CHUBB LTD	Stock	N/A	N/A	3,886	551,382	617,641
CINCINNATI FINANCIAL CORP	Stock	N/A	N/A	2,269	204,799	264,611
CISCO SYSTEMS INC	Stock	N/A	N/A	25,106	1,129,198	1,330,618
CISCO SYSTEMS INC/DELAWARE	Stock	N/A	N/A	14,295	470,625	757,635
CITIGROUP INC	Stock	N/A	N/A	14,796	986,864	1,046,817
CLOROX COMPANY	Stock	N/A	N/A	1,549	302,678	278,681
COCA-COLA CO	Stock	N/A	N/A	12,970	555,203	701,807
COCA-COLA EUROPACIFIC PARTNERS	Stock	N/A	N/A	5,691	233,722	337,590
COLGATE-PALMOLIVE CO	Stock	N/A	N/A	7,539	532,726	613,298
COMCAST CORP-CL A	Stock	N/A	N/A	25,226	1,106,409	1,438,387
COMERICA INC	Stock	N/A	N/A	2,332	167,965	166,365
COMMERCE BANCSHARES INC	Stock	N/A	N/A	4,236	227,758	315,836
COMMSCOPE HLDG CO INC COM	Stock	N/A	N/A	6,225	127,379	132,655
CONAGRA BRAND INC.	Stock	N/A	N/A	6,668	233,439	242,582
CONOCOPHILLIPS	Stock	N/A	N/A	14,283	693,522	869,835
CONOCOPHILLIPS COM	Stock	N/A	N/A	6,683	227,214	406,995
CORTEVA INC	Stock	N/A	N/A	6,646	184,803	294,750
COUSINS PPTYS INC	Stock	N/A	N/A	5,935	200,985	218,289
CROWN HOLDINGS INC	Stock	N/A	N/A	2,239	239,645	228,848
CUMMINS INC	Stock	N/A	N/A	1,698	296,585	413,989
CUMMINS INC	Stock	N/A	N/A	955	158,656	232,839
CURTISS WRIGHT CORP COM	Stock	N/A	N/A	1,452	151,067	172,440
CYRUSONE INC COM	Stock	N/A	N/A	2,504	193,556	179,086
DANAHER CORP	Stock	N/A	N/A	2,423	235,199	650,236
DARDEN RESTAURANTS INC	Stock	N/A	N/A	1,259	82,161	183,801
DIAMONDBACK ENERGY INC	Stock	N/A	N/A	2,546	171,982	239,044
DISCOVER FINL SVCS COM STK	Stock	N/A	N/A	4,316	284,498	510,540

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DOLLAR GENERAL CORP	Stock	N/A	N/A	2,820	412,084	610,220
DOLLAR TREE INC	Stock	N/A	N/A	4,122	388,309	410,139
DOLLAR TREE INC COM STK	Stock	N/A	N/A	1,062	96,552	105,669
DOVER CORP COM USD1.00	Stock	N/A	N/A	3,936	353,780	592,762
DTE ENERGY CO	Stock	N/A	N/A	1,940	243,541	251,424
DUKE REALTY CORP	Stock	N/A	N/A	7,258	223,072	343,666
DUPONT DE NEMOURS INC COMMON STOCK	Stock	N/A	N/A	3,902	212,420	302,054
EAGLE MATLS INC COM	Stock	N/A	N/A	1,072	93,598	152,342
EAST WEST BANCORP INC	Stock	N/A	N/A	6,092	299,614	436,735
EASTMAN CHEM CO	Stock	N/A	N/A	1,966	220,874	229,531
EATON CORP PLC	Stock	N/A	N/A	3,930	348,921	582,347
EATON CORP PLC	Stock	N/A	N/A	3,693	293,177	547,229
EBAY INC	Stock	N/A	N/A	3,445	156,580	241,873
EDISON INTL COM	Stock	N/A	N/A	4,700	297,690	271,754
ELI LILLY & CO	Stock	N/A	N/A	448	102,269	102,825
EMERSON ELEC CO	Stock	N/A	N/A	5,943	427,062	571,954
ENTERGY CORP NEW COM	Stock	N/A	N/A	2,475	216,778	246,758
EQTY RESDNTL EFF 5/15/02	Stock	N/A	N/A	4,467	302,886	343,959
ESSENT GROUP LTD COM STK	Stock	N/A	N/A	2,331	93,175	104,778
ESSEX PPTY TR REIT	Stock	N/A	N/A	852	193,490	255,609
EVEREST RE GROUP	Stock	N/A	N/A	1,250	272,126	315,013
EVEREST RE GROUP LTD	Stock	N/A	N/A	677	169,996	170,611
EVERTEC INC COM	Stock	N/A	N/A	5,310	170,940	231,782
EXPEDIA GROUP INC	Stock	N/A	N/A	1,318	147,314	215,770
EXPEDITORS INTL WASH INC COM	Stock	N/A	N/A	1,537	116,159	194,584
FEDEX CORP	Stock	N/A	N/A	1,290	329,930	384,846
FIDELITY NATIONAL INFO SVCS	Stock	N/A	N/A	2,352	280,219	333,208
FIFTH THIRD BANCORP	Stock	N/A	N/A	8,619	279,739	329,504
FLEX LTD COM USD0.01	Stock	N/A	N/A	9,797	128,207	175,072
FMC CORP	Stock	N/A	N/A	1,899	215,600	205,472
FMC CORP COM (NEW)	Stock	N/A	N/A	3,804	299,030	411,593

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FNF GROUP	Stock	N/A	N/A	4,523	188,887	196,570
FOOT LOCKER INC	Stock	N/A	N/A	3,445	120,130	212,315
GARMIN LTD	Stock	N/A	N/A	2,311	221,422	334,263
GENERAL DYNAMICS CORP	Stock	N/A	N/A	2,739	468,770	515,644
GENERAL DYNAMICS CORP	Stock	N/A	N/A	1,396	216,040	262,811
GENERAL MLS INC	Stock	N/A	N/A	6,623	363,339	403,539
GENTEX CORP COM	Stock	N/A	N/A	5,680	136,213	187,951
GENUINE PARTS CO	Stock	N/A	N/A	2,076	198,206	262,552
GILEAD SCIENCES INC	Stock	N/A	N/A	11,239	818,347	773,918
GLOBE LIFE INC COM	Stock	N/A	N/A	2,238	173,870	213,170
HALLIBURTON CO	Stock	N/A	N/A	10,576	210,024	244,517
HARLEY DAVIDSON COM USD0.01	Stock	N/A	N/A	8,019	218,009	367,431
HARTFORD FINL SVCS	Stock	N/A	N/A	4,692	234,377	290,763
HASBRO INC COM	Stock	N/A	N/A	2,424	232,347	229,116
HCA HEALTHCARE INC COM	Stock	N/A	N/A	1,165	121,896	240,852
HEALTHPEAK PROPERTIES INC	Stock	N/A	N/A	5,995	163,675	199,574
HELMERICH & PAYNE INC COM	Stock	N/A	N/A	5,621	131,536	183,413
HERSHEY CO/THE	Stock	N/A	N/A	2,330	253,127	405,839
HEXCEL CORP NEW	Stock	N/A	N/A	4,451	165,093	277,742
HOLLYFRONTIER CORP	Stock	N/A	N/A	5,802	177,331	190,886
HOME DEPOT INC	Stock	N/A	N/A	5,622	1,124,594	1,792,800
HOME DEPOT INC	Stock	N/A	N/A	1,620	332,053	516,602
HONEYWELL INTERNATIONAL INC	Stock	N/A	N/A	4,571	704,402	1,002,649
HONEYWELL INTERNATIONAL INC	Stock	N/A	N/A	5,194	704,511	1,139,304
HOWMET AEROSPACE INC COM USD1.00 WI	Stock	N/A	N/A	11,854	203,937	408,607
HUBBELL INC	Stock	N/A	N/A	884	169,965	165,167
HUBBELL INC	Stock	N/A	N/A	630	79,766	117,709
HUMANA INC	Stock	N/A	N/A	841	233,286	372,328
HUMANA INC	Stock	N/A	N/A	950	216,576	420,584
HUNTINGTON BANCSHARES	Stock	N/A	N/A	14,422	232,924	205,802
HUNTINGTON BANCSHARES INC COM	Stock	N/A	N/A	45,645	557,449	651,354

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June 30, 2021

HUNTINGTON INGALLS INDS INC	Stock	N/A	N/A	1,034	191,022	217,916
ICON PLC COM	Stock	N/A	N/A	1,489	208,813	307,791
ILLINOIS TOOL WKS INC	Stock	N/A	N/A	2,766	444,895	618,367
INGEVITY CORP COM	Stock	N/A	N/A	2,032	84,209	165,324
INTEL CORP	Stock	N/A	N/A	22,393	1,079,411	1,257,143
INTERCONTINENTAL EXCHANGE INC	Stock	N/A	N/A	10,679	580,907	1,267,597
INTERNATIONAL BUSINESS MACH CORP	Stock	N/A	N/A	6,570	975,994	963,096
INTERNATIONAL FLVRS & FRAGRANCES	Stock	N/A	N/A	2,683	350,909	400,840
INTERNATIONAL GAME TECHNOLOGY COMMONSTOCK	Stock	N/A	N/A	3,923	53,397	93,995
INVESCO S&P 500 COMMON STOCK	Stock	N/A	N/A	154,170	19,999,919	23,238,044
IQVIA HLDGS INC COM USD0.01	Stock	N/A	N/A	597	78,427	144,665
IQVIA HOLDINGS INC	Stock	N/A	N/A	1,662	240,636	402,736
ITT INC COM	Stock	N/A	N/A	3,335	193,506	305,453
JAZZ PHARMACEUTICALS PLC	Stock	N/A	N/A	739	106,620	131,276
JM SMUCKER CO/THE-NEW COM WI	Stock	N/A	N/A	1,663	195,358	215,475
JOHNSON & JOHNSON	Stock	N/A	N/A	10,571	1,430,616	1,741,467
JOHNSON & JOHNSON	Stock	N/A	N/A	9,139	1,227,547	1,505,559
JOHNSON CONTROLS INTERNATIONAL	Stock	N/A	N/A	8,446	315,361	579,649
JP MORGAN CHASE & CO	Stock	N/A	N/A	11,316	1,280,781	1,760,091
JPMORGAN CHASE & CO	Stock	N/A	N/A	5,280	591,997	821,251
KEYCORP NEW	Stock	N/A	N/A	28,615	475,958	590,900
KILROY RLTY CORP COM	Stock	N/A	N/A	2,910	211,374	202,652
KIMBERLY CLARK CORP	Stock	N/A	N/A	3,572	423,957	477,862
KLA CORPORATION	Stock	N/A	N/A	582	74,258	188,690
KRAFT HEINZ CO/THE	Stock	N/A	N/A	11,997	484,732	489,238
KROGER CO	Stock	N/A	N/A	9,003	257,610	344,905
L3HARRIS TECHNOLOGIES INC	Stock	N/A	N/A	2,096	434,239	453,050
L3HARRIS TECHNOLOGIES INC COM	Stock	N/A	N/A	1,418	191,168	306,501
LAB CORP AMER HOLDINGS	Stock	N/A	N/A	533	81,203	147,028
LABORATORY CORP OF AMERICA HLD	Stock	N/A	N/A	854	129,606	235,576
LAMAR ADVERTISING CO NEW CL A CL A	Stock	N/A	N/A	1,661	84,197	173,442

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Ironworkers National Pension Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 52-6122274, Plan # 001
June 30, 2021

LAS VEGAS SANDS CORP COM STK	Stock	N/A	N/A	4,268	231,271	224,881
LEAR CORP COM NEW COM NEW	Stock	N/A	N/A	1,276	179,236	223,657
LEIDOS HLDGS INC COM	Stock	N/A	N/A	2,634	171,227	266,297
LINDE PLC	Stock	N/A	N/A	3,552	793,411	1,026,883
LIVE NATION ENTERTAINMENT INC	Stock	N/A	N/A	2,106	89,945	184,465
LKQ CORP COM LKQ CORP	Stock	N/A	N/A	4,298	136,850	211,548
LOCKHEED MARTIN CORP	Stock	N/A	N/A	2,151	759,920	813,831
LOWE'S COS INC	Stock	N/A	N/A	3,448	396,337	668,809
MARATHON PETE CORP	Stock	N/A	N/A	5,602	294,375	338,473
MARAVAI LIFESCIENCES HOLDINGS	Stock	N/A	N/A	1,533	42,775	63,972
MARRIOT INTL INC NEW	Stock	N/A	N/A	1,490	112,839	203,415
MARSH & MCLENNAN COS INC	Stock	N/A	N/A	4,054	433,106	570,317
MASCO CORP COM	Stock	N/A	N/A	3,155	117,814	185,861
MAXAR TECHNOLOGIES INC COM NPV	Stock	N/A	N/A	4,072	147,384	162,554
MCDONALD'S CORP	Stock	N/A	N/A	3,769	630,409	870,601
MEDTRONIC PLC	Stock	N/A	N/A	9,821	840,176	1,219,081
MERCK & CO INC	Stock	N/A	N/A	16,809	1,005,806	1,307,236
MICROSOFT CORP	Stock	N/A	N/A	9,854	887,211	2,669,449
MOHAWK INDS INC COM	Stock	N/A	N/A	1,669	196,761	320,765
MOLINE HEALTHCARE INC	Stock	N/A	N/A	802	103,829	202,954
MONDELEZ INTERNATIONAL INC	Stock	N/A	N/A	11,638	527,491	726,677
MOTOROLA SOLUTIONS INC	Stock	N/A	N/A	1,882	361,698	408,112
NETAPP INC	Stock	N/A	N/A	3,167	209,686	259,124
NETAPP INC	Stock	N/A	N/A	3,028	203,238	247,751
NEWMONT GOLDCORP CORP	Stock	N/A	N/A	7,803	492,047	494,554
NOMAD FOODS LIMITED COMMON STOCK	Stock	N/A	N/A	5,396	100,786	152,545
NORFOLD SOUTHERN CORP	Stock	N/A	N/A	2,316	340,230	614,690
NORTHROP GRUMMAN CORP	Stock	N/A	N/A	1,578	518,821	573,493
NORTONLIFE LOCK INC	Stock	N/A	N/A	6,935	182,847	188,771
NUCOR CORP	Stock	N/A	N/A	4,361	282,372	418,351
NXP SEMICONDUCTORS N V COM STK	Stock	N/A	N/A	2,307	251,057	474,596

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Ironworkers National Pension Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 52-6122274, Plan # 001
June 30, 2021

OMNICOM GROUP	Stock	N/A	N/A	3,056	234,686	244,449
ORACLE CORP	Stock	N/A	N/A	17,654	1,034,957	1,374,187
ORGANON & CO	Stock	N/A	N/A	1,680	48,999	50,837
OSHKOSH CORPORATION	Stock	N/A	N/A	2,774	228,219	345,751
OWENS CORNING NEW	Stock	N/A	N/A	1,922	119,023	188,164
PACKAGING CORP OF AMERICA	Stock	N/A	N/A	1,456	200,462	197,172
PALO ALTO NETWORKS INC	Stock	N/A	N/A	491	98,150	182,186
PARKER-HANNIFIN CORP	Stock	N/A	N/A	1,279	242,569	392,794
PEPSICO	Stock	N/A	N/A	2,014	269,775	298,414
PG& E CORP COM	Stock	N/A	N/A	16,138	193,429	164,123
PIONEER NAT RES CO	Stock	N/A	N/A	1,877	173,722	305,050
PNC FINL SVCS GROUP INC	Stock	N/A	N/A	1,999	285,355	381,329
POLARIS INC	Stock	N/A	N/A	1,572	203,091	215,301
PPG IND INC	Stock	N/A	N/A	1,235	113,546	209,666
PROCTER & GAMBLE CO	Stock	N/A	N/A	12,680	1,732,647	1,710,912
PROCTER & GAMBLE CO	Stock	N/A	N/A	4,904	471,339	661,697
PROLOGIS INC	Stock	N/A	N/A	5,547	344,216	663,033
QORVO INC	Stock	N/A	N/A	2,741	213,381	536,277
QUALCOMM INC	Stock	N/A	N/A	7,608	692,067	1,087,411
QUEST DIAGNOSTICS INC	Stock	N/A	N/A	1,863	198,671	245,860
REGENCY CTRS CORP	Stock	N/A	N/A	5,017	315,174	321,439
REGIONS FINANCIAL CORP.	Stock	N/A	N/A	12,691	188,933	256,104
RELIANCE STEEL & ALUMINUM	Stock	N/A	N/A	1,042	164,722	157,238
RENAISSANCE RE HLDGS LTD COM	Stock	N/A	N/A	864	146,193	128,580
REPUBLIC SERVICES INC	Stock	N/A	N/A	3,605	363,572	396,586
ROBERT HALF INTL INC	Stock	N/A	N/A	3,389	178,044	301,519
ROSS STORES INC	Stock	N/A	N/A	2,179	207,755	270,196
ROSS STORES INC	Stock	N/A	N/A	2,147	194,429	266,228
RPM INTERNATIONAL INC	Stock	N/A	N/A	2,009	188,500	178,158
SALESFORCE.COM INC	Stock	N/A	N/A	2,113	391,355	516,143
SCHLUMBERGER LTD	Stock	N/A	N/A	14,369	266,598	459,952

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

SCIENCE APPLICATIONS INTL CORP NEW COMUSD0.0001	Stock	N/A	N/A	2,034	162,671	178,443
SENSATA TECHNOLOGIES B V HOLDING	Stock	N/A	N/A	2,381	135,324	138,027
SLM CORP COM	Stock	N/A	N/A	11,263	118,863	235,847
SMITH (A.O.) CORP	Stock	N/A	N/A	2,508	169,312	180,726
SNAP-ON INC	Stock	N/A	N/A	822	193,178	183,659
SOUTHWEST AIRLINES CO	Stock	N/A	N/A	2,445	109,770	129,805
SS&C TECHNOLOGIES HLDGS INC COM	Stock	N/A	N/A	2,815	156,133	202,849
STARBUCKS CORP	Stock	N/A	N/A	4,493	324,660	502,362
STATE STR CORP COM	Stock	N/A	N/A	2,371	184,079	195,086
STEEL DYNAMICS INC	Stock	N/A	N/A	3,404	176,431	202,878
STEEL DYNAMICS INC	Stock	N/A	N/A	1,733	54,248	103,287
SYNCHRONY FINL COM	Stock	N/A	N/A	3,910	119,069	189,713
SYSCO CORPORATION	Stock	N/A	N/A	5,388	398,660	418,917
TE CONNECTIVITY LTD	Stock	N/A	N/A	3,796	315,610	513,257
TEGNA INC COM	Stock	N/A	N/A	12,015	219,047	225,401
TEMPUR SEALY INTL INCCOM	Stock	N/A	N/A	3,435	88,351	134,618
TEXAS INSTRUMENTS INC	Stock	N/A	N/A	3,435	406,363	660,551
TEXTRON INC	Stock	N/A	N/A	6,906	287,167	474,926
THE MOSAIC CO	Stock	N/A	N/A	5,632	112,330	179,717
THERMO FISHER SIENTIFIC INC	Stock	N/A	N/A	1,324	417,457	667,918
TRAVEL + LEISURE CO COM USD0.01	Stock	N/A	N/A	2,648	125,582	157,424
TRAVELERS COS INC COM STK	Stock	N/A	N/A	1,018	134,417	152,405
TRAVELLERS COS INC	Stock	N/A	N/A	2,708	372,764	405,415
TRUIST FINL CORP COM	Stock	N/A	N/A	8,549	357,177	474,470
TYSON FOODS INC -CL A	Stock	N/A	N/A	4,401	313,552	324,618
U.S. BANCORP	Stock	N/A	N/A	12,445	673,740	708,992
ULLICO COMMON STOCK	Stock	N/A	N/A	380,800	9,225,750	9,664,896
ULTA BEAUTY INC	Stock	N/A	N/A	638	156,306	220,601
UNION PAC CORP	Stock	N/A	N/A	4,530	660,298	996,283
UNITEDHEALTH GROUP INC	Stock	N/A	N/A	828	273,018	331,564
UNVL HEALTH SERVICES INC CL B COM	Stock	N/A	N/A	2,704	332,341	395,947

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Ironworkers National Pension Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 52-6122274, Plan # 001
June 30, 2021

US FOODS HLDG CORP COM	Stock	N/A	N/A	4,619	159,337	177,185
VALERO ENERGY CORP	Stock	N/A	N/A	2,349	194,852	183,410
VALVOLINE INC COM	Stock	N/A	N/A	6,043	148,251	196,156
VERIZON COMMUNICATIONS	Stock	N/A	N/A	23,968	1,414,972	1,342,927
VERTIV HOLDINGS LLC COM USD0.0001	Stock	N/A	N/A	7,639	152,594	208,545
VISA INC CL A	Stock	N/A	N/A	4,679	555,164	1,094,044
WAL MART STORES	Stock	N/A	N/A	12,596	1,344,496	1,776,288
WALT DISNEY COMPANY	Stock	N/A	N/A	2,458	331,679	432,043
WASTE MANAGEMENT INC	Stock	N/A	N/A	4,052	373,279	567,726
WASTE MANAGEMENT INC	Stock	N/A	N/A	3,754	423,449	525,973
WELLTOWER INC	Stock	N/A	N/A	4,587	243,782	381,180
WESTN DIGITAL CORP COM	Stock	N/A	N/A	4,414	236,864	314,144
WHIRLPOOL CORP	Stock	N/A	N/A	921	208,759	200,796
WHIRLPOOL CORP COM	Stock	N/A	N/A	1,640	229,375	357,553
WHYNDHAM HOTELS & RESORTS INC	Stock	N/A	N/A	3,391	176,501	245,135
WILLIAMS - SONOMA INC	Stock	N/A	N/A	1,083	200,724	172,901
WILLIS TOWERS WATSON PLC COM USD0.000115	Stock	N/A	N/A	651	128,330	149,743
WW GRAINGER INC	Stock	N/A	N/A	677	211,249	296,526
XEROX HLDGS CORP COM NEW COM NEW	Stock	N/A	N/A	5,870	129,297	137,886
YELP INC CL A	Stock	N/A	N/A	3,495	103,156	139,660
ZIMMER BIOMET HOLDINGS INC	Stock	N/A	N/A	2,289	275,820	368,117
ZOETIS INC	Stock	N/A	N/A	2,410	139,941	449,128
					119,919,478	156,947,246
Partnership/Joint Venture Interest						
BOYD WATTERSON GSA FUND	JVI	N/A	N/A	9,108	10,693,543	11,166,596
WCM FOCUSED INTERNATIONAL GROWTH FUND, LP	JVI	N/A	N/A	21,622,239	21,622,239	36,721,946
ULLICO INFRASTRUCTURE FUND LP	JVI	N/A	N/A	38,872	4,552,612	8,292,377
JP MORGAN INFRASTRUCTURE INVESTMENT FUND, LP	JVI	N/A	N/A	18,039,282	14,985,287	14,842,563
Labor Impact Feeder Fund, LP	JVI	N/A	N/A	1,494,250	1,494,250	1,478,901
					53,347,931	72,502,383

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Ironworkers National Pension Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN # 52-6122274, Plan # 001
June 30, 2021

Collective Trusts						
BNY AFL-CIO SL Stock Index Fund	CCT	N/A	N/A	2,470,693	26,955,260	33,996,735
MEPT	CCT	N/A	N/A	2,496	18,122,056	31,566,023
NT COLLECTIVE MSCI ACWI EX-US INDEX FUND	Mutual Fund	N/A	N/A	85,015	14,672,273	18,848,871
					59,749,588	84,411,629
Pooled Separate Accounts						
ULLICO SEPARATE ACCT J	PSA	N/A	N/A	998,711	14,705,891	16,539,486
					14,705,891	16,539,486
103-12 Investment Entities						
LAZARD CORE FIXED INCOME PORTFOLIO	103-12	N/A	N/A	2,290,591	26,706,338	33,915,216
					26,706,338	33,915,216
Registered Investment Companies						
LAZARD INTL STRATEGIC EQUITY PORT INSTL	Mutual Fund	N/A	N/A	1,440,247	16,624,020	26,054,073
LAZARD US CORP INCOME INST	Mutual Fund	N/A	N/A	184,309	3,223,275	3,647,467
LAZARD US GLOBAL INFRASTRUCTURE INSTL	Mutual Fund	N/A	N/A	578,615	8,304,549	9,176,832
					28,151,843	38,878,372
					$ 367,880,793	$ 469,860,172

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Ironworkers National Pension Plan
Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
EIN # 52-6122274, Plan # 001
Year Ended June 30, 2021

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expense Incurred with Transaction (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain or (Loss) (i)
Single Transactions:								
AFL-CIO ASB Labor Equity Index Fund	COLLECTIVE INVESTMENT FUND	N/A	$ 49,379,473	N/A	N/A	$ 34,362,804	$ 46,003,040	$ (15,016,669)
GOLDMAN FINANCIAL SQUARE PRIME	INSTITUTIONAL MMF	95,047,286	N/A	N/A	N/A	95,047,286	95,047,286	N/A
GOLDMAN FINANCIAL SQUARE PRIME	INSTITUTIONAL MMF	N/A	88,049,116	N/A	N/A	88,053,906	88,057,606	(4,789)
GOLDMAN FINANCIAL SQUARE GOVT-A FD#465 MASTER	INSTITUTIONAL MMF	29,745,102	N/A	N/A	N/A	29,745,102	29,745,102	N/A
GOLDMAN FINANCIAL SQUARE GOVT-A FD#465 MASTER	INSTITUTIONAL MMF	N/A	29,952,263	N/A	N/A	29,952,263	29,952,263	-
Series of Transactions:								
GOLDMAN FINANCIAL SQUARE PRIME	INSTITUTIONAL MMF	95,047,286	N/A	N/A	N/A	95,047,286	95,047,286	N/A
GOLDMAN FINANCIAL SQUARE PRIME	INSTITUTIONAL MMF	N/A	88,049,116	N/A	N/A	88,053,906	88,057,606	(4,789)
GOLDMAN FINANCIAL SQUARE GOVT-A FD#465 MASTER	INSTITUTIONAL MMF	29,745,102	N/A	N/A	N/A	29,745,102	29,745,102	N/A
GOLDMAN FINANCIAL SQUARE GOVT-A FD#465 MASTER	INSTITUTIONAL MMF	N/A	29,952,263	N/A	N/A	29,952,263	29,952,263	-

See Independent Auditor's Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
Ironworkers National Pension Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/20/1969

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)
Ironworkers National Pension Plan
Board of Trustees

1520 Kensington Road
Suite 200
Oakbrook IL 60523

2b Employer Identification Number (EIN) 52-6122274

2c Plan Sponsor's telephone number (202)383-4874

2d Business code (see instructions) 238900

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

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

SIGN HERE	[signature]	1/14/2022	Eric Dean
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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