

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 PENSION PLAN OF WESTERN PENNSYLVANIA
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/12/1959
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA 2201 LIBERTY AVENUE PITTSBURGH, PA 15222-4512
2b	Employer Identification Number (EIN) 25-1283169
2c	Plan Sponsor's telephone number 412-227-6740
2d	Business code (see instructions) 237990

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.	08/07/2024	RICHARD DANKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/07/2024	DANIELLE HARSHMAN
	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 ☐ Same as Plan Sponsor BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA 2201 LIBERTY AVENUE PITTSBURGH, PA 15222-4512	3b Administrator's EIN 25-1283169 3c Administrator's telephone number 412-227-6740
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 2920
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 1034 6a(2) 968 6b 1002 6c 405 6d 2375 6e 496 6f 2871 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 129

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 PENSION PLAN OF WESTERN PENNSYLVANIA	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA	D Employer Identification Number (EIN) 25-1283169

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 264440275
(2) Actuarial value of assets for funding standard account	1b(2) 294068883
c (1) Accrued liability for plan using immediate gain methods	1c(1) 294542417
(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) 294542417
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) 565858417
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 14831501
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 28311909
(3) Expected plan disbursements for the plan year	1d(3) 28936909

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	07/24/2024
Signature of actuary DANIEL V. CINER, MAAA	Date 23-05773
Type or print name of actuary SEGAL	Most recent enrollment number 312-984-8500
Firm name 101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606-1724	Telephone number (including area code)
Address of the firm	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	264440275
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1523	253963501
(2) For terminated vested participants	363	58940648
(3) For active participants:		
(a) Non-vested benefits		23107263
(b) Vested benefits		229847005
(c) Total active	1034	252954268
(4) Total	2920	565858417
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.73 %

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
07/01/2023	17493720	0			
Totals ▶			3(b)	17493720	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	99.8 %
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, does line 1(c) reflect any benefit reductions for the first time (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:	4f	
• 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."		

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		2.55 %
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☒ No ☐ N/A		Post-retirement ☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males.....	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	7.00 %	7.00 %
e 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)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		5.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		-11.1 %
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)		602623
(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
1	3122395	320395

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	5918924

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	114429027	16629653
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 1578400**e** Total charges. Add lines 9a through 9d**9e** 24126977**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 64990118**g** Employer contributions. Total from column (b) of line 3**9g** 17493720**h** Amortization credits as of valuation date

Outstanding balance

9h	48965375	7794088
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 5707174**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL)
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	108081967	
9j(2)	225491593	
9j(3)		0

k (1) Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 95985100**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 71858123**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 current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA	D Employer Identification Number (EIN) 25-1283169	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PARTNERS GROUP AG	1114 AVENUE OF THE AMERICAS NEW YORK, NY 10036

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	400 DEVON PARK DRIVE WAYNE, PA 19087-1815

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERISERV	
25-1689052	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LANDMARK EQUITY ADVISORS, LLC	
06-1519082	

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

DIMENSIONAL FUND ADVISORS, LP

30-0447847

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

OPPENHEIMER & CO, INC.

200 PARK AVENUE
NEW YORK, NY 10166

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

PNC BANK

22-1146430

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

MUNDER CAPITAL MANAGEMENT

38-3212521

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

SOLAMERE CAPITAL AF III, LP

82-1686590

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

SOLAMERE CAPITAL AF III-A, LP

83-2557195

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

BNY INVESTMENTS

201 WASHINGTON STREET
15TH FLOOR
BOSTON, MA 02108

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

BAIRD ADVISORS

39-6037917

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

FOUNDRY PARTNERS, LLC

46-1184506

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

LOOMIS SAYLES TRUST CO

20-8080381

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

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

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

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

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

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

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

WELLINGTON TRUST

04-2683227

(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?
52 28	NONE	156654	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JESSICA SCHNEIDER

25-0994648

(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?
30	EMPLOYEE	142909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SVB STRATEGIC INVESTORS FUND XI CAY

2770 SAND HILL ROAD
MENLO PARK, CA 94025

(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?
52 28	NONE	139778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANDREA KRUSZEWSKI

25-0994648

(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?
30	EMPLOYEE	113219	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

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 17 55	NONE	104000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IFM INVESTORS, LLC

114 WEST 47TH STREET
26TH FLOOR
NEW YORK, NY 10036

(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?
52 28 40	NONE	91059	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

TONI DICLEMENTE

25-0994648

(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?
30	EMPLOYEE	81795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABERDEEN ASSET MANAGEMENT

51-0368279

(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?
51 28 71	NONE	79176	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MARILEE HUFNAGEL

25-0994648

(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?
30	EMPLOYEE	78047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BOYD WATTERSON ASSET MANAGEMENT,LLC

1301 EAST 9TH STREET
SUITE 2900
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 28	NONE	71328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(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?
52 28 51	NONE	62178	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMEY GIANNI

25-0994648

(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?
30	EMPLOYEE	60270	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARQUETTE ASSOCIATES

36-3485298

(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	NONE	58333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOUISE DYE

25-0994648

(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?
30	EMPLOYEE	58092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LISA KING

25-0994648

(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?
30	EMPLOYEE	53277	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MEKETA INVESTMENT GROUP

04-2659023

(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	NONE	50417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TUCKER ARENSBERG

25-0711430

(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	NONE	35998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AEW PARTNERS , L.P.

04-3329433

(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?
52 28	NONE	32549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AEW CAPITAL MANAGEMENT

04-3329433

(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?
52 28	NONE	32538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANCOCK

04-1414660

(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?
52 28	NONE	32349	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTORS DIVERSIFIED REALTY, LLC

1111 SUPERIOR AVENUE
SUITE 1100
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 28	NONE	26990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 52 68	NONE	23085	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DICLAUDIO & KRAMER, LLC

27-0889793

(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	NONE	23000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SVB STRATEGIC INVESTORS FUND VIII

2770 SAND HILL ROAD
MENLO PARK, CA 94025

(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?
52 28	NONE	22959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SVB STRATEGIC INVESTORS FUND X CAYM

2770 SAND HILL ROAD
MENLO PARK, CA 94025

(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?
52 28	NONE	22499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEYER, UNKOVIC & SCOTT

25-1008021

(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	NONE	21085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRONSIDES OFFSHORE CO-INVEST VI, LP

300 BRICKSTONE SQUARE
ANDOVER, MA 01810

(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?
52 28	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GLOBAL INFRASTRUCTURE PARTNERS

98-0672668

(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?
52 28	NONE	18247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRONSIDES PARTNERSHIP FUND III, LP

90-0932388

(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?
52 28	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRONSIDES PARTNERSHIP FUND IV, LP

300 BRICKSTONE SQUARE
ANDOVER, MA 01810

(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?
52 28	NONE	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALLAN BATES ASSOCIATES

25-1460327

(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?
15	NONE	12362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RHUMBLINE ADVISORS

04-3118582

(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?
52 28	NONE	6879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRONSIDES DIRECT INVESTMENT FUND IV

300 BRICKSTONE SQUARE
ANDOVER, MA 01810

(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?
52 28	NONE	5795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IRONSIDES CO-INVESTMENT FUND III

36-4752878

(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?
52 28	NONE	5206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA</u>	D Employer Identification Number (EIN) <u>25-1283169</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMPLOYEE REAL ESTATE TR CO PART. FD</u>		
b Name of sponsor of entity listed in (a): <u>AMERISERV TRUST AND FINANCIAL SERVICE</u>		
c EIN-PN <u>25-1689052-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9473760</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ABERDEEN DBT INTERNATIONAL EAFE</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>36-7180580-005</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S & P GLOBAL LARGE MIDCAP NATURAL R</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-287</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RHUMBLINE QSI INDEX LLC</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>26-0137355-890</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US TREAS INFLATION PROTECTED SEC NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 GROWTH INDEX NL</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-124</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>PNC BANK, NATIONAL ASSOCIATION</u>		
c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3850330</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: CTF MICRO CAP EQUITY		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 20-3460618-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4172793
a Name of MTIA, CCT, PSA, or 103-12 IE: S & P MIDCAP 400 INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 04-0025081-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BUYOUT FUND L.P.		
b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC		
c EIN-PN 34-2063501-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88750
a Name of MTIA, CCT, PSA, or 103-12 IE: MEZZANINE AND DISTRESSED DEBT FUND		
b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC		
c EIN-PN 34-2063515-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8388
a Name of MTIA, CCT, PSA, or 103-12 IE: VENTURE FUND L.P.		
b Name of sponsor of entity listed in (a): HARBOURVEST PARTNERS LLC		
c EIN-PN 34-2063502-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250884
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES HIGH YIELD CONS TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 84-6391546-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI ACWI EX USA NONLENDING		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 90-0337987-159	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19657436
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FULL DISCRETION TRUS		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 90-1008827-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41387082
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO BROAD STOCK MARKET		
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-357	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63055046
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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA	D Employer Identification Number (EIN) 25-1283169	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1629176	1530324
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2109228	4303313
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	67573667	68046960
(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)	85564195	141596447
(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)	17830373	348022
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	80013707	55790761
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	9737420	9121271

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	19508	39769
f Total assets (add all amounts in lines 1a through 1e)	1f	264477274	280776867
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	36999	41126
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	11916
k Total liabilities (add all amounts in lines 1g through 1j)	1k	36999	53042
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	264440275	280723825

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)	17493720	
(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)		17493720
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(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)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	4449	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2577694	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		2582143
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	802924	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	802924	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1043370	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		13479228
(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)		543517
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3586606
c Other income	2c		4073
d Total income. Add all income amounts in column (b) and enter total	2d		38732657

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20608876	
(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)		20608876
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	184004	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	23000	
(5) Investment advisory and investment management fees	2i(5)	1092662	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	104000	
(8) Legal fees	2i(8)	55625	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	13824	
(11) Other expenses	2i(11)	367116	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1840231
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22449107

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16283550
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DICLAUDIO & KRAMER, LLC**

(2) EIN: **27-0889793**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		7000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 519559.

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA		D Employer Identification Number (EIN) 25-1283169
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

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 **CENTURY STEEL ERECTORS**

b EIN **25-1635973**

c Dollar amount contributed by employer **1868170**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2024**

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) **10.12**

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

a Name of contributing employer **SSSI, INC.**

b EIN **25-1480393**

c Dollar amount contributed by employer **1187875**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2024**

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) **10.12**

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

a Name of contributing employer **NATIONAL STEEL CITY, LLC**

b EIN **20-2909272**

c Dollar amount contributed by employer **1162846**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2024**

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) **10.12**

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

a Name of contributing employer **KLE CONSTRUCTION COMPANY**

b EIN **34-1822147**

c Dollar amount contributed by employer **831448**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2024**

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) **10.12**

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

a Name of contributing employer **AMELIE CONSTRUCTION**

b EIN **42-1598912**

c Dollar amount contributed by employer **743274**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2024**

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) **10.12**

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

a Name of contributing employer **STEVENS PAINTON CORP.**

b EIN **34-1048714**

c Dollar amount contributed by employer **701933**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2024**

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) **10.12**

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

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 ABATE IRWIN, INC.

b EIN 25-1750464

c Dollar amount contributed by employer 701701

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2024

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) 10.12

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

a Name of contributing employer ADVANCED STEEL ERECTORS

b EIN 42-2553689

c Dollar amount contributed by employer 635209

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2024

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) 10.12

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

a Name of contributing employer DE-CAL, INC.

b EIN 38-3022302

c Dollar amount contributed by employer 588668

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2024

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) 10.12

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

a Name of contributing employer SOMERSET STEEL ERECT

b EIN 25-1059774

c Dollar amount contributed by employer 534450

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2024

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) 10.12

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

0.97

b The corresponding number for the second preceding plan year

15b

1.07

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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 0.0 % Private Equity: 37.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 28.7 %

High-Yield Debt: 1.5 % Real Assets: 10.7 % Cash or Cash Equivalents: 0.0 % Other: 21.9 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

IRON WORKERS PENSION PLAN
OF WESTERN PENNSYLVANIA
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2023 AND 2022

July 12, 2024

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Iron Workers of Western Pennsylvania
Pension Plan
Pittsburgh, PA

Opinion

We have audited the financial statements of Iron Workers of Western Pennsylvania Pension Plan, 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 December 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 of Western Pennsylvania Pension Plan as of December 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Iron Workers of Western Pennsylvania Pension Plan 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 of Western Pennsylvania Pension Plan'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.

Auditor's 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 auditor's 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 of Western Pennsylvania Pension Plan'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 of Western Pennsylvania Pension Plan'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.



DiClaudio & Kramer, LLC

McMurray, Pennsylvania
July 12, 2024

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31,

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS AT FAIR VALUE		
Registered Investment Companies	\$ 55,790,761	\$ 80,013,707
Common Collective Trusts	141,596,447	85,564,195
Partnerships	68,394,982	85,404,040
Real Estate Investment Trusts	2,813,992	2,452,615
Other Investments	6,307,279	7,284,805
	<u>274,903,461</u>	<u>260,719,362</u>
RECEIVABLES		
Employer Contributions	1,530,324	1,629,176
Central Deposit	4,288,519	2,049,960
Iron Workers Profit Sharing Fund	14,794	51,546
Iron Workers Welfare Fund	-	7,722
Other	-	-
	<u>5,833,637</u>	<u>3,738,404</u>
OTHER ASSETS		
Prepaid Expenses	<u>39,769</u>	<u>19,508</u>
TOTAL ASSETS	280,776,867	264,477,274
LIABILITIES		
Accounts Payable	41,126	36,999
Iron Workers Profit Sharing Fund	-	-
Iron Workers Welfare Fund	11,916	-
	<u>53,042</u>	<u>36,999</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 280,723,825</u>	<u>\$ 264,440,275</u>

The accompanying notes are an integral part of these financial statements.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31,

	<u>2023</u>	<u>2022</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
INVESTMENTS		
Investment Income	\$ 2,965,381	\$ 2,807,975
Appreciation (Depreciation) in Investments	18,269,483	(35,246,449)
Investment Fees	(1,092,662)	(858,295)
	<u>20,142,202</u>	<u>(33,296,769)</u>
Employer Contributions	17,465,220	18,309,017
IMPACT Fees	4,073	4,130
Liquidated Damages	<u>28,500</u>	<u>16,379</u>
TOTAL ADDITIONS	37,639,995	(14,967,243)
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Pension Benefits	20,608,876	21,020,452
Office and Other Expenses (See Attached Schedule)	<u>747,569</u>	<u>767,568</u>
TOTAL DEDUCTIONS	<u>21,356,445</u>	<u>21,788,020</u>
NET INCREASE (DECREASE) IN NET ASSETS	16,283,550	(36,755,263)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year	<u>264,440,275</u>	<u>301,195,538</u>
NET ASSETS AVAILABLE FOR BENEFITS - End of Year	<u>\$ 280,723,825</u>	<u>\$ 264,440,275</u>

The accompanying notes are an integral part of these financial statements.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 and 2022

A. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial estimates have been prepared on the accrual basis.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of Benefits - Benefits are recorded when paid.

Investment Valuation and Income Recognition - Investments are stated at fair value. 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.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the participants to the valuation date.

B. DESCRIPTION OF PLAN

The Iron Workers Pension Plan of Western Pennsylvania was established by an Agreement and Declaration of Trust dated as of January 2, 1959. As more specifically described in the Plan booklet, the purpose of the Pension Plan is to provide pension benefits to certain employees of contributing employers. The Pension Plan is administered by ten trustees, five of whom are designated as employer representatives and five as union representatives. As of the latest actuarial valuation date (January 1, 2023), the Fund meets the ERISA funding requirements.

C. ADMINISTRATIVE EXPENSES

As directed by the Trustees, the administrative expenses common to this Plan and the Iron Workers Welfare Plan of Western Pennsylvania and Iron Workers of Western Pennsylvania Profit Sharing Plan are allocated to the Plan primarily in proportion to the time spent by the Plan employees in the performance of duties for each plan.

D. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Fund by a letter dated July 24, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

E. FUNDING POLICY

The funding policy of the Plan is for contributions to be sufficient to meet the Plan's short-term and long-term benefit obligations, taking into account investment returns and expenses and subject to the minimum and maximum contribution requirements of law. This requires communication with the bargaining parties who set the contribution levels through the collectively bargaining process and an ongoing review of appropriate benefit levels.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 and 2022
(continued)

F. 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.

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

G. PRIORITIES UPON TERMINATION

In the event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the Plan's participants and beneficiaries. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

H. CONCENTRATION OF CREDIT RISK

The Plan maintains its cash account at a financial institution in which balances may, at times, exceed federally insured limits.

I. SUBSEQUENT EVENTS

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through July 12, 2024, the day the financial statements were approved and authorized for issue.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022
(continued)

J. ACCUMULATED PLAN BENEFITS

Actuarial valuations of the Plan were made by the Plan Actuary. The actuarial present value of accumulated plan benefits are as follows:

	<u>Benefit Information Date</u> <u>January 1,</u> <u>2023</u>
1. Actuarial present value of accrued vested benefits:	
a) Participants currently receiving benefits	\$ 163,453,428
b) Other vested benefits	<u>121,687,644</u>
c) Total vested benefits	285,141,072
2. Actuarial present value of non-vested accumulated plan benefits	<u>9,401,345</u>
3. Total actuarial present value of accumulated plan benefits	<u>\$ 294,542,417</u>

The changes in accumulated plan benefits for the year are as follows:

1. Actuarial present values of accumulated plan benefits - beginning of year	\$ 291,988,539
2. Increase (decrease) during the year attributable to:	
a) Benefits paid	(21,020,452)
b) Interest	19,642,172
c) Changes in actuarial assumptions	(-)
d) Accrual of benefits and plan experience	3,932,158
e) Plan amendments	<u>-</u>
	<u>2,553,878</u>
3. Actuarial present values of accumulated plan benefits - end of year	<u>\$ 294,542,417</u>

The principal assumptions underlying the above actuarial computation are as follows:

Interest Rate – 7.00% per annum, net of investment expenses

Actuarial Cost Method - Unit Credit Actuarial Cost Method

Mortality Tables – 105% of the Pri-2012 Blue Collar Employee Mortality Table projected generationally with the MP-2021 scale.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

(continued)

K. INVESTMENTS

The following are the Fund's investments valued as described in Note A at December 31, 2023.

	December 31, 2023		Investment	Appreciation /
	Cost	Fair Value	Earnings	(Depreciation)
<u>CORPORATE STOCK - COMMON</u>	\$ -	\$ -	\$ 4,449	\$ -
<u>PARTNERSHIPS</u>				
Aberdeen EAFE Plus Fund	-	-	-	595,723
AEW Partners VI, LP	228,859	28,099	-	1,357
AEW Partners VII, LP	1,191,951	248,129	-	(20,345)
AEW Partners Real Estate Fund IX, LP	3,550,963	3,949,201	-	211,404
AEW Real Estate Value Fund	-	-	-	112,730
Boyd Watterson GSA Fund, L.P.	5,606,191	5,496,127	288,160	(478,324)
Global Infrastructure Partners II	520,222	1,355,320	-	86,549
Global Renewable Power Fund III B, L.P.	2,673,727	3,160,169	-	309,604
Global Infrastructure Fund IV B, SCSp	569,228	586,599	-	17,371
HarbourVest - Partners Buy Out	504,691	88,750	-	(65,743)
HarbourVest - Partners Mezzanine	349,030	8,388	-	(5,140)
HarbourVest - Partners Venture	100,474	250,884	-	18,677
IFM Global Infrastructure, LP	8,263,929	12,280,934	-	1,040,134
Ironsides Co-Investment Fund III, LP	460,025	805,074	-	158,229
Ironsides Offshore Co-Invest. Fund VI, LP	3,385,960	4,289,294	-	279,644
Ironsides Direct Investment Fund IV, LP	1,556,608	982,268	-	(261,423)
Ironsides Partnership Fund III, LP	4,521,492	4,394,933	-	267,537
Ironsides Partnership Fund IV, LP	1,559,005	5,907,640	-	194,029
Ironsides Offshore Partnership Fund VI, LP	1,323,644	1,334,820	-	(1,113)
Landmark Equity Partners LP	6,346	305,957	-	1,604
Oppenheimer Global Resource	1,409,993	287,149	-	(311,449)
Partners Group Secondary 2011	1,057,973	841,042	-	(29,497)
Solamere Capital AF III, L.P.	1,251,892	2,549,805	-	92,912
Solamere Capital AF III-A, L.P.	2,641,025	5,367,644	-	194,433
Strategic Investors Fund VIII, LP	2,894,175	8,547,617	-	(387,510)
Strategic Investors Fund X Cayman, LP	3,118,300	3,296,538	-	68,984
Strategic Investors Fund XI Cayman, LP	2,267,442	2,032,601	-	(234,841)
	51,013,145	68,394,982	288,160	1,855,536
<u>COMMON TRUST FUNDS</u>				
AFL-CIO Building Investment Trust	3,035,364	3,850,330	-	(1,984,204)
BNYM AFL-CIO Broad Stock Market	58,499,848	63,055,046	-	4,555,199
ERECT - Co-Participation Fund	6,177,863	9,473,760	-	(312,921)
Loomis High Yield Conservative Trust	-	-	-	582,616
NHIT Core Plus Full Discretion	38,996,147	41,387,082	-	2,390,824
Rhumblin QSI Index, LLC	-	-	-	973,788
SSGA MSCI ACWI Ex USA Non-Lending Fd	18,000,000	19,657,436	-	1,657,436
SSGA S & P Midcap 400 Index NL	-	-	-	327,553
SSGA S & P Global Natural Resources	-	-	-	(44,835)
SSGA Russell 1000 Growth Index NL	-	-	-	4,846,110
SSGA U.S. Tips Index NL	-	-	-	242,918
Wellington Micro Cap Equity	1,794,311	4,172,793	95,078	149,666
	126,503,533	141,596,447	95,078	13,384,150
<u>REGISTERED INVESTMENT CO.</u>				
Baird Core Plus Bond Fund	39,310,412	41,079,347	310,412	1,768,935
DFA Emerging Markets Small Cap	4,299,050	5,071,691	146,072	565,109
DFA Emerging Markets Value	-	-	177,891	1,735,059
Foundry Partners Small Cap Value Fund	4,458,509	4,499,497	458,509	40,989
Vanguard Long Term Treasury Fund	-	-	282,829	(385,469)
Vanguard Russell 1000 Value Fund	-	-	164,194	654,480
Vanguard Total Bond Market Index Fd	-	-	962,115	(1,176,332)
Victory Trivalent Intl. Small Cap	4,549,957	5,140,226	95,672	383,835
	52,617,928	55,790,761	2,577,694	3,586,606
<u>REAL ESTATE INVESTMENT TRUST</u>				
Hancock Timberland IX, Inc	1,911,787	2,813,992	-	393,726
	1,911,787	2,813,992	-	393,726
<u>OTHER</u>				
IDR - Core Property Index Trust	5,564,325	6,307,279	-	(950,535)
	5,564,325	6,307,279	-	(950,535)
TOTAL	\$ 237,610,718	\$ 274,903,461	\$ 2,965,381	\$ 18,269,483

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

(continued)

K. INVESTMENTS

The following are the Fund's investments valued as described in Note A at December 31, 2022.

	December 31, 2022		Investment	Appreciation /
	Cost	Fair Value	Earnings	(Depreciation)
CORPORATE STOCK - COMMON	\$ -	\$ -	\$ 6,625	\$ -
PARTNERSHIPS				
Aberdeen EAFE Plus Fund	12,245,422	17,126,166	-	(7,026,197)
AEW Partners VI, LP	245,840	43,723	-	520
AEW Partners VII, LP	1,244,437	321,920	-	34,300
AEW Partners Real Estate Fund IX, LP	3,109,301	3,425,268	-	350,255
AEW Real Estate Value Fund	2,377,037	4,123,823	-	(1,489,451)
Boyd Watterson GSA Fund, L.P.	5,389,360	5,757,619	291,953	31,629
Global Infrastructure Partners II	611,384	1,434,207	-	142,902
Global Renewable Power Fund III B, L.P.	1,533,214	1,710,052	-	220,872
HarbourVest - Partners Buy Out	740,321	387,247	-	(17,012)
HarbourVest - Partners Mezzanine	365,150	29,591	-	(10,964)
HarbourVest - Partners Venture	155,751	287,369	-	(121,098)
IFM Global Infrastructure, LP	8,061,017	11,331,860	-	938,009
Ironsides Co-Investment Fund III, LP	469,950	774,494	-	191,021
Ironsides Offshore Co-Invest. Fund VI, LP	3,701,034	4,344,724	-	284,075
Ironsides Direct Investment Fund IV, LP	1,556,608	1,615,665	-	8,018
Ironsides Partnership Fund III, LP	3,867,867	4,763,340	-	811,713
Ironsides Partnership Fund IV, LP	1,559,005	5,741,812	-	582,397
Ironsides Offshore Partnership Fund VI, L	188,621	200,910	-	12,289
Landmark Equity Partners LP	6,346	396,797	-	(3,010)
Oppenheimer Global Resource	1,633,046	821,650	-	(148,425)
Partners Group Secondary 2011	1,176,413	988,980	-	(276,566)
Solamere Capital AF III, L.P.	1,257,249	2,462,249	-	342,687
Solamere Capital AF III-A, L.P.	2,664,543	5,196,730	-	728,017
Strategic Investors Fund VIII, LP	2,993,071	9,274,991	-	(1,049,974)
Strategic Investors Fund X Cayman, LP	2,633,599	2,842,853	-	(322,032)
	59,785,586	85,404,040	291,953	(5,786,025)
COMMON TRUST FUNDS				
AFL-CIO Building Investment Trust	3,035,364	5,834,534	-	(206,570)
Wellington Micro Cap Equity	1,855,887	7,084,702	99,307	(851,432)
ERECT - Co-Participation Fund	6,177,863	9,786,681	-	668,115
Loomis High Yield Conservative Trust	10,251,106	10,296,283	-	(1,503,904)
Rhumblin QSI Index, LLC	3,413,517	12,276,338	-	(2,156,182)
SSGA S & P Midcap 400 Index NL	1,282,335	4,927,839	-	(742,332)
SSGA S & P Global Natural Resources	2,605,711	4,496,787	-	607,968
SSGA Russell 1000 Growth Index NL	5,135,624	17,025,872	-	(6,996,960)
SSGA U.S. Tips Index NL	10,956,611	13,835,159	-	(1,884,829)
	44,714,018	85,564,195	99,307	(13,066,126)
REGISTERED INVESTMENT CO.				
DFA Emerging Markets Small Cap	4,152,979	4,360,510	188,777	(975,843)
DFA Emerging Markets Value	20,422,422	17,942,983	771,946	(2,930,002)
Vanguard Long Term Treasury Fund	18,724,493	12,967,830	389,007	(5,817,018)
Vanguard Russell 1000 Value Fund	10,998,739	16,191,974	356,844	(1,692,350)
Vanguard Total Bond Market Index Fd	29,852,566	25,889,691	673,975	(4,638,270)
Victory Trivalent Intl. Small Cap	2,454,285	2,660,719	29,541	(1,075,570)
	86,605,484	80,013,707	2,410,090	(17,129,053)
REAL ESTATE INVESTMENT TRUST				
Hancock Timberland IX, Inc	1,911,787	2,452,615	-	253,210
	1,911,787	2,452,615	-	253,210
OTHER				
IDR - Core Property Index Trust	5,591,315	7,284,805	-	481,545
	5,591,315	7,284,805	-	481,545
TOTAL	\$ 198,608,190	\$ 260,719,362	\$ 2,807,975	\$ (35,246,449)

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022
(continued)

L. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement (FASB), Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques 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 December 31, 2023 and 2022:

Cash Equivalents - The carrying value of cash equivalents approximates fair value.

Registered Investment Companies – Registered Investment Companies are valued at the net asset value of shares held by the plan at year end.

Common Collective, Real Estate Investment Trusts, and Other Investments - Valued at unit values provided by the respective trustees and management of those entities based on the estimated fair value of the investments held by the entities.

Investment Partnership - Valued at the Plan's partnership percentage of the total value of the partnership reported at fair value.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

(continued)

L. FAIR VALUE MEASUREMENTS (continued)

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 believes its 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 investments at fair value as of December 31, 2023:

Description	12/31/23	Fair Value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies	\$ 55,790,761	\$ 55,790,761	\$ -	\$ -
Assets in Fair Value Hierarchy	55,790,761	55,790,761	-	-
Investments measured at Net Asset Value (a):				
Real Estate Investment Trust	2,813,992	-	-	-
Investment Partnership	68,394,982	-	-	-
Common Collective Trust	141,596,447	-	-	-
Other Investments	6,307,279	-	-	-
	219,112,700	-	-	-
Investments at Fair Value	\$ 274,903,461	\$ 55,790,761	\$ -	\$ -

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

Description	12/31/22	Fair Value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered Investment Companies	\$ 80,013,707	\$ 80,013,707	\$ -	\$ -
Assets in Fair Value Hierarchy	80,013,707	80,013,707	-	-
Investments measured at Net Asset Value (a):				
Real Estate Investment Trust	2,452,615	-	-	-
Investment Partnership	85,404,040	-	-	-
Common Collective Trust	85,564,195	-	-	-
Other Investments	7,284,805	-	-	-
	180,705,655	-	-	-
Investments at Fair Value	\$ 260,719,362	\$ 80,013,707	\$ -	\$ -

(a) In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

L. FAIR VALUE MEASUREMENTS (continued)

The following table sets forth the Plan's investments in certain entities that calculate net asset value per share at December 31, 2023 including fair value, redemption frequency and investment strategy:

<u>Investment</u>	<u>Classification / Strategy</u>		<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
AEW Partners Real Estate Fund IX, LP	Real Estate	(1) \$	3,949,201	\$ 1,316,872	No Interim Liquidity	N/A
AEW Partners VI LP	Real Estate	(1)	28,099	279,482	No Interim Liquidity	N/A
AEW Partners VII LP	Real Estate	(1)	248,129	207,080	No Interim Liquidity	N/A
BNYM AFL-CIO Broad Stock Market	Equity		63,055,046	-	Daily	1 Day
AFL-CIO Building Investment Trust	Real Estate		3,850,330	-	Quarterly	ASAP
Boyd Watterson GSA Fund, L.P.	Real Estate		5,496,127	-	Quarterly	60 Days
Erect Co-Participation Fund	Real Estate - Loans		9,473,760	-	Quarterly	5 Days
Global Infrastructure Partners II	Master Fund - Private Equity	(2)	1,355,320	275,840	No Interim Liquidity	N/A
Global Renewable Power Fund III B, L.P.	Master Fund - Private Equity	(1)	3,160,169	1,250,114	No Interim Liquidity	N/A
Global Infrastructure Fund IV B, SCSp	Master Fund - Private Equity	(1)	586,599	1,415,892	No Interim Liquidity	N/A
Hancock Timberland IX	Timberland Properties	(1)	2,813,992	445,567	No Interim Liquidity	N/A
HarbourVest Partners Buyout	Private Equity	(1)	88,750	135,000	No Interim Liquidity	N/A
HarbourVest Partners Mezzanine	Private Equity	(1)	8,388	24,000	No Interim Liquidity	N/A
HarbourVest Partners Venture	Private Equity	(1)	250,884	18,000	No Interim Liquidity	N/A
IDR - Core Property Index Fund	Private Equity Real Estate		6,307,279	-	Quarterly	90 Days
IFM Global Infrastructure, LP	Master Fund - Private Equity		12,280,934	-	Quarterly	90 Days
Ironsides Co-Investment Fund III, LP	Private Equity	(1)	805,074	49,076	No Interim Liquidity	N/A
Ironsides Partnership Fund III, LP	Private Equity	(1)	4,394,933	1,077,391	No Interim Liquidity	N/A
Ironsides Direct Investment Fund IV, LP	Private Equity	(1)	982,268	189,795	No Interim Liquidity	N/A
Ironsides Partnership Fund IV, LP	Private Equity	(1)	5,907,640	2,409,015	No Interim Liquidity	N/A
Ironsides Offshore Co-Invest. Fund VI, LP	Private Equity	(1)	4,289,294	481,557	No Interim Liquidity	N/A
Ironsides Offshore Partnership Fund VI, LP	Private Equity	(1)	1,334,820	2,675,286	No Interim Liquidity	N/A
Landmark Equity Partners	Diversified Private Equity	(1)	305,957	130,349	No Interim Liquidity	N/A
NHIT Core Plus Full Discretion	Corporate Debt		41,387,082	-	Daily	1 Day
Oppenheimer Global Resource Fund	Private Equity	(2)	287,149	341,467	No Interim Liquidity	N/A
Partners Group Secondary 2011	Diversified Private Equity	(1)	841,042	2,218,196	No Interim Liquidity	N/A
Solamere Capital AF III, L.P.	Private Equity	(1)	2,549,805	174,669	No Interim Liquidity	N/A
Solamere Capital AF III-A, L.P.	Private Equity	(1)	5,367,644	427,194	No Interim Liquidity	N/A
SSGA MSCI ACWI Ex USA Non-Lending Fd	Equity		19,657,436	-	Daily	1 Day
Strategic Investors Fund VIII, LP	Private Equity	(1)	8,547,617	734,000	No Interim Liquidity	N/A
Strategic Investors Fund X Cayman, LP	Master Fund - Private Equity	(1)	3,296,538	883,200	No Interim Liquidity	N/A
Strategic Investors Fund XI Cayman, LP	Master Fund - Private Equity	(1)	2,032,601	7,655,000	No Interim Liquidity	N/A
Wellington Microcap Equity	Equity		4,172,793	-	Monthly	90 Days
			<u>\$ 219,112,700</u>	<u>\$ 24,814,042</u>		

(1) - Distributions from these Funds are only made as individual investments of Funds are sold. Otherwise distributions occur at Fund termination date or after a certain time period from final fund closing or investment period. These periods range from 1 to 10 years.

(2) - Distributions from these Funds are only permitted as individual investments of Funds are sold.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022
(continued)

M. MULTI-EMPLOYER DEFINED BENEFIT PENSION PLAN

The Fund participates in two multi-employer defined benefit pension plan's. The risks of participating in multi-employer plans are different from single employer plans in the following aspects:

- 1) Assets contributed to the multi-employer plan by one employer may be used to provide benefits to employees of other participating employers.
- 2) If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- 3) If the Fund chooses to stop participating in the multi-employer defined benefit pension plan, it may be required to pay the plan an amount based on the unfunded status of the plan, referred to as withdrawal liability.

The Fund participates in the SEIU National Industry Pension Fund. The plan covers all full-time office staff employees. SEIU National Industry Pension Fund is a multi-employer defined benefit pension plan provided for under the collective bargaining agreement between the Iron Workers Benefit Plan of Western Pennsylvania and Service Employees International Union Local 32BJ.

Information regarding the Fund's participation in the SEIU National Industry Pension Fund is as follows:

- 1) The Plan's legal name is "SEIU National Industry Pension Fund".
- 2) The Plan's federal identification number and plan number are 52-6148540 and 001 respectively.
- 3) For the Fund's year ended December 31, 2023, the most recent available certified zone status provided by the Plan (plan year beginning January 1, 2023) indicated the Plan was certified red.
- 4) For the Fund's year ended December 31, 2022, the most recent available certified zone status provided by the Plan (plan year beginning January 1, 2022) indicated the Plan was certified red.
- 5) As of December 31, 2023, the Plan has adopted a rehabilitation plan.
- 6) The Fund is currently paying a surcharge to the Plan.
- 7) The Fund participates in the Plan under a collective bargaining agreement which expires on March 31, 2025. Currently, there is not an increase in current contribution levels required under the collective bargaining agreement or by the Plan.
- 8) During the years ended December 31, 2023 and 2022, the Fund contributed to the Plan \$146,116 and \$135,656 respectively. These contributions did not represent more than 5 % of the total contributions to the Plan.

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022
(continued)

M. MULTI-EMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

The Fund participates in The Iron Workers Pension Plan of Western Pennsylvania. The plan covers the Plan Administrator. The Iron Workers Pension Plan of Western Pennsylvania is a multi-employer defined benefit pension plan.

Information regarding the Fund's participation in the The Iron Workers Pension Plan of Western Pennsylvania is as follows:

- 1) The Plan's legal name is "The Iron Workers Pension Plan of Western Pennsylvania".
- 2) The Plan's federal identification number and plan number are 25-1283169 and 001 respectively.
- 3) For the Fund's year ended December 31, 2023, the most recent available certified zone status provided by the Plan (plan year beginning January 1, 2023) indicated the Plan was certified green.
- 4) For the Fund's year ended December 31, 2022, the most recent available certified zone status provided by the Plan (plan year beginning January 1, 2022) indicated the Plan was certified green.
- 5) As of December 31, 2023, the Plan has not adopted a funding improvement plan.
- 6) The Fund did not pay a surcharge to the Plan.
- 7) The Fund participates in the Plan under an employment agreement which expires on December 31, 2024. Currently, there is not an increase in current contribution levels required under the employment agreement or by the Plan.
- 8) During the years ended December 31, 2023 and 2022, the Fund contributed to the Plan \$21,050 and \$21,050 respectively. These contributions did not represent more than 5% of the total contributions to the Plan.

N. OTHER MULTI-EMPLOYER BENEFIT PLANS

The Fund participates in the Iron Workers of Western Pennsylvania Profit Sharing Plan which is a multi-employer defined contribution pension plan and the Iron Workers of Western Pennsylvania Welfare Plan which is a multi-employer defined benefit welfare plan. Contributions to the plans for the years ended December 31, 2023 and 2022 were as follows:

	<u>2023</u>	<u>2022</u>
Iron Workers of Western Pennsylvania Welfare Plan	\$ 202,652	\$ 193,159
Iron Workers of Western Pennsylvania Profit Sharing Plan	\$ 77,018	\$ 72,388

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
OFFICE AND OTHER EXPENSES
(Net of administration of charges to and from other plans)
2023

	Paid / Received By Pension Fund	Allocated To Welfare Fund	Allocated To Profit Sharing	Allocated From Welfare Fund	Net Expense To Pension
Salaries and Wages	\$ 587,609	\$ 235,490	\$ 168,115	\$ -	\$ 184,004
Employee Benefits	446,836	183,994	121,524	-	141,318
Administrator's Expense	-	-	-	2,290	2,290
Conference and Travel Exp.	-	-	-	13,824	13,824
Office Rent	-	-	-	7,247	7,247
Payroll Taxes	49,392	19,845	14,083	-	15,464
Postage	-	-	-	7,559	7,559
Printing and Supplies	13,809	-	-	6,808	20,617
Depreciation	-	-	-	3,140	3,140
Telephone	-	-	-	2,557	2,557
Trustee Meeting Expense	-	-	-	2,460	2,460
Repairs and Maintenance	-	-	-	63	63
General Insurance	-	-	-	3,569	3,569
Dues and Membership Fee	-	-	-	1,530	1,530
Leased Equipment	-	-	-	7,293	7,293
Scanning / Microfilming	-	-	-	1,449	1,449
ADP Procesing Fees	3,746	1,501	1,072	-	1,173
Miscellaneous Expense	1,661	-	-	4,596	6,257
Legal Fees	55,625	-	-	-	55,625
Consultant Fees	104,000	-	-	-	104,000
Audit Fees	23,000	-	-	-	23,000
Programming Fees	12,362	-	-	-	12,362
Medical Consultants	4,350	-	-	-	4,350
Pension Benefit Insurance	102,200	-	-	-	102,200
Fiduciary Insurance	23,732	-	-	-	23,732
Fidelity Bond	486	-	-	-	486
Total Paid	1,428,808	440,830	304,794	64,385	747,569

See auditor's report and notes to financial statements

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
OFFICE AND OTHER EXPENSES
(Net of administration of charges to and from other plans)
2022

	Paid / Received By Pension Fund	Allocated To Welfare Fund	Allocated To Profit Sharing	Allocated From Welfare Fund	Net Expense To Pension
Salaries and Wages	\$ 556,918	\$ 223,599	\$158,894	\$ -	\$ 174,425
Employee Benefits	422,253	174,325	114,508	-	133,420
Administrator's Expense	-	-	-	2,925	2,925
Conference and Travel Exp.	-	-	-	14,864	14,864
Office Rent	-	-	-	7,247	7,247
Payroll Taxes	46,805	18,839	13,311	-	14,655
Postage	-	-	-	6,704	6,704
Printing and Supplies	51,153	-	-	6,582	57,735
Depreciation	-	-	-	3,123	3,123
Telephone	-	-	-	3,864	3,864
Trustee Meeting Expense	-	-	-	1,785	1,785
Repairs and Maintenance	-	-	-	20	20
General Insurance	-	-	-	3,106	3,106
Dues and Membership Fee	-	-	-	633	633
Leased Equipment	-	-	-	7,138	7,138
Scanning / Microfilming	-	-	-	-	-
ADP Processing Fees	3,537	1,420	1,009	-	1,108
Miscellaneous Expense	1,488	-	-	4,087	5,575
Legal Fees	75,386	-	-	-	75,386
Consultant Fees	104,380	-	-	-	104,380
Audit Fees	23,000	-	-	-	23,000
Programming Fees	6,267	-	-	-	6,267
Medical Consultants	2,600	-	-	-	2,600
Pension Benefit Insurance	96,416	-	-	-	96,416
Fiduciary Insurance	20,789	-	-	-	20,789
Fidelity Bond	403	-	-	-	403
Total Paid	1,411,395	418,183	287,722	62,078	767,568

See auditor's report and notes to financial statements

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2022.

Age	Pension Credits									
	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	35	31	4	—	—	—	—	—	—	—
	\$380	\$346	—	—	—	—	—	—	—	—
25 - 29	117	67	49	1	—	—	—	—	—	—
	\$532	\$396	\$704	—	—	—	—	—	—	—
30 - 34	124	45	55	23	1	—	—	—	—	—
	\$749	\$374	\$795	\$1,327	—	—	—	—	—	—
35 - 39	141	31	35	54	20	1	—	—	—	—
	\$1,138	\$419	\$862	\$1,425	\$1,900	—	—	—	—	—
40 - 44	140	33	25	37	29	13	3	—	—	—
	\$1,314	\$384	\$891	\$1,436	\$1,880	—	—	—	—	—
45 - 49	144	20	16	31	26	41	10	—	—	—
	\$1,734	\$361	—	\$1,427	\$2,026	\$2,506	—	—	—	—
50 - 54	186	19	14	24	25	49	34	21	—	—
	\$2,132	—	—	\$1,469	\$1,978	\$2,527	\$2,986	\$3,229	—	—
55 - 59	101	10	9	14	10	20	18	15	4	1
	\$2,175	—	—	—	—	\$2,493	—	—	—	—
60 - 64	35	2	5	8	3	5	2	3	2	5
	\$2,031	—	—	—	—	—	—	—	—	—
65 - 69	10	2	—	1	—	1	—	1	1	4
	—	—	—	—	—	—	—	—	—	—
70 & over	1	—	—	—	—	—	—	—	—	1
	—	—	—	—	—	—	—	—	—	—
Total	1,034	260	212	193	114	130	67	40	7	11
	\$1,429	\$381	\$803	\$1,421	\$1,945	\$2,515	\$2,947	\$3,157	—	—

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Non-retired participants: 105% of the Pri-2012 Blue Collar Employee mortality tables projected generationally with the MP-2021 scale

Non-disabled pensioners: 105% of the Pri-2012 Blue Collar Retiree mortality tables projected generationally with the MP-2021 scale

Beneficiaries: 105% of the Pri-2012 Contingent Survivor Blue Collar mortality tables projected generationally with the MP-2021 scale

Disabled pensioners: 105% of the Pri-2012 Disabled Retiree mortality table projected generationally with the MP-2021 scale

The above tables are amount-weighted and sex-distinct.

The underlying tables with 5% adjustment and with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the liability change due to deaths and the projected liability change based on the prior year's assumption over the most recent five years, taking into consideration the results of Segal's industry mortality study.

Annuitant Mortality Rates

Age	Rate (%) ¹			
	Healthy		Disabled	
	Male	Female	Male	Female
55	0.64	0.49	2.18	1.48
60	0.99	0.76	2.51	1.83
65	1.36	1.15	3.06	2.28
70	2.04	1.63	3.92	2.82
75	3.18	2.50	5.54	3.85
80	5.48	4.17	8.56	5.90
85	9.59	7.34	13.44	9.67
90	16.50	13.01	20.47	16.07

¹ Mortality rates shown for current year.

Termination Rates

Age	Rate (%)			
	Mortality ¹		Disability	Withdrawal ²
	Male	Female		
20	0.08	0.02	0.16	7.14
25	0.08	0.03	0.23	6.95
30	0.09	0.04	0.30	6.66
35	0.11	0.06	0.40	6.17
40	0.13	0.08	0.59	5.50
45	0.14	0.10	0.97	4.65
50	0.18	0.13	1.64	3.25
55	0.28	0.20	2.72	1.23
60	0.47	0.32	0.00	0.00

¹ Mortality rates shown for current year.

² Withdrawal rates do not apply at or beyond retirement age

The withdrawal 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 withdrawals and disability retirements and the projected number based on the prior year's assumption over the most recent five years.

Retirement Rates

Age	Annual Retirement Rates
55 – 59	15%
60 – 61	25%
62 – 64	50%
65	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 the projected number based on the prior year's assumption over the most recent five years.

Description of Weighted Average Retirement Age

Age 60, 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 January 1, 2023 actuarial valuation.

Retirement Age for Inactive Vested Participants	60 with 15 pension credits, otherwise 65 The retirement age for inactive vested participants was based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual average retirement age and the prior year's assumption over the most recent five years.
Future Benefit Accruals	0.9 pension credit per year The future benefit accruals were based on historical and current 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.
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	Active participants are defined as those with at least 200 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.
Percent Married	75%
Age and Sex of Spouse	Spouses are assumed to be 4 years younger than male participants and 4 years older than female participants. If not specified, spouses are assumed to be the opposite sex of the participants.
Benefit Election	Eligible participants will elect the partial lump sum payment option. The interest rate for purposes of determining the lump sum payment is 5.00%, and the mortality table is the 2018 Lump Sums Unisex Table. For the remaining benefits, participants are assumed to elect the normal form of benefit according to their marital status. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design and estimated future experience and professional judgment.
Delayed Retirement Factors	Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.
Net Investment Return	7.00%, net of investment fees For FASB ASC 960 purposes, the 7.00% assumption is considered to be 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	\$625,000 for the year beginning January 1, 2023 (equivalent to \$602,623 payable at the beginning of the year) or 11.3% of Normal Cost. 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 prior years, initialized at market value as of January 1, 2021. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized 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 by benefits earned
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibit L.
Current Liability Assumptions	<i>Interest:</i> 2.55%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2021 (previously, the MP-2020 scale was used).
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 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4085 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**2023**This Form Is Open to Public
Inspection**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____
- 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 PENSION PLAN OF WESTERN PENNSYLVANIA	1b Three-digit plan number (PN) 001
	1c Effective date of plan 01/12/1959
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (Include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA 2201 LIBERTY AVENUE PITTSBURGH PA 15222-4512	2b Employer Identification Number (EIN) 25-1283169
	2c Plan Sponsor's telephone number 412-227-6740
	2d Business code (see instructions) 237990

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 <i>Richard E. Danko</i>	<i>8/7/2024</i>	RICHARD DANKO UNION TRUSTEE
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE <i>Danielle Y. Harshman</i>	<i>8/7/2024</i>	DANIELLE HARSHMAN EMPLOYER TRUSTEE
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		
Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
Iron Workers Pension Plan
of Western Pennsylvania
Pittsburgh, PA

We have audited the financial statements of the Iron Workers Pension Plan of Western Pennsylvania as of and for the year ended December 31, 2023, and our report thereon dated July 12, 2024 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of December 31, 2023 and the schedule of reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
July 12, 2024

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2023

Federal I.D. - 25-1283169
Plan No. - 001

FORM 5500, Schedule H, Part IV, Question J

I. Individual Transactions:

(a) Identity of party involved	(b) Description of Asset (Include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Aberdeen Dbt International EAFE	103-12	\$ -	\$ 17,642,714	N/A	\$ -	\$ 12,192,897	\$ 17,642,714	\$ 5,449,817
BNYMM AFL-CIO SL BRD MKT SIF	Common Coll. Trust	\$ 40,000,000	\$ -	N/A	\$ -	\$ 40,000,000	\$ 40,000,000	\$ -
Baird Core Plus Bond	Mutual Fund	\$ 39,000,000	\$ -	N/A	\$ -	\$ 39,000,000	\$ 39,000,000	\$ -
NHIT: Core Plus Full Discretion	Common Coll. Trust	\$ 28,000,000	\$ -	N/A	\$ -	\$ 28,000,000	\$ 28,000,000	\$ -
SSGA MSCI ACWI Ex USA NL Fund	Common Coll. Trust	\$ 18,000,000	\$ -	N/A	\$ -	\$ 18,000,000	\$ 18,000,000	\$ -
SSGA Russell 1000 Growth Index	Common Coll. Trust	\$ -	\$ 19,261,435	N/A	\$ -	\$ 4,440,426	\$ 19,261,435	\$ 14,821,009
SSGA US Index Tips Index NL	Common Coll. Trust	\$ -	\$ 14,071,889	N/A	\$ -	\$ 10,951,810	\$ 14,071,889	\$ 3,120,079
Vanguard Total Bond Market Indx	Mutual Fund	\$ 19,500,000	\$ -	N/A	\$ -	\$ 19,500,000	\$ 19,500,000	\$ -
Vanguard Total Bond Market Indx	Mutual Fund	\$ -	\$ 50,420,664	N/A	\$ -	\$ 46,544,779	\$ 50,420,664	\$ 3,875,885
Vanguard Russell 10000 Value Idx	Mutual Fund	\$ -	\$ 17,010,649	N/A	\$ -	\$ 11,162,933	\$ 17,010,649	\$ 5,847,716

II. Series of Transactions:

Description of Investment	Total Number		Total Value		Net Gain or (Loss)
	of Purchases	of Sales	of Purchases	of Sales	
Aberdeen Dbt International EAFE Plus Fund	0	4	\$ -	\$ 17,721,889	\$ 5,476,467
BNYMM AFL-CIO SL BRD MKT SIF	4	0	\$ 58,500,000	\$ -	\$ -
Emerging Markets Value Port Inst Class	0	5	\$ -	\$ 19,855,933	\$ (744,381)
NHIT: Core Plus Full Discretion	2	0	\$ 39,000,000	\$ -	\$ -
SSGA Russell 1000 Growth Index	0	4	\$ -	\$ 21,861,435	\$ 16,728,507
Vanguard Total Bond Market Indx	4	3	\$ 34,345,190	\$ 60,020,664	\$ (5,139,207)

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 PENSION PLAN OF WESTERN PENNSYLVANIA	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES IRON WORKERS PENSION PLAN OF WESTERN PA	D Employer Identification Number (EIN) 25-1283169

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

1a Enter the valuation date: Month 01 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 264,440,275
(2) Actuarial value of assets for funding standard account	1b(2) 294,068,883
c (1) Accrued liability for plan using immediate gain methods	1c(1) 294,542,417
(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) 294,542,417
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) 565,858,417
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 14,831,501
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 28,311,909
(3) Expected plan disbursements for the plan year	1d(3) 28,936,909

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 Signature of actuary DANIEL V. CINER, MAAA Type or print name of actuary SEGal Firm name 101 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606-1724 Address of the firm	07/24/2024 Date 2305773 Most recent enrollment number 312-984-8500 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	264,440,275
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,523	253,963,501
(2) For terminated vested participants	363	58,940,648
(3) For active participants:		
(a) Non-vested benefits		23,107,263
(b) Vested benefits		229,847,005
(c) Total active	1,034	252,954,268
(4) Total	2,920	565,858,417
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.73 %

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
07/01/2023	17,493,720				
Totals ▶			3(b)	17,493,720	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	99.8 %
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, does line 1(c) reflect any benefit reductions for the first time (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:	4f	
• 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."		

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	2.55 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	7.00 % 7.00 %
e 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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-11.1 %
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)	602,623
(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
1	3,122,395	320,395

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

5,918,924

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)

114,429,027

16,629,653

(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

1,578,400

e Total charges. Add lines 9a through 9d

9e

24,126,977

Credits to funding standard account:

f Prior year credit balance, if any

9f

64,990,118

g Employer contributions. Total from column (b) of line 3

9g

17,493,720

Outstanding balance

h Amortization credits as of valuation date

9h

48,965,375

7,794,088

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i

5,707,174

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

108,081,967

(2) "RPA '94" override (90% current liability FFL)

9j(2)

225,491,593

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

(2) Other credits

9k(2)

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l

95,985,100

m Credit balance: If line 9l is greater than line 9e, enter the difference

9m

71,858,123

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 current plan year

9o(1)

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☐

Yes

☒

No

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

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

Investment Return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

PBGC Interest Rates as of December 31, 2022:

First 20 years 3.90%

After 20 years 3.65%

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.00%

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – *at PBGC rates* – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

The present value of vested benefits is based on a blend of two liability calculations. The first calculation is performed on a market value basis, using discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability essentially settles an employer's obligation to the Plan. The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient to cover their market value, the first calculation basis is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second basis: the interest rate used for plan funding calculations.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$2,691,146	\$3,672,315	\$18,903,245	\$25,266,706
2024	3,113,524	384,138	18,295,003	21,792,665
2025	3,968,470	447,327	17,612,560	22,028,357
2026	4,824,790	491,099	16,981,159	22,297,048
2027	5,633,781	611,220	16,044,733	22,289,734
2028	6,225,368	708,769	15,333,148	22,267,285
2029	6,748,471	878,916	14,739,637	22,367,024
2030	7,291,877	1,062,692	14,137,055	22,491,624
2031	7,753,790	1,240,110	13,525,923	22,519,823
2032	8,269,188	1,397,961	12,906,998	22,574,147
2033	8,683,241	1,571,630	12,281,351	22,536,222
2034	9,032,485	1,705,577	11,650,416	22,388,478
2035	9,263,020	1,842,582	11,015,933	22,121,535
2036	9,518,500	1,970,755	10,379,901	21,869,156
2037	9,752,649	2,071,829	9,744,540	21,569,018
2038	9,967,732	2,177,798	9,112,242	21,257,772
2039	10,170,645	2,355,589	8,485,579	21,011,813
2040	10,308,348	2,513,816	7,867,300	20,689,464

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.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	\$10,412,271	\$2,605,783	\$7,260,212	\$20,278,266
2042	10,529,512	2,656,003	6,667,084	19,852,599
2043	10,612,954	2,705,798	6,090,558	19,409,310
2044	10,678,617	2,736,061	5,533,108	18,947,786
2045	10,714,351	2,761,706	4,997,058	18,473,115
2046	10,733,971	2,811,949	4,484,646	18,030,566
2047	10,703,397	2,868,545	3,998,040	17,569,982
2048	10,659,381	2,901,427	3,539,307	17,100,115
2049	10,556,005	2,922,541	3,110,357	16,588,903
2050	10,440,103	2,910,825	2,712,764	16,063,692
2051	10,317,013	2,872,225	2,347,669	15,536,907
2052	10,136,325	2,820,891	2,015,683	14,972,899
2053	9,954,623	2,771,046	1,716,818	14,442,487
2054	9,743,574	2,705,801	1,450,535	13,899,910
2055	9,505,215	2,640,847	1,215,763	13,361,825
2056	9,268,199	2,549,580	1,010,975	12,828,754
2057	8,989,683	2,444,976	834,272	12,268,931
2058	8,727,568	2,346,226	683,459	11,757,253

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.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	\$8,426,451	\$2,245,608	\$556,140	\$11,228,199
2060	8,086,175	2,129,503	449,814	10,665,492
2061	7,728,128	2,021,754	361,948	10,111,830
2062	7,380,415	1,902,151	290,057	9,572,623
2063	7,008,186	1,781,305	231,777	9,021,268
2064	6,611,601	1,660,369	184,916	8,456,886
2065	6,226,300	1,540,753	147,497	7,914,550
2066	5,841,209	1,422,747	117,774	7,381,730
2067	5,454,261	1,307,848	94,245	6,856,354
2068	5,079,193	1,196,557	75,640	6,351,390
2069	4,717,808	1,089,551	60,908	5,868,267
2070	4,369,721	987,295	49,196	5,406,212
2071	4,036,373	890,152	39,825	4,966,350
2072	3,718,503	798,362	32,266	4,549,131

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.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$18,211,446	-	\$18,211,446
2024	\$18,211,446	-	\$18,211,446
2025	\$18,211,446	-	\$18,211,446
2026	\$18,211,446	-	\$18,211,446
2027	\$18,211,446	-	\$18,211,446
2028	\$18,211,446	-	\$18,211,446
2029	\$18,211,446	-	\$18,211,446
2030	\$18,211,446	-	\$18,211,446
2031	\$18,211,446	-	\$18,211,446
2032	\$18,211,446	-	\$18,211,446

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	January 1 through December 31		
Pension Credit Year	January 1 through December 31		
Plan Status	Ongoing plan		
Regular Pension	• <i>Age Requirement: 65</i> • <i>Service Requirement: 5 years of Vesting Service</i> • <i>Amount: Pension credit times accrual rate shown below</i>		
	For service during the contribution period	Local 3	Local 772
		Local 348	
	2010 and after	\$114	\$114
	2004-2009	114	115
	2002-2003	114	115
	2001	112	115
	1998-2000	107	110
	1995-1997	84	81
	1994	64	76
	1993	49	56
	1992	44	41
	1991	34	31
	1959-1970	30	29
	• <i>Delayed Retirement Amount: Regular pension accrued at Normal Retirement Age (NRA), actuarially increased to the actual date of retirement.</i>		

Unreduced Early Retirement	• <i>Age Requirement:</i> 60 • <i>Service Requirement:</i> 15 pension credits • <i>Amount:</i> Regular pension accrued
Service Pension	• <i>Age Requirement:</i> 60 • <i>Service Requirement:</i> 30 years of vesting service with at least one-quarter of pension credit earned due to work under Local 3 after January 1, 1997 • <i>Amount:</i> Regular pension accrued
Early Retirement Pension	• <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 15 pension credits (5 pension credits for former members of the Local 348 Plan) • <i>Amount:</i> Regular pension accrued reduced by 1% for each year of age less than 60 • Former members of the Local 348 Plan who have at least five but less than fifteen pension credits may receive their Local 348 Plan benefits reduced by 3% per year of age from 60 to 65, and 6% per year of age less than 60.
Regular Disability	• <i>Age Requirement:</i> Under Normal Retirement Age • <i>Service Requirement:</i> 5 pension credits including 400 hours in covered employment during the two-year period immediately preceding disability • <i>Other Requirement:</i> Totally and permanently disabled from all gainful employment and qualified for Social Security disability benefits • <i>Amount:</i> Regular pension accrued with \$200 minimum benefit
Occupational Disability	• <i>Age Requirement:</i> Under Normal Retirement Age • <i>Service Requirement:</i> 3 to 5 pension credits including 400 hours in covered employment (200 hours in covered employment after 1981) during the two-year period immediately preceding disability • <i>Other Requirement:</i> Totally and permanently disabled from all gainful employment and qualified for Social Security disability benefits • <i>Amount:</i> Regular pension accrued with \$100 per month minimum benefit
Special Disability	• <i>Age Requirement:</i> Between 55 and Normal Retirement Age • <i>Service Requirement:</i> Inactive vested with 15 pension credits, and totally disabled from an occupational accident while working as an iron worker for a political subdivision, and is credited with 400 hours in covered employment during the two-year period immediately preceding disability • <i>Other Requirement:</i> Totally and permanently disabled from all gainful employment and qualified for Social Security disability benefits • <i>Amount:</i> Regular Disability pension accrued

Vesting	• <i>Age Requirement:</i> 10 pension credits or 5 years of vesting service • <i>Amount:</i> Regular pension accrued based on plan in effect when last active payable at age 60 • If the participant has at least 15 pension credits, benefit may be payable as early as age 55, subject to the same reduction as applicable to Early Retirement Pension • <i>Normal Retirement Age:</i> 65
Partial Pension	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 1 pension credit • <i>Additional Requirements:</i> Meets all of the requirements for a pension if the “Combined Service Credits” were treated as pension credits under this plan, and is qualified to receive a Partial pension from a “Related Plan” • <i>Amount:</i> Regular pension accrued using “Combined Service Credits”, multiplied by aggregate number of Pension Credits earned under this Plan, divided by the total “Combined Service Credits”, and adjusted to reflect early or late commencement.
Spouse’s Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> • <i>For those with 15 pension credits:</i> ○ An immediate lifetime benefit with a 60* guaranteed payments. The benefit is based on the greater of: i. the present value of 60* guaranteed payments to which the participant would have been entitled to at age 55; or ii. the present value of the 50% joint and survivor pension with 60* guaranteed payments to which the participant would have been entitled to at age 55; • Or ○ A level lifetime benefit with a 60* guaranteed payments guarantee, based on the 50% joint and survivor pension with 60* guaranteed payments at the time the participant would have been age 55, deferred to when the participant would have reached age 55. • <i>For Others:</i> ○ An immediate lifetime benefit based on the greater of: i. The present value of 50% of the benefit to which the employee would have been entitled upon reaching age 65 and electing a Joint and Survivor pension with 60* guaranteed payments; or ii. the present value of the Other Pre-Retirement Death Benefit described below. • <i>Charge for Coverage:</i> None

Other Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> • 5 but less than 10 pension credits for unmarried participants; or • 5 years of vesting service but less than 10 pension credits for married participants; or • 10 pension credits and no qualified spouse; and • Does not have three consecutive one year breaks in service • <i>Lump Sum Amount:</i> The present value of 60* guaranteed payments of accrued benefit payable as if the participant retired at age 65
Post-Retirement Death Benefit	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by employee and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. Payment of the pensioner's reduced amount is guaranteed for 60* monthly payments. If rejected, or if not married, benefits are payable for the life of the employee with 60* monthly payments guaranteed without reduction. Benefits may also be payable in any other available optional form elected by the employee in an actuarially equivalent amount. In addition, if the Joint and Survivor pension is rejected and the spouse is designated as sole primary beneficiary, at the end of the 60* month guarantee of the full benefit, one-half of the pensioner's benefit is payable to the spouse until a total of 120 payments have been made to both the pensioner and spouse. Pensioners who retired under the Local 348 Plan prior to the merger are eligible to receive a \$5,000 lump sum death benefits, payable upon the death of the pensioner.
Optional Forms of Benefits	The optional forms of payment are: • 75% joint and survivor annuity • 10% partial lump sum, with amount determined according to IRC Section 417(e) • Social Security level income option, assuming Social Security benefits would commence at age 62.
Participation	On the first January 1 or July 1 following the completion of 800 hours of service in covered employment during 12 consecutive months.
Pension Credit	• <i>Before the contribution period:</i> On the basis of continuous service in covered employment before the employer's effective date of contributions. • <i>During the contribution period:</i> 0.2 pension credit for 288 hours of service in covered employment in a pension credit year plus 0.1 for each additional 144 hours to a maximum of 1 pension credit for 1,440 hours worked.
Vesting Credit	0.25 year of vesting service for each 200 hours the employee completes up to a maximum of 800 hours for one year for each plan year during the contribution period.
Contribution Rate	\$10.12 per hour effective June 1, 2019

*72 payments for benefits earned by Local 772 participants before January 1, 2010.

Changes in Plan Provisions

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



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
Iron Workers Pension Plan
of Western Pennsylvania
Pittsburgh, PA

We have audited the financial statements of the Iron Workers Pension Plan of Western Pennsylvania as of and for the year ended December 31, 2023, and our report thereon dated July 12, 2024 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of December 31, 2023 and the schedule of reportable transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
July 12, 2024

IRON WORKERS PENSION PLAN OF WESTERN PENNSYLVANIA
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2023

Federal I.D. - 25-1283169
Plan No. - 001

FORM 5500, Schedule H, Part IV, Question I

(c) Description of investment including maturity date,
rate of interest, collateral, par or maturity value

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Shares or Maturity Value	(d) Cost	(e) Current Value
PARTNERSHIPS:								
	AEW Partners VI, L.P.	Partnership	N/A	N/A	N/A		\$ 228,859	\$ 28,099
	AEW Partners VII, L.P.	Partnership	N/A	N/A	N/A		1,191,951	248,129
	AEW Partners Real Estate Fund IX, LP	Partnership	N/A	N/A	N/A		3,550,963	3,949,201
	Boyd Watterson GSA Fund, L.P.	Partnership	N/A	N/A	N/A	4,952	5,606,191	5,496,127
	Global Infrastructure Partners II	Partnership	N/A	N/A	N/A		520,222	1,355,320
	Global Renewable Power Fund III B, L.P.	Partnership	N/A	N/A	N/A		2,673,727	3,160,169
	Global Infrastructure Fund IV B, SCSP	Partnership	N/A	N/A	N/A		569,228	586,599
	IFM Global Infrastructure, L.P.	Partnership	N/A	N/A	N/A		8,263,929	12,280,934
	Ironsides Co-Investment Fund III, L.P.	Partnership	N/A	N/A	N/A		460,025	805,074
	Ironsides Offshore Co-Invest. Fund VI, LP	Partnership	N/A	N/A	N/A		3,385,960	4,289,294
	Ironsides Direct Investment Fund IV, L.P.	Partnership	N/A	N/A	N/A		1,556,608	982,268
	Ironsides Partnership Fund III, L.P.	Partnership	N/A	N/A	N/A		4,521,492	4,394,933
	Ironsides Partnership Fund IV, L.P.	Partnership	N/A	N/A	N/A		1,559,005	5,907,640
	Ironsides Offshore Partnership Fund VI, L.P.	Partnership	N/A	N/A	N/A		1,323,644	1,334,820
	Landmark Equity Partners, L.P.	Partnership	N/A	N/A	N/A		6,346	305,957
	Oppenheimer Global Resource	Partnership	N/A	N/A	N/A		1,409,993	287,149
	Partners Group Secondary 2011	Partnership	N/A	N/A	N/A		1,057,973	841,042
	Solamere Capital AF III, L.P.	Partnership	N/A	N/A	N/A		1,251,892	2,549,805
	Solamere Capital AF III-A, L.P.	Partnership	N/A	N/A	N/A		2,641,025	5,367,644
	Strategic Investors Fund VIII, L.P.	Partnership	N/A	N/A	N/A		2,894,175	8,547,617
	Strategic Investors Fund X Cayman, LP	Partnership	N/A	N/A	N/A		3,118,300	3,296,538
	Strategic Investors Fund XI Cayman, LP	Partnership	N/A	N/A	N/A		2,267,442	2,032,601
							50,058,950	68,046,960
SECTION 103-12 ENTITIES:								
	HarbourVest - Partners Buy Out	Partnership	N/A	N/A	N/A		504,691	88,750
	HarbourVest - Partners Mezzanine	Partnership	N/A	N/A	N/A		349,030	8,388
	HarbourVest - Partners Venture	Partnership	N/A	N/A	N/A		100,474	250,884
							954,195	348,022
COMMON / COLLECTIVE:								
	AFL-CIO Building Investment Trust	Trust	N/A	N/A	N/A	707	3,035,364	3,850,330
	BNYM AFL-CIO Broad Stock Market	Trust	N/A	N/A	N/A	4,366,693	58,499,848	63,055,046
	Erect Co-Participation Fund - Ameriserv	Trust	N/A	N/A	N/A	2,472	6,177,863	9,473,760
	NHIT Core Plus Full Discretion	Trust	N/A	N/A	N/A	2,971,076	38,996,147	41,387,082
	SSGA MSCI ACWI Ex USA Non-Lending Fund	Trust	N/A	N/A	N/A	726,627	18,000,000	19,657,436
	Wellington Micro Cap Equity	Trust	N/A	N/A	N/A	187,614	1,794,311	4,172,793
							126,503,533	141,596,447
REGISTERED INVESTMENT COMPANIES:								
	Baird Core Plus Bond Fund	Mutual Fund	N/A	N/A	N/A	4,039,267	39,310,412	41,079,347
	DFA Emerging Markets Small Cap	Mutual Fund	N/A	N/A	N/A	222,249	4,299,050	5,071,691
	Foundry Partners Small Cap Value Fund	Mutual Fund	N/A	N/A	N/A	209,865	4,458,509	4,499,497
	Victory Trivalent Int'l Small Cap	Mutual Fund	N/A	N/A	N/A	187,614	4,549,957	5,140,226
							52,617,928	55,790,761
REAL ESTATE INVESTMENT TRUSTS:								
	Hancock Timberland IX	REIT	N/A	N/A	N/A	50	1,911,787	2,813,992
							1,911,787	2,813,992
OTHER:								
	IDR - Core Property Index Trust	Other	N/A	N/A	N/A	560,732	5,564,325	6,307,279
							5,564,325	6,307,279
							<u>\$ 237,610,718</u>	<u>\$ 274,903,461</u>

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1995	\$125,527	2	\$64,886
Plan Amendment	01/01/1995	1,213,486	2	627,261
Plan Amendment	01/01/1997	90,816	4	25,057
Change in Assumptions	01/01/1997	1,046,934	4	288,864
Plan Amendment	01/01/1998	40,496	5	9,230
Change in Assumptions	01/01/1998	56,709	5	12,926
Plan Amendment	01/01/1998	317,606	5	72,394
Plan Amendment	01/01/1999	23,317	6	4,572
Change in Assumptions	01/01/1999	367,789	6	72,113
Plan Amendment	01/01/1999	2,722,126	6	533,730
Change in Assumptions	01/01/2000	399,582	7	69,293
Change in Assumptions	01/01/2000	460,234	7	79,811
Plan Amendment	01/01/2000	3,975,240	7	689,363
Plan Amendment	01/01/2001	596,041	8	93,288
Plan Amendment	01/01/2002	4,962,913	9	711,907
Change in Assumptions	01/01/2003	103,356	10	13,753
Plan Amendment	01/01/2003	320,250	10	42,613
Change in Assumptions	01/01/2003	874,837	10	116,409
Plan Amendment	01/01/2003	1,088,435	10	144,831
Plan Amendment	01/01/2006	2,467,792	13	275,956
Change in Assumptions	01/01/2007	2,919,773	14	312,020
Change in Assumptions	01/01/2009	187,794	1	187,794
Experience Loss	01/01/2009	523,798	1	523,798
Base due to Dec. 31, 2008 Investment Loss	01/01/2009	19,399,063	15	1,990,573

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	01/01/2010	716,132	2	370,175
Change in Assumptions	01/01/2011	1,435,506	3	511,217
Base due to Dec. 31, 2008 Investment Loss	01/01/2011	5,722,025	15	587,147
Base due to Dec. 31, 2008 Investment Loss	01/01/2012	5,861,515	15	601,461
Base due to Dec. 31, 2008 Investment Loss	01/01/2013	7,117,520	15	730,342
Base due to Dec. 31, 2008 Investment Loss	01/01/2014	1,324,825	15	135,943
Change in Assumptions	01/01/2014	1,473,551	6	288,920
Experience Loss	01/01/2015	3,681,241	7	638,380
Change in Assumptions	01/01/2015	4,394,609	7	762,088
Actuarial Gain/Loss	01/01/2016	7,855,931	8	1,229,547
Experience Loss	01/01/2017	6,767,179	9	970,720
Experience Loss	01/01/2018	5,867,522	10	780,751
Experience Loss	01/01/2019	5,788,907	11	721,487
Experience Loss	01/01/2020	1,782,210	12	209,704
Change in Assumptions	01/01/2021	7,234,045	13	808,934
Experience Loss	01/01/2023	3,122,395	15	320,395
Total		\$114,429,027		\$16,629,653

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Base due to Dec. 31, 2008 Investment Loss	01/01/2010	\$3,656,300	15	\$375,180
Experience Gain	01/01/2011	3,091,917	3	1,101,103
Experience Gain	01/01/2012	2,427,718	4	669,842
Experience Gain	01/01/2013	4,305,295	5	981,328
Experience Gain	01/01/2014	2,002,736	6	392,678
Change in Assumptions	01/01/2018	2,893,569	10	385,027
Experience Gain	01/01/2021	5,385,443	13	602,218
Change in Asset Method	01/01/2021	11,953,731	8	1,870,901
Change in Assumptions	01/01/2022	2,073,206	14	221,552
Experience Gain	01/01/2022	11,175,460	14	1,194,259
Total		\$48,965,375		\$7,794,088