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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1962

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

1470 WORLDWIDE PL
VANDALIA, OH 45377-1156

2b Employer Identification Number (EIN) 31-6038516

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

2d Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/09/2023	BRADLEY WINANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/10/2023	CLINTON SUGGS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	8111
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)**	2992
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2992
b Retired or separated participants receiving benefits	**6b**	3120
c Other retired or separated participants entitled to future benefits	**6c**	1470
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	7582
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	531
f Total. Add lines **6d** and **6e**	**6f**	8113
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	399

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

1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit 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

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-6038516

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1187096	5323	06/01/2021	05/31/2022

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	

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. Specify nature of costs ▶	6d	

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)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	0
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)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
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)	0
(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)	0
(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	735148
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-6038516

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

1a Enter the valuation date: Month 02 Day 01 Year 2022

b	Assets		
(1)	Current value of assets	**1b(1)**	1042198695
(2)	Actuarial value of assets for funding standard account	**1b(2)**	961314228
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1167403271
(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)**	1167403271
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)**	2455035046
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	51188190
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	87800203
(3)	Expected plan disbursements for the plan year	**1d(3)**	89050203

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/05/2023 Date
DANIEL V. CINER, MAAA	23-05773
Type or print name of actuary	Most recent enrollment number
SEGAL	312-984-8500
Firm name	Telephone number (including area code)
101 NORTH WACKER DRIVE, CHICAGO, IL 60606-1724	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	1042198695
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3679	1237306013
(2) For terminated vested participants		1440	313177896
(3) For active participants:			
(a) Non-vested benefits			122870453
(b) Vested benefits			781680684
(c) Total active		2992	904551137
(4) Total		8111	2455035046
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	42.45 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/31/2022	55801044	0			

	Totals ►	**3(b)**	55801044	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	82.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	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 plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**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**	2.21 %	
		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**	7.25 %	7.25 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	11.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.4 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1203740	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
4	28773800	2992332
1	-35362568	-3677531

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 Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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**	16045935

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)**	404709978		58330646
(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**	5392302
e Total charges. Add lines 9a through 9d			**9e**	79768883
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	38401368
g Employer contributions. Total from column (b) of line 3			**9g**	55801044
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	160219567		23001871
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	6474523
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	279425231		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	1287013264		
(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**	123678806
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	43909923
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-6038516

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

MESIROW FINANCIAL CAPITAL PARTNERS

26-4042914

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

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

20-8581682

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

ANGELO GORDON CAPITAL RECOVERY VIII

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

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

ANGELO GORDON REALTY FUND IX, LP

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

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

NEW TOWER TRUST COMPANY - MEPT

52-6218800

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

GLOBAL INFRASTRUCTURE PARTNERS II-B

98-0672668

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

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

1450 BRICKELL AVENUE, FIRST FLOOR
MIAMI, FL 33131

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

BCP SPECIAL OPP OFFSHORE FEEDER II

98-1481286

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

SEI-THORNBURG GLOBAL EQUITY FUND

06-1271230

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

CHEVY CHASE - AFL-CIO EQUITY INDEX

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

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

HIGHSTAR CAPITAL LP- IV LP & SUBSID

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

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

STARWOOD CAP DISTRESSED OPPORTUNITY

591 WEST PUTNAM AVENUE
GREENWICH, CT 06830

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

WARBURG PINCUS XI, LP

45-3414550

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

KOHLBERG TE INVESTORS IX, LP

84-3726326

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

BOYD WATTERSON GSA FUND, LP

500 WEST MONROE STREET
SUITE 3850
CHICAGO, IL 60661

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

STARWOOD INTERNATIONAL OPP FUND

591 WEST PUTNAM AVENUE
GREENWICH, CT 06830

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

HIGHBRIDGE IRISH SPECIALTY LOAN FD

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

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

FIRST RESERVE GP XIII

ONE LAFAYETTE PLANCE
GREENWICH, CT 06830

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

CROSSLINK ENDEAVOR FUND I, LP

31-6127229

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

FRANCISCO PARTNERS AGILITY II-A, LP

98-1519803

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

BARDIN HILL OPP CREDIT FD OFFSHORE

98-1532032

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

I-SQUARED CAPITAL

98-1574258

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

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

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

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

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

IWDC OF SW OH BENEFIT TRUST

31-6170926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	RELATED FUND	597466	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL MARCO ADVISORS

13-2646110

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

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

SEGAL COMPANY MIDWEST

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	201892	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

OVERMYER HALL ASSOCIATES

27-2481536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	185029	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGATRUST

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	158785	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENT ASSET MGMT

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	148739	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)

TRIBUTARY CAPITAL

20-1736988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	116237	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CLARK, SCHAEFER, HACKETT & CO.

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	83060	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COLLECTIVE INVST TR

26-6411809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	60106	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)

FAULKNER, HOFFMAN & PHILLIPS, LLP

34-1909706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	51656	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROSTAFF GRAPHICS

65 TAHLEQUAH TRAIL
SPRINGBORO, OH 45066

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	29995	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23405	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)

NATIONWIDE

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	13253	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET - RUSSELL 2000 (R)

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	12948	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KEYBANK NA

31-0466650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 19 50 59 99	NONE	5500	Yes [ ] No [X]	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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-6038516

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

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	69111360

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3350609-010	C	305184826

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3668265-002	C	29536064

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6411809-001	C	101363446

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-052	C	91394584

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-013	C	25632066

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

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-6038516

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4520129	4869644
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	937921	780730
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	48441073	35456252
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	57291979	50999840
(5) Partnership/joint venture interests	1c(5)	136876743	136235203
(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)	685893653	622222346
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	109335808	100740340
(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	501033	466529
f Total assets (add all amounts in lines 1a through 1e)	1f	1043798339	951770884
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	371520	367549
i Acquisition indebtedness	1i		
j Other liabilities	1j	1228124	1126516
k Total liabilities (add all amounts in lines 1g through1j)	1k	1599644	1494065
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1042198695	950276819

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)	55801044	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		55801044
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	409590	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		409590
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	387529	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3006471	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3394000
(3) Rents	2b(3)		84178
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2113295	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2113295
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-9014208	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-9014208

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-38598253
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-11601939
c Other income	2c		-4203691
d Total income. Add all **income** amounts in column (b) and enter total	2d		-1615984
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	87646856	
(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)		87646856
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)	336607	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	789003	
(4) Other	2i(4)	1533426	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2659036
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		90305892
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-91921876
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: CLARK, SCHAEFER, HACKETT & CO. **(2)** EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

		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	
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 492362.

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-6038516

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	0
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 71.0 % Investment-Grade Debt: 11.0 % High-Yield Debt: 9.0 % Real Estate: 8.0 % Other: 1.0 %

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)?
[ ] Effective duration [ ] Macaulay duration [X] 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_____

CLARK SCHAEFER HACKETT
BUSINESS ADVISORS

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

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of January 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust as of January 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's ability to continue as a going concern for a reasonable period of time.

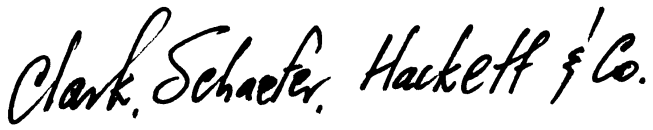
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of January 31, 2023 and schedule of reportable transactions for the year ended January 31, 2023 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 ERISA. 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Dayton, Ohio
November 13, 2023

Schedule MB, line 8b(2) - Schedule of Active Participant Data

The participant data is for the year ended January 31, 2022

		Pension Credits									
Age	**Total**	**Less than 5**	**5- 9**	**10 -14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**	**Unknown**
Under 20	4	4	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
20 - 24	191	181	10	-	-	-	-	-	-	-	-
	$303	$282	-	-	-	-	-	-	-	-	-
25 - 29	340	189	140	11	-	-	-	-	-	-	-
	$561	$332	$815	-	-	-	-	-	-	-	-
30 - 34	405	159	144	78	23	1	-	-	-	-	-
	$839	$349	$865	$1,447	$1,929	-	-	-	-	-	-
35 - 39	434	88	119	122	86	19	-	-	-	-	-
	$1,255	$362	$881	$1,531	$2,005	-	-	-	-	-	-
40 - 44	438	47	62	107	104	88	27	2	1	-	-
	$1,785	$344	$870	$1,544	$2,060	$2,660	$3,201	-	-	-	-
45 - 49	440	25	43	51	81	132	69	35	4	-	-
	$2,343	$317	$875	$1,536	$2,124	$2,702	$3,254	$3,889	-	-	-
50 - 54	441	13	25	55	67	80	97	56	37	11	-
	$2,762	-	$938	$1,537	$2,071	$2,668	$3,302	$3,866	$4,412	-	-
55 - 59	226	6	9	24	33	41	57	34	12	10	-
	$2,848	-	-	$1,554	$2,033	$2,689	$3,275	$3,791	-	-	-
60 - 64	65	-	2	7	8	16	11	10	7	4	-
	$3,146	-	-	-	-	-	-	-	-	-	-
65 - 69	4	-	-	-	2	1	1	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Unknown	4	4	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
Total	**2,992**	**716**	**554**	**455**	**404**	**378**	**262**	**137**	**61**	**25**	**-**
	$1,679	**$325**	**$857**	**$1,514**	**$2,053**	**$2,680**	**$3,276**	**$3,853**	**$4,416**	**$5,148**	**-**

Note: Excludes 436 participants with less than one pension credit; dollar amounts represent average accrued monthly benefit for each grouping.

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

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

Termination Rates Before Retirement

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

[1] Mortality rates shown for base table.

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

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

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

Retirement Rates

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

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

Description of Weighted Average Retirement Age

Age 59, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the February 1, 2022 actuarial valuation.

Retirement Age for Inactive Vested Participants

62

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

Future Benefit Accruals

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

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

Liabilities for Future Pro-Rata Pensioners

2% load on active liabilities and normal cost.

The load for pro-rata pensioners was based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Unknown Data for Participants

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

Definition of Active Participants	Participants who had worked at least 250 hours in the pension credit year that ended on December 31, 2021 and accumulated at least one pension credit, excluding those who have retired as of the valuation date. Liabilities for active participants are valued as of February 1, 2022, and include an adjustment to benefit accruals for 1/12 plan year.
Inactive Vested Participants	Inactive participants over age 70 are assumed to never return and apply for a benefit. For this valuation 13 inactive participants are excluded from the valuation due to this assumption. The retirement assumption of inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Percent Married	80%
Age of Spouse	Females are 4 years younger than their spouses.
Sex of Spouse	Spouses are the opposite sex of participants. The percent married, age of spouse, and sex of spouse assumptions were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and actual demographic spousal data.
Benefit Election	Participants are assumed to elect a pension with the same value as the Single Life Annuity with 60 months guaranteed. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment.
Net Investment Return	7.25%, net of investment fees For FASB ASC 960 purposes, the assumed return is net of both investment fees and administrative expenses associated with providing accumulated benefits. The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$1,250,000 for the year beginning February 1, 2022 (equivalent to $1,203,740 payable at the beginning of the year) The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized 20% per year over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated based on accruals under the Plan.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Segal

Current Liability Assumptions	*Interest:* 2.21%, 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-2020
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 11.5%, for the Plan Year ending January 31, 2022 *On current (market) value of assets (Schedule MB, line 6h):* 13.4%, for the Plan Year ending January 31, 2022
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 prepared 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, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

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

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

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▸ [ ]

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan 12/01/1962

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

1470 WORLDWIDE PL

VANDALIA OH 45377-1156

2b Employer Identification Number (EIN) 31-6038516

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

2d Business code (see instructions) 238900

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

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

SIGN HERE	Signature of plan administrator	11-9-23 Date	BRADLEY WINANS Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	11/10/23 Date	CLINTON SUGGS Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
EIN #31-6038516 PLAN #001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended January 31, 2023

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value on Transaction Date	(i) Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets						
* Keybank & US Bank	Federated Government Obligations IS					
	Purchases	$ 40,970,670	-	40,970,670	40,970,670	-
	Sales	-	52,442,253	52,442,253	52,442,253	-

* Party in interest

There were no reportable category (i), (ii) or (iv) transactions for the year ended January 31, 2023.

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 02/01/2022 and ending 01/31/2023

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
31-6038516

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

1a	Enter the valuation date: Month 02 Day 01 Year 2022		
b	Assets		
(1)	Current value of assets	**1b(1)**	1,042,198,695
(2)	Actuarial value of assets for funding standard account	**1b(2)**	961,314,228
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1,167,403,271
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	1,167,403,271
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	2,455,035,046
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	51,188,190
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	87,800,203
(3)	Expected plan disbursements for the plan year	**1d(3)**	89,050,203

Statement by Enrolled Actuary

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

SIGN HERE Daniel V. Ciner DVC — 10/05/2023

Signature of actuary — Date

DANIEL V. CINER, MAAA — 2305773

Type or print name of actuary — Most recent enrollment number

SEGAL — 312-984-8500

Firm name — Telephone number (including area code)

101 NORTH WACKER DRIVE
CHICAGO IL 60606-1724

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	1,042,198,695
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3,679	1,237,306,013
(2) For terminated vested participants		1,440	313,177,896
(3) For active participants:			
(a) Non-vested benefits			122,870,453
(b) Vested benefits			781,680,684
(c) Total active		2,992	904,551,137
(4) Total		8,111	2,455,035,046
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	42.45 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/31/2022	55,801,044	0			

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** 2.21 %

		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**	7.25 %	7.25 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	11.5 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	13.4 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	1,203,740
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
4	28,773,800	2,992,332
1	-35,362,568	-3,677,531

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 Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See 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**	16,045,935
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)**	404,709,978	58,330,646
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	5,392,302
e Total charges. Add lines 9a through 9d		**9e**	79,768,883
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	38,401,368
g Employer contributions. Total from column (b) of line 3		**9g**	55,801,044
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	160,219,567	23,001,871
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	6,474,523
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	279,425,231	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	1,287,013,264	
(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**	123,678,806
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	43,909,923
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2022 plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			[X] Yes [ ] No

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	$53,761,925	-	$53,761,925
2023	$53,761,925	-	$53,761,925
2024	$53,761,925	-	$53,761,925
2025	$53,761,925	-	$53,761,925
2026	$53,761,925	-	$53,761,925
2027	$53,761,925	-	$53,761,925
2028	$53,761,925	-	$53,761,925
2029	$53,761,925	-	$53,761,925
2030	$53,761,925	-	$53,761,925
2031	$53,761,925	-	$53,761,925

Segal

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	$3,425,321	$864,658	$83,421,691	$87,711,670
2023	6,584,459	1,302,981	80,623,890	88,511,330
2024	9,455,072	1,883,762	77,887,638	89,226,472
2025	12,477,108	2,731,119	75,182,613	90,390,840
2026	15,619,553	3,674,169	72,640,031	91,933,753
2027	18,300,952	4,450,489	69,996,277	92,747,718
2028	20,533,755	5,258,282	67,305,978	93,098,015
2029	22,754,287	6,069,265	64,604,069	93,427,621
2030	24,936,181	6,973,400	61,874,967	93,784,548
2031	27,094,010	8,089,405	59,140,018	94,323,433
2032	28,986,156	9,013,996	56,376,175	94,376,327
2033	30,631,273	10,117,734	53,560,380	94,309,387
2034	31,998,310	11,204,297	50,716,721	93,919,328
2035	33,223,643	12,374,004	47,878,366	93,476,013
2036	34,170,459	13,205,903	45,075,614	92,451,976
2037	34,983,245	13,780,340	42,290,711	91,054,296
2038	35,659,736	14,516,984	39,530,539	89,707,259
2039	36,248,019	14,890,665	36,831,900	87,970,584

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.
- Benefits are paid in the form assumed with valuation.

Segal

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	$36,832,802	$15,286,500	$34,174,638	$86,293,940
2041	37,231,218	15,756,158	31,578,393	84,565,769
2042	37,489,761	16,140,567	29,055,854	82,686,182
2043	37,571,737	16,279,394	26,618,169	80,469,300
2044	37,535,374	16,306,356	24,264,363	78,106,093
2045	37,335,779	16,162,473	22,006,946	75,505,198
2046	37,119,450	15,980,851	19,851,055	72,951,356
2047	36,782,111	15,714,629	17,802,692	70,299,432
2048	36,393,256	15,358,548	15,867,136	67,618,940
2049	35,844,300	14,897,165	14,049,964	64,791,429
2050	35,283,551	14,512,019	12,355,288	62,150,858
2051	34,590,836	14,104,758	10,786,559	59,482,153
2052	33,683,265	13,525,488	9,345,841	56,554,594
2053	32,644,538	12,941,499	8,033,800	53,619,837
2054	31,542,100	12,371,758	6,849,593	50,763,451
2055	30,468,356	11,758,932	5,790,727	48,018,015
2056	29,323,364	11,136,153	4,853,156	45,312,673
2057	28,094,863	10,509,452	4,031,516	42,635,831

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.
- Benefits are paid in the form assumed with valuation.

Segal

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	$26,828,782	$9,865,817	$3,319,211	$40,013,810
2059	25,520,784	9,215,143	2,708,570	37,444,497
2060	24,170,012	8,570,170	2,190,997	34,931,179
2061	22,794,475	7,933,454	1,757,266	32,485,195
2062	21,453,343	7,309,064	1,397,909	30,160,316
2063	20,109,216	6,701,167	1,103,632	27,914,015
2064	18,763,154	6,113,039	865,507	25,741,700
2065	17,446,406	5,547,628	675,056	23,669,090
2066	16,175,087	5,007,686	524,381	21,707,154
2067	14,951,405	4,495,605	406,393	19,853,403
2068	13,780,756	4,013,229	314,835	18,108,820
2069	12,666,415	3,561,972	244,344	16,472,731
2070	11,609,493	3,142,605	190,388	14,942,486
2071	10,610,722	2,755,703	149,194	13,515,619

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.
- Benefits are paid in the form assumed with valuation.

Segal

CLARK SCHAEFER HACKETT
BUSINESS ADVISORS

Iron Workers District Council of Southern Ohio & Vicinity Pension Trust

Financial Statements and Supplemental Schedules

January 31, 2023 and 2022

with Independent Auditors' Report

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CLARK SCHAEFER HACKETT
BUSINESS ADVISORS

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of January 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust as of January 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's ability to continue as a going concern for a reasonable period of time.

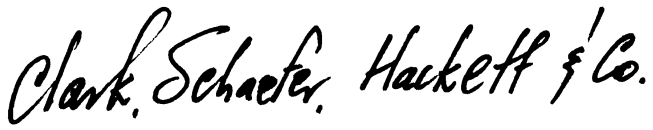
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of January 31, 2023 and schedule of reportable transactions for the year ended January 31, 2023 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 ERISA. 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Dayton, Ohio
November 13, 2023

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Statements of Net Assets Available for Benefits
January 31, 2023 and 2022

	2023	2022
Assets		
Investments at fair value:		
Money market funds	$ 11,397,320	22,810,488
Equity securities	50,999,840	57,291,979
Common/collective trusts	622,222,346	685,893,653
Partnership/joint venture interests	136,235,203	136,876,743
Registered investment companies	100,740,340	109,335,808
Total investments	921,595,049	1,012,208,671
Cash	24,058,932	25,630,585
Accrued interest receivable	50,072	12,664
Employer contributions receivable	4,869,644	4,520,129
Due from broker for securities sold	-	254,727
Prepaid retiree insurance and tax withholdings	730,658	670,530
Property held for use:		
Land	225,000	225,000
Building, at cost less accumulated depreciation of $1,128,454 and $1,093,950	241,529	276,033
Total assets	951,770,884	1,043,798,339
Liabilities		
Accounts payable	367,549	371,520
Accounts payable to related funds:		
Benefit Trust	602,633	157,398
Annuity Trust	191,717	178,030
IMPACT Fund	238,189	207,308
Contractor overpayments	9,703	413,574
Fringe fund escrow	84,274	64,274
Due to broker for securities purchased	-	207,540
Total liabilities	1,494,065	1,599,644
Net assets available for benefits	$ 950,276,819	1,042,198,695

See accompanying notes to the financial statements.

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended January 31, 2023 and 2022

	2023	2022
Investment income:		
Net investment income (loss)	$ (57,501,206)	126,530,072
Rental income from related plans	84,178	82,738
	(57,417,028)	126,612,810
Investment expenses	(789,003)	(967,847)
	(58,206,031)	125,644,963
Employer contributions, net of reciprocity	55,801,044	51,710,919
	(2,404,987)	177,355,882
Benefits paid	87,646,856	86,923,248
Administrative expenses - direct	920,907	713,595
Administrative expenses allocated from related plans	949,126	326,958
	89,516,889	87,963,801
Change in net assets	(91,921,876)	89,392,081
Net assets available for benefits:		
Beginning of year	1,042,198,695	952,806,614
End of year	$ 950,276,819	1,042,198,695

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN:

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

General

The Plan is a defined benefit pension plan covering employees of those employers who have agreed to make the required employer contributions to the Plan per collective bargaining agreements with various local Iron Workers unions located in Indiana, Kentucky, Ohio, and West Virginia. The Plan provides retirement, death and disability benefits for eligible participants and beneficiaries. To be eligible, an employee must be working for a participating employer who is subject to a collective bargaining agreement or for a participating employer subject to a trustee approved participation agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Administration of the Plan is the responsibility of the Board of Trustees and is governed by a joint board consisting of equal representation from the participating employers and the various local Iron Workers unions.

Contributions and funding policy

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

Pension Protection Act funding status

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan’s actuary has completed the Plan’s actuarial funding status certification as of February 1, 2023, in accordance with generally accepted actuarial principles and practices. Beginning February 1, 2023, based on the February 1, 2022 actuarial valuation, actuarial assumptions, participant and financial data, and plan provisions, the Plan’s actuary certified that the Plan was in neither critical nor endangered status as defined in the Pension Protection Act of 2006.

Pension benefits

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

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

Death and disability benefits

Active participants with at least five pension credits or years of vesting service, having worked in covered employment for at least 500 hours in the 24 months before becoming disabled, and who have been deemed disabled by the Social Security Administration, are eligible to receive total and permanent disability benefits equal to a percentage ranging from 50% to 100% of the participant’s regular pension. These benefits are payable until death.

The Plan provides for pre-retirement death benefits for spouses of participants with a minimum of five pension credits or years of vesting service. The surviving spouse may elect to receive an actuarially reduced one-time lump sum benefit or a deferred monthly benefit. An actuarially reduced lump sum pre-retirement death benefit is available for the designated beneficiaries of unmarried participants that are not currently eligible to receive a pension and have five or more pension credits or years of vesting services.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies of the Plan:

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

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

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

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

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

Reciprocity contributions
Participants of the Plan and participants of the benefit plans of other affiliated local unions may have temporary employment assignments outside the jurisdiction of their local union. Therefore, the Plan has entered into reciprocity agreements with other affiliated locals to ensure that employer contributions are forwarded to the benefit plans of the affiliated local unions on behalf of the participants. Reciprocal contributions received, and reciprocal contributions paid have been recorded on the statements of changes in net assets available for benefits.

Property held for use
Property includes land and building used for Plan operations and is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful life of the building. Depreciation expense totaled $34,504 for the years ended January 31, 2023 and 2022.

Payments of benefits
Benefits are recorded when paid.

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

Subsequent events
The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through November 13, 2023, the date the financial statements were available to be issued.

3. TAX STATUS:

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

4. INVESTMENTS INCOME (LOSS):

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

	2023	2022
Interest from cash, money market, and debt investments	$ 409,590	7,507
Dividends:		
Equity investments	387,529	497,663
Registered investment companies	3,006,471	2,318,695
	3,394,000	2,816,358
Unrealized depreciation from equity investments held at year end	(9,014,208)	(11,930,826)
Realized appreciation from equity investments sold during the year	2,113,295	21,814,755
Net earnings (losses) from common/collective trust funds	(38,598,253)	98,966,714
Net depreciation from registered investment companies	(11,601,939)	(5,138,011)
Net earnings (losses) from partnerships/joint ventures	(4,203,691)	19,993,575
Net investment income (loss)	$ (57,501,206)	126,530,072

5. FAIR VALUE MEASUREMENTS:

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 31, 2023 and 2022.

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

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

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

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

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan’s Trustees believe that the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2023:

Description	Level 1	Level 2	Level 3	Assets at NAV	Total
Money market funds	$ 11,397,320	-	-	-	11,397,320
Equity securities	50,999,840	-	-	-	50,999,840
Common/collective trusts	-	-	-	622,222,346	622,222,346
Partnership/ joint venture interests	-	-	-	136,235,203	136,235,203
Registered investment companies	100,740,340	-	-	-	100,740,340
	$ 163,137,500	-	-	758,457,549	921,595,049

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2022:

Description	Level 1	Level 2	Level 3	Assets at NAV	Total
Money market funds	$ 22,810,488	-	-	-	22,810,488
Equity securities	57,291,979	-	-	-	57,291,979
Common/collective trusts	-	-	-	685,893,653	685,893,653
Partnership/ joint venture interests	-	-	-	136,876,743	136,876,743
Registered investment companies	109,335,808	-	-	-	109,335,808
	$ 189,438,275	-	-	822,770,396	1,012,208,671

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

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

There were no transfers, purchases or issuances of Level 3 assets for the years ended January 31, 2023 and 2022.

The table below sets forth the fair value and redemption frequency for those assets whose fair value is estimated using the net asset value per share as of January 31, 2023:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/Collective trusts:				
Multi-Employer Property Trust (a)	$ 69,111,360	-	Quarterly	90 Days
FIAM Core Plus CL A (a)	91,394,584	-	Immediate	30 Days
Northern Trust Collective Invt Tr (a)	101,363,446	-	Immediate	None
State Street Russell 2000(R) Index (a)	25,632,066	-	Immediate	None
Thornburg Global Equity Fund (a)	29,536,064	-	Immediate	None
AFL-CIO Equity Index Fund (a)	305,184,826	-	Immediate	None
	622,222,346			
Partnerships/joint ventures:				
D.E. Shaw US Broad Market Core Alpha Extension Fund (b)	50,627,013	-	Limited	30 Days
Mesirow Financial Capital Partners X, L.P. (c)	733,447	120,000	Limited	Not applicable
Highstar Capital IV, L.P. & Subsidiaries (d)	623,263	314,602	Limited	Not applicable
Starwood Distressed Opportunity Fund IX - 1 U.S., L.P. (e)	243,077	280,000	Limited	Not applicable
Starwood International Opportunity Fund - 1 International, L.P. (e)	89,153	280,000	Limited	Not applicable
Warburg Pincus XI, LP (f)	2,276,893	-	Limited	Not applicable
Highbridge Irish Specialty Loan Fund III plc (g)	54,908	239,079	Limited	Not applicable
First Reserve Fund XIII, L.P. (h)	3,378,940	18,210	Limited	Not applicable
EnTrust Special Opportunities Fund II Ltd (i)	384,997	402,460	Limited	Not applicable
Entrust Special Opportunities Fund III Ltd Class A (i)	2,482,574	-	Limited	Not applicable
Global Infrastructure Partners II B - Feeder Fund, L.P. (j)	1,912,271	367,786	Limited	Not applicable
Angelo Gordon Capital Recovery VIII Holdings, LP (k)	53,553	1,324,637	Limited	Not applicable
Angelo Gordon Realty Fund IX, LP (l)	3,336,754	873,750	Limited	Not applicable
H.I.G. Advantage Buyout Fund, L.P. (m)	7,569,613	2,280,121	Limited	Not applicable
Boyd Watterson GSA Fund, LP and Subsidiary (n)	23,780,704	-	Limited	Not applicable
Crosslink Endeavor Fund I, L.P. (o)	5,301,534	2,240,000	Limited	Not applicable
Francisco Partners Agility II-A, L.P. (p)	4,708,555	770,250	Limited	Not applicable
Bardin Hill Opportunistic Credit Fund Offshore L.P. (q)	10,192,024	1,442,656	Limited	Not applicable
BCP Special Opportunities Offshore Feeder II, L.P. (r)	8,942,206	2,100,171	Limited	Not applicable
iSquared Capital Global Infrastructure Fund III, L.P. (s)	1,101,298	8,872,797	Limited	Not applicable
Kohlberg TE Investors IX, L.P. (t)	8,442,426	3,869,731	Limited	Not applicable
	136,235,203			
	$ 758,457,549			

The table below sets forth the fair value and redemption frequency for those assets whose fair value is estimated using the net asset value per share as of January 31, 2022:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/Collective trusts:				
Multi-Employer Property Trust (a)	$ 68,693,141	-	Quarterly	90 Days
FIAM Core Plus CL A (a)	99,349,070	-	Immediate	30 Days
Northern Trust Collective Invt Tr (a)	109,431,198	-	Immediate	None
State Street Russell 2000(R) Index (a)	26,505,151	-	Immediate	None
Thornburg Global Equity Fund (a)	29,577,235	-	Immediate	None
AFL-CIO Equity Index Fund (a)	352,337,858	-	Immediate	None
	685,893,653			
Partnerships/joint ventures:				
D.E. Shaw US Broad Market Core Alpha Extension Fund (b)	54,586,891	-	Limited	30 Days
Mesirow Financial Capital Partners X, L.P. (c)	807,797	120,000	Limited	Not applicable
Highstar Capital IV, L.P. & Subsidiaries (d)	708,840	314,602	Limited	Not applicable
Starwood Distressed Opportunity Fund IX - 1 U.S., L.P. (e)	1,142,437	280,000	Limited	Not applicable
Starwood International Opportunity Fund - 1 International, L.P. (e)	90,035	280,000	Limited	Not applicable
Warburg Pincus XI, LP (f)	3,259,842	-	Limited	Not applicable
Highbridge Irish Specialty Loan Fund III plc (g)	179,575	239,079	Limited	Not applicable
First Reserve Fund XIII, L.P. (h)	3,197,811	-	Limited	Not applicable
EnTrust Special Opportunities Fund II Ltd (i)	384,997	402,460	Limited	Not applicable
Entrust Special Opportunities Fund III Ltd Class A (i)	4,136,244	-	Limited	Not applicable
Global Infrastructure Partners II B - Feeder Fund, L.P. (j)	2,526,655	367,786	Limited	Not applicable
Angelo Gordon Capital Recovery VIII Holdings, LP (k)	180,607	1,324,637	Limited	Not applicable
Angelo Gordon Realty Fund IX, LP (l)	5,368,345	873,750	Limited	Not applicable
H.I.G. Advantage Buyout Fund, L.P. (m)	5,667,707	3,531,163	Limited	Not applicable
Boyd Watterson GSA Fund, LP and Subsidiary (n)	22,739,062	-	Limited	Not applicable
Crosslink Endeavor Fund I, L.P. (o)	6,058,727	3,040,000	Limited	Not applicable
Francisco Partners Agility II-A, L.P. (p)	2,998,147	3,747,500	Limited	Not applicable
Bardin Hill Opportunistic Credit Fund Offshore L.P. (q)	10,717,055	1,203,303	Limited	Not applicable
BCP Special Opportunities Offshore Feeder II, L.P. (r)	5,920,675	4,599,931	Limited	Not applicable
iSquared Capital Global Infrastructure Fund III, L.P. (s)	544,055	9,214,505	Limited	Not applicable
Kohlberg TE Investors IX, L.P. (t)	5,661,239	5,509,027	Limited	Not applicable
	136,876,743			
	$ 822,770,396			

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

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

(c) Mesirow Financial Capital Partners X, L.P. specializes in buyouts, expansion, and growth capital investments, seeks to invest between $10 million and $15 million, and prefers to co-invest along with other funds of the sponsor. The Plan's investment in the fund is subject to lock-up until the end of the fund term, which is 10 years after the initial closing date in June 2011. On June 30, 2021, the partnership was extended and entered a wind-up period. The general partner will continue the partnership until the orderly liquidation of remaining assets is complete. The investment is deemed to be illiquid until the expiration of the fund term.

(d) Highstar Capital IV, LP & Subsidiaries was established to generate both current income and long-term capital appreciation for the limited partners of the fund by investing in infrastructure assets and businesses, including assets and businesses in energy, transportation, and environmental services sectors. The Plan's investment in the fund was subject to a lock-up period and deemed illiquid through May 31, 2022, the end of the fund term. The fund is in the process of winding down and all remaining net assets of the fund are expected to be distributed during 2023.

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

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

(g) Highbridge Irish Specialty Loan Fund III plc was scheduled to continue until 2020, unless terminated earlier or extended beyond that date by the general partner and/or advisory committee or majority in interest. The objective of the fund is to generate both current income and long-term capital appreciation by investing primarily in senior debt. The Company will also invest some of its capital in second and third lien secured loans and other corporate instruments. As of December 31, 2021, the Company has entered a wind down period to effectuate an orderly liquidation of the Fund's assets. The directors intend to liquidate the Company by April 2023.

(h) First Reserve Fund XIII, L.P. was established during 2014 to make investments in private entities operating in the energy sector and will continue until July 15, 2024. The Plan's investment is considered illiquid until the expiration of the fund term.

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

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

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

(l) Angelo Gordon Realty Fund IX, L.P. holds AG Realty Fund, IX L.P. and AG Realty Fund IIX (A), L.P; both are Delaware limited partnerships. The fund has a general partner, AGR IX LLC. Angelo Gordon Realty Fund IX, L.P.'s principal objective is capital appreciation primarily through investments in distressed real estate assets and sub-performing and non-performing mortgages. The term of the fund shall continue eight years from the management fee start date on January 31, 2015, but was extended one additional one-year period through February 2024. The fund's general partner may extend the fund for one additional one-year period beyond this date. The ability to transfer ownership from the fund is restricted.

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

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

(o) Crosslink Endeavour Fund I, L.P. is a Delaware limited partnership. The Partnership was formed to invest in venture capital and other growth-stage investment opportunities. The term of the fund shall continue for seven years from the commencement date on October 10, 2019. The investment is deemed to be illiquid until expiration of the fund term.

(p) Francisco Partners Agility II-A, L.P. was organized to make investments in technology companies, for long-term capital appreciation, using various transaction structures including leveraged buyouts, management buyouts, spinouts, recapitalizations, minority investments, restructurings and growth equity investments. The fund has a general partner, Francisco Partners Agility GP II, L.P. The term of the partnership will continue until June 5, 2030 unless the fund's general partner extends the term for one or two additional one-year periods. The ability to transfer ownership from the fund is restricted.

(q) Bardin Hill Opportunistic Credit Fund Offshore L.P. is a feeder fund with dual master trusts. Bardin Hill Fund GP LLC is the general partner of the feeder fund. The partnership's investment objective is to target superior risk-adjusted returns on low correlation to global credit and equity markets. The fund is a closed end investment company, which closed on February 12, 2021. The term of the feeder fund will continue three years following the end of the final closing date. The ability to transfer ownership from the fund is restricted.

(r) BCP Special Opportunities Offshore Feeder II, L.P. was established to make and oversee credit-oriented investments on an opportunistic basis. The term of the fund shall continue for eight years from the commencement date on January 28, 2020 unless the fund's general partner extends the term for up to two additional one-year periods. The ability to transfer ownership from the fund is restricted.

(s) iSquared Capital Global Infrastructure Fund III, L.P. was established to seek and achieve returns by making equity and equity related investments in infrastructure and infrastructure related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. The partnership commenced operations on September 11, 2020 and the term of the fund shall continue for ten years unless ended earlier or extended as defined in the partnership agreement. The ability to transfer ownership from the fund is restricted.

(t) Kohlberg TE Investors IX, L.P. was established to make and oversee equity investments with the objective of controlling private equity investments in managed buyouts and recapitalizations of companies with enterprise values ranging from $200 million to $1.5 billion. The Partnership will terminate on June 26, 2030 unless the fund's general partner extends the term for one or two additional one-year periods. The ability to transfer ownership from the fund is restricted.

6. ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The actuarial present value of accumulated plan benefits at January 31, 2022 is as follows:

Vested:	
Participants currently receiving benefits	$ 720,897,069
Other participants	356,157,077
	1,077,054,146
Nonvested:	51,985,974
Total actuarial present value of accumulated plan benefits	$ 1,129,040,120

The change in actuarial present value of accumulated plan benefits for the year ended January 31, 2022 is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 1,117,142,614
Increase (decrease) attributed to:	
Interest	80,326,632
Benefits paid	(85,146,203)
Benefits accumulated, net experience gain or loss, changes in data	16,717,077
Net increase	11,897,506
Actuarial value of accumulated plan benefits at end of year	$ 1,129,040,120

The significant assumptions underlying the actuarial computations are as follows:

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

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

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

4. Investment rate of return: 7.25%, net of investment expenses for the actuarial present value of accumulated plan benefits

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

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

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

7. RELATED ORGANIZATIONS AND PARTIES IN INTEREST:

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA.

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

The Benefit Trust and Annuity Trust lease office space from the Plan. Rent expense is determined annually based on an allocation of square footage. Rental income received from the related Plans was $84,178 and $82,738 for the years ended January 31, 2023 and 2022, respectively.

Certain administrative expenses benefiting all three plans are paid by the Benefit Trust. Such joint costs are allocated to each plan based on factors, including personnel time, governance time, contribution levels, postage usage, etc. The total expenses allocated to the Plan related to these joint administrative costs were $949,126 and $326,958 for the years ended January 31, 2023 and 2022, respectively. Included in the joint costs allocated from the Benefit Trust is the change in the funded status of the office employees defined benefit plan sponsored by the Benefit Trust totaling $351,660 and ($215,680) for the years ended January 31, 2023 and 2022, respectively. This portion of the joint cost will be settled in the future as the Benefit Trust makes required contributions.

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

At January 31, 2023, $602,633 and $191,717 was due to the Benefit and Annuity Trusts, respectively. At January 31, 2022, $157,398 and $178,030 was due to the Benefit and Annuity Trusts, respectively. These balances are the result of contributions pending transfer, rent charges, the Plan’s share of the funded status of the defined benefit plan sponsored by the Benefit Trust and the true-up of joint costs allocated from the Benefit Trust.

The Plan collects contributions for the national IMPACT Fund. These contributions are accumulated as received from contractors and remitted to the IMPACT Fund monthly. As the Plan is serving as a collection agent, the receipts and disbursements are not reflected in the statements of changes in net assets available for benefits. At January 31, 2023 and 2022, the Plan had $238,189 and $207,308, respectively, of contributions pending transfer to the national IMPACT fund.

8. PLAN TERMINATION:

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

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

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

9. RISKS AND UNCERTAINTIES:

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

10. ADMINISTRATIVE EXPENSES:

The Plan recorded the following administrative and operating expenses for the years ended January 31, 2023 and 2022:

	2023	2022
Investment expenses:		
Investment advisory - Segal Marco Advisors	$ 285,000	285,000
Services fees:		
Fidelity	148,739	204,375
Amalgatrust	158,785	223,567
Northern Trust	60,106	71,563
Key Trust	5,500	12,159
Tributary Capital	116,237	153,551
State Street Global Advisors	12,948	17,632
US Bank	1,688	-
	$ 789,003	967,847
Administrative expenses - direct:		
Insurance	$ 198,282	182,909
PBGC premium	259,424	253,611
Actuary and consulting	201,892	87,333
Legal fees	51,655	39,204
Accounting and audit	83,060	76,875
Supplies, technology and other	67,694	26,898
Real estate taxes	24,396	12,260
Depreciation	34,504	34,505
	920,907	713,595
Administrative expenses allocated from related Plans:		
Trustee expenses and education	36,241	17,366
Service fees	9,597	12,552
Personnel	445,804	401,067
Office pension change in funded status	351,660	(215,680)
Utilities, supplies, postage and other	105,824	111,653
	949,126	326,958
	$ 1,870,033	1,040,553

SUPPLEMENTAL SCHEDULES

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Investment manager: Segal Alternative Investments				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	10,096,431	$ 10,096,431	10,096,431
* Investment manager: Key Trust - Pension Cash				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	3,293	3,293	3,293
* Investment manager: US Bank - Pension Cash				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	606,054	606,054	606,054
* Investment manager: Amalgatrust				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	214,493	214,493	214,493
	Equity securities:			
	ADOBE INC	2,610	662,442	966,587
	ALIGN TECHNOLOGY INC	2,572	943,996	693,746
	ALPHABET INC	12,800	455,087	1,278,336
	AMAZON COM INC	9,637	359,935	993,864
	ATLASSIAN CORPORATION CI A	3,669	657,091	592,984
	AUTODESK INC	5,605	947,819	1,205,972
	BROWN FORMAN CORP CLASS B	5,073	249,545	337,760
	CHEWY INC CLASS A	17,040	1,294,551	767,822
	CINTAS CORP	2,899	559,691	1,286,402
	COSTCO WHSL CORP	2,518	484,195	1,287,051
	DEXCOM INC	6,471	200,520	692,979
	EDWARDS LIFESCIENCES CORP	13,978	750,185	1,072,113
	GENERAC HOLDINGS INC	4,677	526,962	564,046
	IDEX CORP	4,821	966,360	1,155,497
	INTUITIVE SURGICAL INC	5,881	693,111	1,444,903
	INTUIT INC	3,209	498,009	1,356,348
	L3HARRIS TECHNOLOGIES INC	2,132	429,390	457,996
	LAUDER ESTEE COS INC CI A	5,099	569,221	1,412,831
	LULULEMON ATHLETICA INC	2,748	643,258	843,306
	MASTERCARD INC	3,925	1,254,595	1,454,605
	MATCH GROUP INC NEW	13,974	1,453,934	756,273
	MICROSOFT CORP COM	5,660	695,534	1,402,605
	NVIDIA CORP	5,420	1,293,084	1,058,905
	NXP SEMICONDUCTORS NV COM	4,767	557,926	878,606
	ROPER TECHNOLOGIES INC COM	2,798	708,723	1,194,047
	SHOPIFY INC A	13,500	1,186,521	665,145
	S P GLOBAL INC	2,517	957,101	943,724

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	SBA COMMUNICATIONS CORP	3,035	379,714	903,004
	SERVICENOW INC	3,602	1,930,146	1,639,378
	THERMO FISHER SCIENTIFIC INC	2,496	497,354	1,423,544
	VEEVA SYSTEMS INC CLASS A	4,724	1,348,771	805,678
	ZOETIS INC CL A	7,340	538,480	1,214,697
	Total equity securities		24,693,251	32,750,754
	Total managed by Amalgatrust		24,907,744	32,965,247
	* Investment manager: Tributary Capital			
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	477,049	477,049	477,049
	Equity securities:			
	AMBARELLA INC	2,849	233,865	255,954
	AMN HEALTHCARE SERVICES INC	2,081	61,345	199,443
	ADDUS HOMECARE CORP	1,987	172,240	213,642
	ADVANCED ENERGY INDS COM	3,092	265,696	286,752
	AGREE REALTY CORP	2,487	142,816	185,605
	AMERICAN WOODMARK CORP	3,485	310,124	199,656
	ATLANTIC UNION BANKSHARES CO	10,504	357,534	406,400
	AVANOS MEDICAL INC	10,191	347,112	312,252
	BRP GROUP INC A	6,325	149,126	181,211
	BALCHEM CORP	2,355	177,290	307,634
	BARNES GROUP INC	7,125	287,282	315,353
	BENCHMARK ELECTRONICS INC	10,253	269,341	286,981
	BLACKBAUD INC	6,144	409,559	382,218
	BOOT BARN HOLDINGS INC	3,926	172,843	327,782
	CAMBRIUM NETWORKS CORP	11,928	356,384	255,617
	CSW INDUSTRIALS INC	2,208	173,087	298,544
	CTS CORP	5,667	184,543	252,238
	CNX RESOURCES CORP	18,177	262,383	304,101
	CASS INFORMATION SYSTEMS INC	4,666	168,314	226,581
	CHESAPEAKE UTILITIES CORP	1,547	141,501	195,046
	COCA COLA BOTTLING CO CONS	599	149,522	303,561
	COMFORT SYS USA INC	3,500	158,711	423,640
	DIODES INC	3,904	227,484	348,198
	DORMAN PRODUCTS INC	3,545	220,224	344,078
	EASTERLY GOVT PROPERTIES INC	14,888	268,782	241,781
	ENERSYS COM	3,885	225,550	322,533
	ENPRO INDUSTRIES INC	3,304	326,342	400,015
	EXLSERVICE HOLDINGS INC	1,096	45,004	186,978

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	FORWARD AIR CORP	2,735	122,478	294,970
	FRANKLIN ELEC INC	4,313	176,561	389,464
	GRAY TELEVISION INC	24,064	461,282	311,869
	HARMONY BIOSCIENCES HLDGS INC COM	3,672	180,714	176,880
	HOSTESS BRANDS INC	8,744	200,295	202,249
	ICF INTERNATIONAL INC	3,297	268,496	336,920
	IDACORP INC	3,008	159,578	318,276
	INTEGRA LIFESCIENCES HOLDINNGS CORP	5,045	165,995	289,079
	INTEGER HOLDINGS CORPORATION	5,020	435,266	330,366
	KAISER ALUMINUM CORP	3,404	299,320	297,918
	K FORCE INC	5,502	174,075	308,827
	KORN FERRY INTL	4,982	222,643	268,978
	LGI HOMES INC	1,799	207,797	204,816
	LA Z BOY INC	6,985	170,165	198,584
	MARCUS MILLICHAP INC	9,773	309,567	354,174
	MEDPACE HLDGS INC	725	71,115	160,276
	MERCANTILE BANK CORP	5,526	167,630	189,708
	MOELIS CO	7,617	248,256	356,095
	MONARCH CASINO RESORT INC	4,236	290,882	324,562
	MOVADO GROUP INC	5,274	123,025	186,489
	NORTHERN OIL AND GAS INC MN	8,998	248,600	301,613
	OLLIES BARGAIN OUTLET HLDGS	4,843	244,855	265,203
	OMNICELL INC	5,683	381,107	315,236
	ONTO INNOVATION INC	4,219	132,386	331,824
	ORIGIN BANCORP INC	5,405	228,110	202,688
	PACIRA PHARMACEUTICALS INC	2,985	167,192	117,221
	PATRICK INDUSTRIES INC	3,690	266,266	261,879
	PERMIAN RESOURCES CORP CLASS A	31,000	248,571	336,970
	POWER INTEGRATIONS INC	2,601	167,443	223,920
	SPS COMMERCE INC	1,458	95,733	198,405
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	SOUTH STATE CORP	4,016	268,260	319,674
	STEWART INFORMATION SVCS CORP	5,949	241,342	284,184
	SUNSTONE HOTEL INVS INC	20,819	235,594	228,801
	SUPERNUS PHARMACEUTICALS INC	6,161	170,760	252,663
	UMB FINL CORP	2,345	143,085	211,492
	UNITED BANKSHARES INC WEST VA	4,606	149,748	185,161
	Total equity securities		14,553,789	18,249,086
	Total managed by Tributary Capital		15,030,838	18,726,135

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
Registered investment companies:				
*	BAIRD CORE PLUS INSTITUTIONAL BOND FUND	9,895,908	111,162,182	100,740,340
			111,162,182	100,740,340
Common/collective trusts:				
*	MULTI-EMPLOYER PROPERTY TRUST	4,411	9,850,683	69,111,360
*	FIAM CORE PLUS CL A	4,100,251	48,344,455	91,394,584
*	NORTHERN TRUST COLLECTIVE INVT TR	411,308	61,743,769	101,363,446
*	STATE STREET RUSSELL 2000® INDEX	178,438	14,811,595	25,632,066
*	THORNBURG GLOBAL EQUITY FUND	823,420	12,243,717	29,536,064
*	AFL-CIO EQUITY INDEX FUND	7,925,541	106,783,867	305,184,826
			253,778,086	622,222,346
Partnership/joint venture interests:				
*	D.E. SHAW US BROAD MARKET CORE ALPHA EXTENSION FUND		6,647,337	50,627,013
*	MESIROW FINANCIAL CAPITAL PARTNERS X, L.P.		612,928	733,447
*	HIGHSTAR CAPITAL IV, L.P. & SUBSIDIARIES		1,478,886	623,263
*	STARWOOD DISTRESSED OPPORTUNITY FUND IX - U.S., L.P.		8,715	243,077
*	STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P.		46,947	89,153
*	WARBURG PINCUS XI, L.P.		1,064,527	2,276,893
*	HIGHBRIDGE IRISH SPECIALTY LOAN FUND III PLC		147,752	54,908
*	FIRST RESERVE FUND XIII. L.P.		3,865,016	3,378,940
*	ENTRUST SPECIAL OPPORTUNITIES FUND II LTD		120,870	384,997
*	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		3,057,825	2,482,574
*	GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P.		238,000	1,912,271
*	ANGELO GORDON CAPITAL RECOVERY VIII HOLDINGS, L.P.		5,678	53,553
*	ANGELO GORDON REALTY FUND IX, L.P.		1,483,867	3,336,754
*	H.I.G ADVANTAGE BUYOUT FUND, L.P.		6,050,137	7,569,613
*	BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY		15,000,000	23,780,704
*	CROSSLINK ENDEAVOR FUND I, L.P.		5,760,000	5,301,534
*	FRANCISCO PARTNERS AGILITY II-A, L.P.		4,444,750	4,708,555
*	BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.		10,358,723	10,192,024
*	BCP SPECIAL OPPORTUNITIES OFFSHORE FEEDER II, L.P.		7,942,348	8,942,206

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust
EIN #31-6038516 PLAN #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
January 31, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	I-SQUARED CAPITAL		1,127,203	1,101,298
*	KOHLBERG TE INVESTORS IX, L.P.		6,340,435	8,442,426
			75,801,944	136,235,203
	Total investments		$ 491,386,572	921,595,049

* Party in interest

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
EIN #31-6038516 PLAN #001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended January 31, 2023

(a) Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value on Transaction Date	(i) Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5 percent of Net Assets						
* Keybank & US Bank	Federated Government Obligations IS					
	Purchases	$ 40,970,670	-	40,970,670	40,970,670	-
	Sales	-	52,442,253	52,442,253	52,442,253	-

* Party in interest

There were no reportable category (i), (ii) or (iv) transactions for the year ended January 31, 2023.

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

Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	February 1 through January 31
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Regular Pension	• *Age Requirement:* 62 • *Service Requirement:* 5 pension credits • *Amount:* The sum of the following: i. $35 times the pension credit earned before January 1, 1980; plus ii. $120 times the pension credits earned January 1, 1980 through December 31, 2005, including hour bank pension credits earned prior to January 1, 2006; plus iii. $120 times the pension credits earned after December 31, 2005, including hours from the hour bank. No pension credit accrual will be earned unless the participant works at least 250 hours in Covered Employment. Participants who work at least 250 hours, but less than 1,500 receive a prorated benefit accrual rate.
Thirty-and-Out Service Pension	• *Age Requirement:* 55 • *Service Requirement:* The sum of pension credits accrued prior to January 1, 2005 plus years of vesting service accrued on or after January 1, 2005 equal 30 or more. • *Amount:* – For participants retiring prior to January 1, 2010, regular pension accrued. – For participants retiring on or after January 1, 2010 with at least 30 years of participation based on vesting service, regular pension accrued. – For participants retiring on or after January 1, 2010 with less than 30 years of participation based on vesting service, regular pension accrued for pension credits earned for hours worked prior to January 1, 2010, plus regular pension accrued reduced by 4.5% for each year of age under 62 for pension credits earned for hours worked after January 1, 2010.
100-and-Out Service Pension	• *Age Requirement:* 58 • *Service Requirement:* Age added to pension credits equal to 100 or more • *Amount:* Regular pension accrued

Segal

Early Retirement

- *Age Requirement:* 55
- *Service Requirement:* 15 pension credits
- *Amount:* Regular pension accrued, reduced by 6% for each year of age less than 62

Regular Disability

- *Age Requirement:* None
- *Service Requirement:* 30 pension credits or 5 pension credits and qualified for a Social Security Disabilities benefit.
- *Amount:* According to the following table

Pension Credits Earned	Amount of Disability Pension
5 Pension Credits	50% of the Regular Pension
Each additional Pension Credit	2% of the Regular Pension
30 or more Pension Credits	100% of the Regular Pension

Temporary Disability

- *Age Requirement:* None
- *Service Requirement:* 5 pension credits
- *Amount:*
  - If the participant is totally and permanently disabled from employment as an iron worker, payments are made for 24 months, with the participant able to apply for a deferred benefit when otherwise eligible.
  - For participants awarded the temporary disability benefit on or after January 1, 2010, the amount of any other Pension benefits except for a regular disability pension will be actuarially reduced by the value of the temporary disability benefit payments received.

Vesting

- *Age Requirement:* None
- *Service Requirement:* 5 pension credits earned during the contribution period or 5 years of vesting service

  Or
- *Age and Service Requirement:* 65
- *Amount:* Regular or early pension accrued based on plan in effect when last active
- *Normal Retirement Age:* 65

Pro-Rata

- *Age Requirement:* None
- *Service Requirement:* 5 Combined Service Credits (pension credits under this Plan and any related Plan which has executed a Pro-Rata agreement)
- *Amount:* Regular or early pension accrued based on Combined Service Credits, multiplied by the ratio of credits earned under this plan to Combined Service Credits

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

Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

Segal

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Investment manager: Segal Alternative Investments				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	10,096,431	$ 10,096,431	10,096,431
* Investment manager: Key Trust - Pension Cash				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	3,293	3,293	3,293
* Investment manager: US Bank - Pension Cash				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	606,054	606,054	606,054
* Investment manager: Amalgatrust				
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	214,493	214,493	214,493
	Equity securities:			
	ADOBE INC	2,610	662,442	966,587
	ALIGN TECHNOLOGY INC	2,572	943,996	693,746
	ALPHABET INC	12,800	455,087	1,278,336
	AMAZON COM INC	9,637	359,935	993,864
	ATLASSIAN CORPORATION CI A	3,669	657,091	592,984
	AUTODESK INC	5,605	947,819	1,205,972
	BROWN FORMAN CORP CLASS B	5,073	249,545	337,760
	CHEWY INC CLASS A	17,040	1,294,551	767,822
	CINTAS CORP	2,899	559,691	1,286,402
	COSTCO WHSL CORP	2,518	484,195	1,287,051
	DEXCOM INC	6,471	200,520	692,979
	EDWARDS LIFESCIENCES CORP	13,978	750,185	1,072,113
	GENERAC HOLDINGS INC	4,677	526,962	564,046
	IDEX CORP	4,821	966,360	1,155,497
	INTUITIVE SURGICAL INC	5,881	693,111	1,444,903
	INTUIT INC	3,209	498,009	1,356,348
	L3HARRIS TECHNOLOGIES INC	2,132	429,390	457,996
	LAUDER ESTEE COS INC CI A	5,099	569,221	1,412,831
	LULULEMON ATHLETICA INC	2,748	643,258	843,306
	MASTERCARD INC	3,925	1,254,595	1,454,605
	MATCH GROUP INC NEW	13,974	1,453,934	756,273
	MICROSOFT CORP COM	5,660	695,534	1,402,605
	NVIDIA CORP	5,420	1,293,084	1,058,905
	NXP SEMICONDUCTORS NV COM	4,767	557,926	878,606
	ROPER TECHNOLOGIES INC COM	2,798	708,723	1,194,047
	SHOPIFY INC A	13,500	1,186,521	665,145
	S P GLOBAL INC	2,517	957,101	943,724

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	SBA COMMUNICATIONS CORP	3,035	379,714	903,004
	SERVICENOW INC	3,602	1,930,146	1,639,378
	THERMO FISHER SCIENTIFIC INC	2,496	497,354	1,423,544
	VEEVA SYSTEMS INC CLASS A	4,724	1,348,771	805,678
	ZOETIS INC CL A	7,340	538,480	1,214,697
	Total equity securities		24,693,251	32,750,754
	Total managed by Amalgatrust		24,907,744	32,965,247
	* Investment manager: Tributary Capital			
	Money market funds:			
	FEDERATED GOVERNMENT OBLIGATIONS IS	477,049	477,049	477,049
	Equity securities:			
	AMBARELLA INC	2,849	233,865	255,954
	AMN HEALTHCARE SERVICES INC	2,081	61,345	199,443
	ADDUS HOMECARE CORP	1,987	172,240	213,642
	ADVANCED ENERGY INDS COM	3,092	265,696	286,752
	AGREE REALTY CORP	2,487	142,816	185,605
	AMERICAN WOODMARK CORP	3,485	310,124	199,656
	ATLANTIC UNION BANKSHARES CO	10,504	357,534	406,400
	AVANOS MEDICAL INC	10,191	347,112	312,252
	BRP GROUP INC A	6,325	149,126	181,211
	BALCHEM CORP	2,355	177,290	307,634
	BARNES GROUP INC	7,125	287,282	315,353
	BENCHMARK ELECTRONICS INC	10,253	269,341	286,981
	BLACKBAUD INC	6,144	409,559	382,218
	BOOT BARN HOLDINGS INC	3,926	172,843	327,782
	CAMBRIUM NETWORKS CORP	11,928	356,384	255,617
	CSW INDUSTRIALS INC	2,208	173,087	298,544
	CTS CORP	5,667	184,543	252,238
	CNX RESOURCES CORP	18,177	262,383	304,101
	CASS INFORMATION SYSTEMS INC	4,666	168,314	226,581
	CHESAPEAKE UTILITIES CORP	1,547	141,501	195,046
	COCA COLA BOTTLING CO CONS	599	149,522	303,561
	COMFORT SYS USA INC	3,500	158,711	423,640
	DIODES INC	3,904	227,484	348,198
	DORMAN PRODUCTS INC	3,545	220,224	344,078
	EASTERLY GOVT PROPERTIES INC	14,888	268,782	241,781
	ENERSYS COM	3,885	225,550	322,533
	ENPRO INDUSTRIES INC	3,304	326,342	400,015
	EXLSERVICE HOLDINGS INC	1,096	45,004	186,978

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	Total equity securities		14,553,789	18,249,086
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*	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		3,057,825	2,482,574
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*	ANGELO GORDON CAPITAL RECOVERY VIII HOLDINGS, L.P.		5,678	53,553
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*	BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY		15,000,000	23,780,704
*	CROSSLINK ENDEAVOR FUND I, L.P.		5,760,000	5,301,534
*	FRANCISCO PARTNERS AGILITY II-A, L.P.		4,444,750	4,708,555
*	BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.		10,358,723	10,192,024
*	BCP SPECIAL OPPORTUNITIES OFFSHORE FEEDER II, L.P.		7,942,348	8,942,206

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust
EIN #31-6038516 PLAN #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
January 31, 2023

(a)	(b)	(c)	(d)	(e)
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*	I-SQUARED CAPITAL		1,127,203	1,101,298
*	KOHLBERG TE INVESTORS IX, L.P.		6,340,435	8,442,426
			75,801,944	136,235,203
	Total investments		$ 491,386,572	921,595,049

* Party in interest

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	06/01/1992	$120,971	.33	$120,971
Plan amendment	02/01/1993	1,820,910	1	1,820,910
Plan amendment	02/01/1994	3,102,857	2	1,605,700
Experience loss	02/01/1995	3,995,627	3	1,426,107
Plan amendment	02/01/1996	8,105,419	4	2,243,792
Change in assumptions	02/01/1997	3,181,700	5	728,381
Change in assumptions	02/01/1998	1,600,810	6	315,561
Plan amendment	02/01/1998	14,560,221	6	2,870,198
Plan amendment	02/01/1999	9,179,058	7	1,601,937
Plan amendment	02/01/2000	11,802,595	8	1,860,835
Plan amendment	02/01/2002	19,157,986	10	2,572,749
Experience loss	02/01/2008	2,047,608	1	2,047,608
Experience loss	02/01/2009	2,565,396	2	1,327,569
Base due to Jan. 31, 2009 Investment Loss	02/01/2009	105,540,719	16	10,590,266
Base due to Jan. 31, 2009 Investment Loss	02/01/2010	5,599,674	16	561,888
Base due to Jan. 31, 2009 Investment Loss	02/01/2011	7,926,289	16	795,347
Change in assumptions	02/01/2012	3,751,552	5	858,836
Base due to Jan. 31, 2009 Investment Loss	02/01/2012	10,184,705	16	1,021,963
Base due to Jan. 31, 2009 Investment Loss	02/01/2013	12,799,357	16	1,284,325
Base due to Jan. 31, 2009 Investment Loss	02/01/2014	27,193,198	16	2,728,645
Experience loss	02/01/2015	11,547,995	8	1,820,694
Change in assumptions	02/01/2015	16,074,389	8	2,534,340
Change in assumptions	02/01/2016	6,757,828	9	977,430
Experience loss	02/01/2016	22,122,529	9	3,199,728

Segal

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	02/01/2017	15,418,330	10	2,070,546
Experience loss	02/01/2017	22,187,748	10	2,979,619
Experience loss	02/01/2018	15,317,293	11	1,928,370
Experience loss	02/01/2019	9,512,110	12	1,131,561
Experience loss	02/01/2020	2,761,304	13	312,438
Change in assumptions	02/01/2022	28,773,800	15	2,992,332
Total		**$404,709,978**		**$58,330,646**

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Asset Method	02/01/2009	$37,750,465	17	$3,667,892
Plan amendment	02/01/2010	1,646,019	3	587,492
Experience gain	02/01/2010	2,853,440	3	1,018,441
Experience gain	02/01/2011	10,464,764	4	2,896,921
Experience gain	02/01/2012	5,545,297	5	1,269,475
Experience gain	02/01/2013	13,494,242	6	2,660,066
Experience gain	02/01/2014	18,063,258	7	3,152,415
Plan amendment	02/01/2018	5,183,718	11	652,604
Change in asset method	02/01/2019	2,836,426	7	495,016
Experience gain	02/01/2021	27,019,370	14	2,924,018
Experience gain	02/01/2022	35,362,568	15	3,677,531
Total		**$160,219,567**		**$23,001,871**

Segal

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	Based on past experience and future expectations, the following actuarial assumption was changed: Net investment return, previously 7.50%

Segal