

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
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 DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/01/1962
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY 1470 WORLDWIDE PL VANDALIA, OH 45377-1156
2b	Employer Identification Number (EIN) 31-6038516
2c	Plan Sponsor's telephone number 937-454-1744
2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/27/2025	BRADLEY WINANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/28/2025	CLINTON SUGGS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 8310
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) 3250 6a(2) 3646 6b 3068 6c 1373 6d 8087 6e 533 6f 8620 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 419

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 1
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY	D Employer Identification Number (EIN) 31-6038516	

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

(a) Name of insurance carrier METROPOLITAN LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1187096	5581	06/01/2023	05/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	721381
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

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

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

1a Enter the valuation date: Month 02 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 1011451128
(2) Actuarial value of assets for funding standard account	1b(2) 1038906015
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1209236851
(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) 1209236851
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) 2088769852
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 39468903
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 89391844
(3) Expected plan disbursements for the plan year	1d(3) 89359890

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	09/26/2025
Signature of actuary BRADFORD L. RIGBY	Date 23-07217
Type or print name of actuary ACRISURE	Most recent enrollment number 412-394-9330
Firm name FOUR GATEWAY CENTER 444 LIBERTY AVE SUITE 605 PITTSBURGH, PA 15222	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1011451128
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3861	1130906820
(2) For terminated vested participants	1412	268968221
(3) For active participants:		
(a) Non-vested benefits		78336525
(b) Vested benefits		610558286
(c) Total active	3250	688894811
(4) Total	8523	2088769852
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.42 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/31/2024	70464967	0			
Totals ►			3(b)	70464967	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	85.9 %
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		3.36 %
	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)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.25 %	7.25 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.8 %	
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)	1522000	
(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	6188078	643529
4	-217068	-22574

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(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	17409746

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)	362198110	53768421
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 5160417**e** Total charges. Add lines 9a through 9d.....**9e** 76338584**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 58484198**g** Employer contributions. Total from column (b) of line 3.....**9g** 70464967**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 8055219**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

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

(3) FFL credit

	Outstanding balance	
9h	133383076	23024444
9j(1)	293466270	
9j(2)	907554096	
9j(3)		0

k (1) Waived funding deficiency

(2) Other credits

9k(1)**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 160028828**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 83690244**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
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY		D Employer Identification Number (EIN) 31-6038516

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

1 Information on Persons Receiving Only Eligible Indirect Compensation	
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No	
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ENTRUST- SPECIAL OPPORTUNITY FD III	375 PARK AVE., 24TH FLOOR NEW YORK, NY 10152
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ROBERT W. BAIRD - BAIRD CORE PLUS	777 E. WISCONSIN AVE. MILWAUKEE, WI 53202
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ENTRUST- SPECIAL OPPORTUNITY FD II	375 PARK AVE., 24TH FLOOR NEW YORK, NY 10152
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MESIROW FINANCIAL CAPITAL PARTNERS	
26-4042914	

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

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

20-8581682

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

ANGELO GORDON CAPITAL RECOVERY VIII

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

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

ANGELO GORDON REALTY FUND IX, LP

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

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

NEW TOWER TRUST COMPANY - MEPT

52-6218800

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

GLOBAL INFRASTRUCTURE PARTNERS II-B

98-0672668

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

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

1450 BRICKELL AVENUE, FIRST FLOOR
MIAMI, FL 33131

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

BCP SPECIAL OPP OFFSHORE FEEDER II

98-1481286

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

SEI-THORNBURG GLOBAL EQUITY FUND

06-1271230

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

CHEVY CHASE - AFL-CIO EQUITY INDEX

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

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

HIGHSTAR CAPITAL LP- IV LP & SUBSID

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

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

STARWOOD CAP DISTRESSED OPPORTUNITY

591 WEST PUTNAM AVENUE
GREENWICH, CT 06830

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

WARBURG PINCUS XI, LP

45-3414550

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

KOHLBERG TE INVESTORS IX, LP

84-3726326

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

BOYD WATTERSON GSA FUND, LP

500 WEST MONROE STREET
SUITE 3850
CHICAGO, IL 60661

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

STARWOOD INTERNATIONAL OPP FUND

591 WEST PUTNAM AVENUE
GREENWICH, CT 06830

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

HIGHBRIDGE IRISH SPECIALTY LOAN FD

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

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

FIRST RESERVE GP XIII

ONE LAFAYETTE PLANCE
GREENWICH, CT 06830

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

CROSSLINK ENDEAVOR FUND I, LP

31-6127229

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

FRANCISCO PARTNERS AGILITY II-A, LP

98-1519803

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

BARDIN HILL OPP CREDIT FD OFFSHORE

98-1532032

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

I-SQUARED CAPITAL

98-1574258

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

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

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

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

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

IDWC OF SW OH BENEFIT TRUST

31-6170926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	RELATED FUND	553368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	316250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENT ASSET MGMT

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	229496	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)

OVERMYER HALL ASSOCIATES

27-2481536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 50	NONE	192747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE HORTON GROUP

36-3672171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	150000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRIBUTARY CAPITAL MANAGEMENT

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	148210	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)

CLARK, SCHAEFER, HACEKTT & CO.

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	79586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	69947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COLLECTIVE INVST TR

26-6411809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	64084	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)

QUALITY PUBLISHING COMPANY

31-0792584

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	58110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

U.S. BANK

800 NICOLLETT MALL
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 19 50 59 99	NONE	57992	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAULKNER, HOFFMAN & PHILLIPS LLP

34-1909706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	49804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL COMPANY MIDWEST

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	44353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOLO TECHNOLOGIES

400 PLAZA DR., #150
FOLSOM, CA 95630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	43079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONTGOMERY COUNTY TREASURER

451 W. THIRD ST.
2ND FLOOR
DAYTON, OH 45422

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	24983	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)

DATAMATION IMAGING SERVICES

7700 GRIFFIN WAY B
WILLOWBROOK, IL 60527

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	16433	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CINCINNATI INSURANCE

6200 S. GILMORE RD.
FAIRFIELD, OH 45014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	15677	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET - RUSSELL 2000

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	13768	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)

NEPHOX, LLC

87-4119828

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	7788	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL BENZ

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?
49 50	NONE	6270	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:	SEGAL	b EIN:	13-1975125
c Position:	ACTUARY		
d Address:	101 NORTH WACKER DRIVE CHICAGO, IL 60606-1724	e Telephone:	312-984-8500

Explanation: THE PLAN CHANGED ACTUARIES DURING ITS NORMAL COURSE OF EVALUATING SERVICE PROVIDERS

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 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025		
A Name of plan IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY		D Employer Identification Number (EIN) 31-6038516

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTIPLE-EMPLOYER PROPERTY TRUST			
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY			
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54523636	
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY			
c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 468504758	
a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG GLOBAL EQUITY FUND			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 26-3668265-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38428996	
a Name of MTIA, CCT, PSA, or 103-12 IE: COMMON ALL COUNTRY WORLD INVST MKT			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 26-6411809-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118044646	
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM CORE PLUS CL A			
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT			
c EIN-PN 20-4659714-052	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113847777	
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 (R) IND NON-LENDING FD			
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY			
c EIN-PN 04-0025081-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31262171	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, 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 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
	A Name of plan IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY	D Employer Identification Number (EIN) 31-6038516	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5765877	7403228
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	773531	721247
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	41815120	28487937
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	19011996	22399484
(5) Partnership/joint venture interests	1c(5)	138835523	156143589
(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)	707519729	824611984
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	98916296	117619222
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	432025	397521
f Total assets (add all amounts in lines 1a through 1e)	1f	1013070097	1157784212
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	547027	1050911
i Acquisition indebtedness	1i		
j Other liabilities	1j	1071942	1589986
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1618969	2640897
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1011451128	1155143315

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)	70464967	
(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)		70464967
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	715187	
(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)		715187
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	277221	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4636269	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4913490
(3) Rents	2b(3)		106652
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	10500938	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8961240	
(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)	1555214	
(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)		134118823
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-933343
c Other income	2c		22147446
d Total income. Add all income amounts in column (b) and enter total	2d		234628134

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	88503663	
(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)		88503663
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)		
(2) Contract administrator fees	2i(2)	513561	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	79586	
(5) Investment advisory and investment management fees	2i(5)	829800	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	194353	
(8) Legal fees	2i(8)	49804	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	765180	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2432284
j Total expenses. Add all expense amounts in column (b) and enter total	2j		90935947

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		143692187
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLARK, SCHAEFER, HACKETT & CO.**

(2) EIN: **31-0800053**

d The opinion of an independent qualified public accountant is **not attached** 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?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 564608.

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 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025					
A Name of plan IRON WORKERS DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY				D Employer Identification Number (EIN) 31-6038516	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 **BECHTEL CONSTRUCTION**

b EIN **94-2239710**

c Dollar amount contributed by employer **2604095**

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 **2027**

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) **9.50**

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

a Name of contributing employer **LESCO DESIGN & MFG**

b EIN **61-0600006**

c Dollar amount contributed by employer **2418736**

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 **2027**

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) **9.50**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

14b

0

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

14c

0

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

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

15a

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

15b

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

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

16a

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: 2.0 % Private Equity: 13.0 % Investment-Grade Debt and Interest Rate Hedging Assets: _____ %

High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 2.0 % Other: 83.0 %

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 _____.



INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of January 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust as of January 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of January 31, 2025, is presented for purposes of additional analysis and is 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 23, 2025

2024 Form 5500 for Iron Workers District Council of So OH Vicinity Pension Trust

EIN / PN: 31-6038516/ 001

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

Years of credited service

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
Attained	Average		Average		Average		Average		Average		Average		Average		Average		Average		Average		Average	
Age	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.
Under 25	54	97	272	281	14		0		0		0		0		0		0		0		340	270
25 to 29	27	98	222	335	129	889	4		0		0		0		0		0		0		382	516
30 to 34	24	97	164	365	162	923	70	1,466	8		0		0		0		0		0		428	774
35 to 39	16		106	384	142	936	104	1,565	111	2,140	4		0		0		0		0		483	1,213
40 to 44	8		49	346	73	926	87	1,577	118	2,170	72	2,847	10		0		0		0		417	1,721
45 to 49	3		33	338	37	961	62	1,596	95	2,230	113	2,897	80	3,546	4		0		0		427	2,311
50 to 54	2		18		29	981	48	1,621	80	2,190	110	2,905	114	3,632	56	4,327	6		0		463	2,788
55 to 59	3		8		12		17		52	2,217	57	2,844	65	3,586	14		12		0		240	2,809
60 to 64	0		2		4		6		11		10		18		7		2		1		61	2,958
65 to 69	1		2		0		1		0		0		1		0		1		1		7	
70 & up	0		0		0		0		0		0		0		0		0		0		0	
missing	2		0		0		0		0		0		0		0		0		0		2	
Total	140	97	876	330	602	922	399	1,558	475	2,183	366	2,877	288	3,594	81	4,330	21	5,075	2		3250	1,561

Actuarial Methods and Assumptions

As of February 1, 2024

Interest Rates		<u>Current Year</u>	<u>Prior Year</u>
	Minimum/Maximum Funding	7.25%	7.25%
	Present Value of Accrued Benefits	7.25%	7.25%
	Full Funding Limitation (Min/Max)	3.36%	2.60%

Mortality	Healthy:	105% of the SOA Pri-2012 Blue Collar Mortality Table, with fully generation projection using scale MP-2021, with separate tables for pre and post-retirement and contingent survivors
	Disabled:	105% of the SOA Pri-2012 Disabled Blue Collar Mortality Table, with fully generation projection using scale MP-2021

Turnover	Based on age with sample rates as follows:
-----------------	--

<u>Age</u>	<u>Rate</u>
20	3.97%
30	3.61%
40	2.58%
50	1.28%
55	0.0%

Retirement – active participants	Based on age and eligibility as follows:
---	--

<u>Age</u>	<u>Ineligible for 30- and-Out Pension</u>	<u>Eligible for 30- and-Out Pension</u>
55	8%	50%
56-59	8%	40%
60	15%	40%
61	35%	40%
62	50%	50%
63-64	40%	40%
65	100%	100%

Actuarial Methods and Assumptions (continued)

Retirement – inactive vested participants Based on age as follows:

	<u>Age</u>	<u>Rate</u>
	55-60	2%
	61	25%
	62	50%
	63-64	15%
	65-69	25%
	70	100%

Disability Based on age with sample rates as follows:

<u>Age</u>	<u>Rate</u>
25	0.140%
35	0.320%
45	0.820%
55	2.190%

Expenses The normal cost is increased by last year's non-investment related expenses, rounded to the nearest \$1,000.

Percent Married 70% of the participants are assumed to be married with the female spouse two years younger than the male spouse.

Asset Valuation Plan assets are carried at market value with a 5-year averaging of the difference between actual and expected investment performance. The Actuarial Value of Assets is subject to limits of 80% and 120% of Market Value.

Funding Method Unit Credit. The unit credit actuarial cost method develops normal cost and actuarial accrued liability separately for each individual in the plan. The normal cost is the present value of the individual's benefits expected to be earned in the current year. The individual's actuarial accrued liability is the present value of the individual's benefits earned in previous years.

Incomplete Data None.

Actuarial Methods and Assumptions (continued)

Benefit Accrual Rate	Pension credits and expected contributions were projected on the assumption that all active participants would work annual hours equal to the average of the prior three years, adjusted to match in aggregate the Trustees assumption for Projected Industry Activity, with contribution rates set forth in the current collective bargaining agreement(s).
Calculation of Actuarial Present Value of Accrued Plan Benefits	The actuarial present value of accrued benefits has been calculated as of the valuation date, based upon the Plan specifications then in effect and upon each participant's age and service as of that date. These calculations consider the same actuarial assumptions as were used in the actuarial valuation.
Projected Industry Activity	For the purpose of the credit balance projection, future covered employment for 2024 and beyond has been estimated to be 5,659,000 total hours per year. This assumption has been set with input from the Board of Trustees.

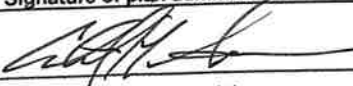
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025	
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 DISTRICT COUNCIL OF SO OH & VICINITY PENSION TRUST	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY 1470 WORLDWIDE PL VANDALIA OH 45377-1156	2b Employer Identification Number (EIN) 31-6038516
	2c Plan Sponsor's telephone number 937-454-1744
	2d Business code (see instructions) 238900

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

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

SIGN HERE		10-27-25	BRADLEY WINANS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/28/25	CLINTON SUGGS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

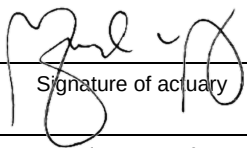
► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

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

1a Enter the valuation date: Month 02 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 1,011,451,128
(2) Actuarial value of assets for funding standard account.....	1b(2) 1,038,906,015
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1,209,236,851
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 1,209,236,851
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 2,088,769,852
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 39,468,903
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 89,391,844
(3) Expected plan disbursements for the plan year	1d(3) 89,359,890

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 BRADFORD L. RIGBY ACRISURE Firm name	 Signature of actuary Type or print name of actuary FOUR GATEWAY CENTER 444 LIBERTY AVESUITE 605 PITTSBURGH PA 15222 Address of the firm	9/26/2025 Date 2307217 Most recent enrollment number 412-394-9330 Telephone number (including area code)
--	--	--

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

a Current value of assets (see instructions)		2a	1,011,451,128
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		3,861	1,130,906,820
(2) For terminated vested participants		1,412	268,968,221
(3) For active participants:			
(a) Non-vested benefits			78,336,525
(b) Vested benefits			610,558,286
(c) Total active.....		3,250	688,894,811
(4) Total.....		8,523	2,088,769,852
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	48.42 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/31/2024	70,464,967	0			
			Totals ►	3(b)	70,464,967
					3(c)
					0

f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	
--	------------------	--

i 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	3.36 %
	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)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.25 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	8.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.8 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,522,000
(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	6,188,078	643,529
4	-217,068	-22,574

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 the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(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	17,409,746

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)	362,198,110	53,768,421
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c	9d	5,160,417
e Total charges. Add lines 9a through 9d.....	9e	76,338,584

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	58,484,198
g Employer contributions. Total from column (b) of line 3.....	9g	70,464,967

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	133,383,076	23,024,444

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	8,055,219
--	-----------	-----------

j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	293,466,270	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	907,554,096	
(3) FFL credit.....	9j(3)		0

k (1) Waived funding deficiency..... (2) Other credits.....	9k(1) 9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	160,028,828
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	83,690,244
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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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2024 Form 5500 for Iron Workers District Council of So OH Vicinity Pension Trust

EIN / PN: 31-6038516/ 001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,889,808	433,124	86,036,958	89,359,890
2025	5,774,060	1,079,814	83,691,603	90,545,477
2026	8,767,443	1,733,191	81,192,195	91,692,829
2027	11,896,387	2,423,771	78,552,519	92,872,677
2028	14,840,181	3,108,448	75,806,963	93,755,593
2029	17,502,567	3,852,751	73,025,174	94,380,492
2030	20,257,296	4,771,803	70,272,171	95,301,270
2031	22,777,401	5,756,521	67,473,589	96,007,512
2032	25,068,389	6,792,277	64,635,134	96,495,800
2033	27,163,461	7,909,054	61,763,319	96,835,834
2034	29,139,940	9,112,633	58,865,576	97,118,149
2035	30,912,843	10,357,347	55,950,014	97,220,203
2036	32,333,657	11,478,269	53,025,578	96,837,503
2037	33,568,112	12,498,679	50,101,745	96,168,536
2038	34,588,715	13,601,230	47,187,958	95,377,903
2039	35,575,596	14,569,731	44,293,896	94,439,223
2040	36,487,909	15,537,862	41,429,590	93,455,361
2041	37,216,311	16,414,114	38,604,888	92,235,314
2042	37,750,198	17,223,000	35,829,207	90,802,405
2043	38,238,539	17,857,054	33,111,593	89,207,186
2044	38,557,162	18,385,253	30,460,761	87,403,176
2045	38,709,388	18,727,918	27,885,354	85,322,660
2046	38,672,547	18,997,225	25,393,836	83,063,607
2047	38,533,987	19,124,671	22,994,775	80,653,433
2048	38,364,353	19,157,242	20,696,920	78,218,515
2049	38,122,880	19,094,463	18,508,912	75,726,255
2050	37,724,567	18,965,350	16,439,161	73,129,077
2051	37,255,232	18,712,304	14,495,384	70,462,921
2052	36,608,416	18,313,015	12,684,344	67,605,775
2053	35,824,491	17,852,047	11,011,475	64,688,013
2054	34,939,173	17,319,265	9,480,424	61,738,862
2055	34,015,464	16,722,680	8,092,736	58,830,881
2056	32,994,610	16,045,469	6,847,751	55,887,829
2057	31,852,369	15,345,374	5,742,637	52,940,380
2058	30,639,282	14,587,194	4,772,456	49,998,932
2059	29,331,507	13,802,372	3,930,519	47,064,398
2060	27,969,067	12,960,373	3,208,515	44,137,955
2061	26,553,638	12,116,601	2,596,969	41,267,207
2062	25,146,598	11,262,322	2,085,393	38,494,313
2063	23,722,686	10,412,482	1,662,684	35,797,852
2064	22,281,587	9,561,896	1,317,593	33,161,077
2065	20,848,355	8,737,845	1,039,073	30,625,272
2066	19,444,880	7,929,420	816,692	28,190,993

2024 Form 5500 for Iron Workers District Council of So OH Vicinity Pension Trust

EIN / PN: 31-6038516/ 001

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	18,064,022	7,156,493	640,880	25,861,395
2068	16,729,252	6,417,627	503,071	23,649,950
2069	15,448,972	5,719,954	395,821	21,564,747
2070	14,226,238	5,067,068	312,811	19,606,117
2071	13,063,935	4,461,764	248,743	17,774,443
2072	11,964,451	3,904,642	199,299	16,068,392
2073	10,928,022	3,396,282	161,025	14,485,329
2074	9,953,335	2,936,085	131,178	13,020,598

2024 Form 5500 for Iron Workers District Council of So OH Vicinity Pension Trust

EIN / PN: 31-6038516/ 001

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	64,600,000	-	64,600,000
2025	65,053,333	-	65,053,333
2026	65,733,333	-	65,733,333
2027	55,271,032	-	55,271,032
2028	55,836,947	-	55,836,947
2029	56,402,862	-	56,402,862
2030	56,591,500	-	56,591,500
2031	56,591,500	-	56,591,500
2032	56,591,500	-	56,591,500
2033	56,591,500	-	56,591,500

Iron Workers District Council of Southern Ohio & Vicinity Pension Trust

Financial Statements and Supplemental Schedules

January 31, 2025 and 2024

with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the financial statements of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of January 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust as of January 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Iron Workers District Council of Southern Ohio & Vicinity Pension Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of January 31, 2025, is presented for purposes of additional analysis and is 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 23, 2025

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Statements of Net Assets Available for Benefits
January 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at fair value:		
Money market funds	\$ 9,092,284	19,679,429
Equity securities	22,399,484	19,011,996
Common/collective trusts	824,611,984	707,519,729
Partnership/joint venture interests	156,143,589	138,835,523
Registered investment companies	<u>117,619,222</u>	<u>98,916,296</u>
Total investments	1,129,866,563	983,962,973
Cash	19,395,653	22,135,691
Accrued interest receivable	37,419	99,150
Employer contributions receivable	7,403,228	5,765,877
Prepaid retiree insurance and tax withholdings	683,828	674,381
Property held for use:		
Land	225,000	225,000
Building, at cost less accumulated depreciation of \$1,197,462 and \$1,162,958	<u>172,521</u>	<u>207,025</u>
Total assets	<u>1,157,784,212</u>	<u>1,013,070,097</u>
Liabilities		
Accounts payable	1,050,911	547,027
Accounts payable to related funds:		
Benefit Trust	857,503	525,874
Annuity Trust	358,578	190,163
IMPACT Fund	314,631	291,631
Fringe fund escrow	<u>59,274</u>	<u>64,274</u>
Total liabilities	<u>2,640,897</u>	<u>1,618,969</u>
Net assets available for benefits	<u><u>\$ 1,155,143,315</u></u>	<u><u>1,011,451,128</u></u>

See accompanying notes to the financial statements.

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended January 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Investment income:		
Net investment income	\$ 164,056,515	92,570,951
Rental income from related plans	<u>106,652</u>	<u>99,383</u>
	164,163,167	92,670,334
Investment expenses	<u>(829,800)</u>	<u>(842,576)</u>
	163,333,367	91,827,758
Employer contributions, net of reciprocity	<u>70,464,967</u>	<u>60,899,335</u>
	<u>233,798,334</u>	<u>152,727,093</u>
Benefits paid	88,503,663	90,030,860
Administrative expenses - direct	1,088,923	985,720
Administrative expenses allocated from related plans	<u>513,561</u>	<u>536,204</u>
	<u>90,106,147</u>	<u>91,552,784</u>
Change in net assets	143,692,187	61,174,309
Net assets available for benefits:		
Beginning of year	<u>1,011,451,128</u>	<u>950,276,819</u>
End of year	<u><u>\$ 1,155,143,315</u></u>	<u><u>1,011,451,128</u></u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN:

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

General

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

Contributions and funding policy

The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the collective bargaining agreement and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by the collective bargaining agreements in place for each jurisdiction. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the Plan's actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of February 1, 2025.

Pension Protection Act funding status

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of February 1, 2025, in accordance with generally accepted actuarial principles and practices. As of February 1, 2025, the Plan was in neither critical nor endangered status as defined in the Pension Protection Act of 2006.

Pension benefits

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

A participant earns one one-hundredth of one pension credit for each 15 hours in covered employment, up to one pension credit in any year, plus the pension credit earned, if any, from the hour bank. No pension credit will be earned unless the participant works at least 500 hours in covered employment per calendar year. Hours worked in excess of 2,000 hours per calendar year are added to the hour bank.

Death and disability benefits

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

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

Vesting

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies of the Plan:

Basis of accounting

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

Estimates

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

Investment valuation and income recognition

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

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

Cash

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

Employer contributions receivable

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

Reciprocity contributions

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

Property held for use

Property includes land and building used for Plan operations and is recorded at cost. Depreciation is provided using the straight-line method over the estimated useful life of the building. Depreciation expense totaled \$34,504 for the years ended January 31, 2025 and 2024.

Long-lived asset impairment

The Plan evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset are less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. The fair values are determined based on current appraisals. There was no asset impairment during the years ended January 31, 2025 and 2024.

Payments of benefits

Benefits are recorded when paid.

Fees and other expenses

The Plan Administrator allocates certain administrative and record-keeping costs to the Plan, in addition to the cost of payroll and related payroll benefits directly attributable to the Plan. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions related to the Plan in relation to the related Benefit Trust and Annuity Trust. These expenses are reported in administrative expenses on the accompanying statements of changes in net assets available for benefits. Certain investment related expenses are netted against net investment income.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through October 23, 2025, the date the financial statements were available to be issued.

3. TAX STATUS:

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

4. INVESTMENT INCOME:

The Plan's net investment income was as follows:

	<u>2025</u>	<u>2024</u>
Interest from cash, money market, and debt investments	\$ 715,187	779,523
Dividends:		
Equity investments	277,221	369,958
Registered investment companies	4,636,269	3,564,550
	<u>4,913,490</u>	<u>3,934,508</u>
Unrealized appreciation (depreciation) from equity investments held at year end	<u>1,555,214</u>	<u>(8,157,279)</u>
Realized appreciation from equity investments sold during the year	<u>1,539,698</u>	<u>11,418,881</u>
Net earnings from common/collective trust funds	<u>134,118,823</u>	<u>74,751,695</u>
Net depreciation from registered investment companies	<u>(933,343)</u>	<u>(388,593)</u>
Net earnings from partnerships/joint ventures	<u>22,147,446</u>	<u>10,232,216</u>
Net investment income	<u>\$ 164,056,515</u>	<u>92,570,951</u>

5. FAIR VALUE MEASUREMENTS:

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at January 31, 2025 and 2024.

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

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

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2025:

Description	Level 1	Level 2	Level 3	Assets at NAV	Total
Money market funds	\$ 9,092,284	-	-	-	9,092,284
Equity securities	22,399,484	-	-	-	22,399,484
Common/collective trusts	-	-	-	824,611,984	824,611,984
Partnership/ joint venture interests	-	-	-	156,143,589	156,143,589
Registered investment companies	117,619,222	-	-	-	117,619,222
	<u>\$ 149,110,990</u>	<u>-</u>	<u>-</u>	<u>980,755,573</u>	<u>1,129,866,563</u>

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Notes to the Financial Statements
January 31, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2024:

Description	Level 1	Level 2	Level 3	Assets at NAV	Total
Money market funds	\$ 19,679,429	-	-	-	19,679,429
Equity securities	19,011,996	-	-	-	19,011,996
Common/collective trusts	-	-	-	707,519,729	707,519,729
Partnership/ joint venture interests	-	-	-	138,835,523	138,835,523
Registered investment companies	98,916,296	-	-	-	98,916,296
	<u>\$ 137,607,721</u>	<u>-</u>	<u>-</u>	<u>846,355,252</u>	<u>983,962,973</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits. There were no transfers, purchases or issuances of Level 3 assets for the years ended January 31, 2025 and 2024.

The table below sets forth the fair value and redemption frequency for those assets whose fair value is estimated using the net asset value per share as of January 31, 2025:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/Collective trusts:				
Multi-Employer Property Trust (a)	\$ 54,523,636	-	Quarterly	90 Days
FIAM Core Plus CL A (a)	113,847,777	-	Immediate	30 Days
Northern Trust Collective Inv't Tr (a)	118,044,646	-	Immediate	None
State Street Russell 2000(R) Index (a)	31,262,171	-	Immediate	None
Thornburg Global Equity Fund (a)	38,428,996	-	Immediate	None
AFL-CIO Equity Index Fund (a)	468,504,758	-	Immediate	None
	<u>824,611,984</u>			
Partnerships/joint ventures:				
D.E. Shaw US Broad Market Core Alpha Extension Fund (b)	65,157,054	-	Limited	30 Days
Mesirow Financial Capital Partners X, L.P. (c)	546,681	120,000	Limited	Not applicable
Highstar Capital IV, L.P. & Subsidiaries (d)	217,407	314,107	Limited	Not applicable
Starwood Distressed Opportunity Fund IX - 1 U.S., L.P. (e)	313,419	280,000	Limited	Not applicable
Starwood International Opportunity Fund - 1 International, L.P. (e)	63,626	280,000	Limited	Not applicable

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Notes to the Financial Statements
January 31, 2025 and 2024

Warburg Pincus XI, LP (f)	1,401,349	-	Limited	Not applicable
Highbridge Irish Specialty Loan Fund III plc (g)	-	-	Limited	Not applicable
First Reserve Fund XIII, L.P. (h)	2,132,503	276,466	Limited	Not applicable
EnTrust Special Opportunities Fund II Ltd (i)	63,605	402,460	Limited	Not applicable
Entrust Special Opportunities Fund III Ltd Class A (i)	2,412,090	-	Limited	Not applicable
Global Infrastructure Partners II B - Feeder Fund, L.P. (j)	821,297	367,786	Limited	Not applicable
Angelo Gordon Capital Recovery VIII Holdings, LP (k)	12,620	1,324,637	Limited	Not applicable
Angelo Gordon Realty Fund IX, LP (l)	1,653,356	873,750	Limited	Not applicable
H.I.G. Advantage Buyout Fund, L.P. (m)	8,924,593	1,172,336	Limited	Not applicable
Boyd Watterson GSA Fund, LP and Subsidiary (n)	21,350,722	-	Limited	Not applicable
Crosslink Endeavor Fund I, L.P. (o)	4,905,861	1,600,000	Limited	Not applicable
Francisco Partners Agility II-A, L.P. (p)	7,834,294	475,500	Limited	Not applicable
Bardin Hill Opportunistic Credit Fund Offshore L.P. (q)	9,743,258	691,658	Limited	Not applicable
BCP Special Opportunities Offshore Feeder II, L.P. (r)	8,406,496	3,949,016	Limited	Not applicable
iSquared Capital Global Infrastructure Fund III, L.P. (s)	6,942,614	4,286,914	Limited	Not applicable
Kohlberg TE Investors IX, L.P. (t)	13,240,744	1,574,750	Limited	Not applicable
	<u>156,143,589</u>			
	<u>\$ 980,755,573</u>			

The table below sets forth the fair value and redemption frequency for those assets whose fair value is estimated using the net asset value per share as of January 31, 2024:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/Collective trusts:				
Multi-Employer Property Trust (a)	\$ 58,516,483	-	Quarterly	90 Days
FIAM Core Plus CL A (a)	94,756,790	-	Immediate	30 Days
Northern Trust Collective Inv't Tr (a)	98,162,757	-	Immediate	None
State Street Russell 2000(R) Index (a)	26,261,365	-	Immediate	None
Thornburg Global Equity Fund (a)	31,701,657	-	Immediate	None
AFL-CIO Equity Index Fund (a)	<u>398,120,677</u>	-	Immediate	None
	<u>707,519,729</u>			
Partnerships/joint ventures:				
D.E. Shaw US Broad Market Core Alpha Extension Fund (b)	47,603,121	-	Limited	30 Days
Mesirow Financial Capital Partners X, L.P. (c)	471,732	120,000	Limited	Not applicable
Highstar Capital IV, L.P. & Subsidiaries (d)	221,706	314,107	Limited	Not applicable

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Starwood Distressed Opportunity Fund IX - 1 U.S., L.P. (e)	266,047	280,000	Limited	Not applicable
Starwood International Opportunity Fund - 1 International, L.P. (e)	98,604	280,000	Limited	Not applicable
Warburg Pincus XI, LP (f)	2,136,608	-	Limited	Not applicable
Highbridge Irish Specialty Loan Fund III plc (g)	53,698	239,079	Limited	Not applicable
First Reserve Fund XIII, L.P. (h)	2,081,980	276,466	Limited	Not applicable
EnTrust Special Opportunities Fund II Ltd (i)	63,605	402,460	Limited	Not applicable
Entrust Special Opportunities Fund III Ltd Class A (i)	2,928,748	-	Limited	Not applicable
Global Infrastructure Partners II B - Feeder Fund, L.P. (j)	1,807,086	367,786	Limited	Not applicable
Angelo Gordon Capital Recovery VIII Holdings, LP (k)	29,429	1,324,637	Limited	Not applicable
Angelo Gordon Realty Fund IX, LP (l)	2,057,135	873,750	Limited	Not applicable
H.I.G. Advantage Buyout Fund, L.P. (m)	8,021,581	2,134,773	Limited	Not applicable
Boyd Watterson GSA Fund, LP and Subsidiary (n)	22,700,659	-	Limited	Not applicable
Crosslink Endeavor Fund I, L.P. (o)	4,910,279	1,600,000	Limited	Not applicable
Francisco Partners Agility II-A, L.P. (p)	6,683,793	717,750	Limited	Not applicable
Bardin Hill Opportunistic Credit Fund Offshore L.P. (q)	11,482,998	691,658	Limited	Not applicable
BCP Special Opportunities Offshore Feeder II, L.P. (r)	8,234,637	3,602,849	Limited	Not applicable
iSquared Capital Global Infrastructure Fund III, L.P. (s)	4,362,136	6,092,021	Limited	Not applicable
Kohlberg TE Investors IX, L.P. (t)	12,619,941	1,466,596	Limited	Not applicable
	<u>138,835,523</u>			
	<u>\$ 846,355,252</u>			

- (a) Direct filing entity (DFE). The Plan is not required to disclose the investment strategies of DFEs that file a Form 5500 annual report directly with the U.S. Department of Labor.
- (b) The D.E. Shaw US Broad Market Core Alpha Extension Fund was established to maximize the risk-adjusted performance and minimize the correlation of excess returns to particular asset classes, style risk factors, or other macroeconomic variables. The fund invests solely in D.E. Shaw US Broad Market Core Alpha Extension Portfolios, L.L.C, the objective of which is to earn a return comparable to that of the Russell 1000 Index. The Plan can sell its investment in this fund with prior written consent for the transfer of ownership from the fund's managing member. The ability to transfer ownership is at the sole discretion of the managing member.
- (c) Mesirow Financial Capital Partners X, L.P. specializes in buyouts, expansion, and growth capital investments, seeks to invest between \$10 million and \$15 million, and prefers to co-invest along with other funds of the sponsor. The Plan's investment in the fund is subject to lock-up until the end of the fund term, which is 10 years after the initial closing date in June 2011. On June 30, 2021, the partnership was extended and entered a wind-up period. The general partner will continue the partnership until the orderly liquidation of remaining assets is complete. The investment is deemed to be illiquid until the expiration of the fund term.

- (d) Highstar Capital IV, LP & Subsidiaries was established to generate both current income and long-term capital appreciation for the limited partners of the fund by investing in infrastructure assets and businesses, including assets and businesses in energy, transportation, and environmental services sectors. The Plan's investment in the fund was subject to a lock-up period and deemed illiquid through May 31, 2022, the end of the fund term. The fund is in the process of winding down and all remaining net assets of the fund are expected to be distributed during 2025.
- (e) Starwood Distressed Opportunity Fund IX -1 U.S., L.P. and Starwood International Opportunity Fund -1 International, L.P. consists of multiple partnerships organized to generate returns by making opportunistic real estate equity and debt investments in office properties, retail centers, zoned residential land opportunities and other real estate assets located in the United States and abroad. Areas of investment focus include individual properties, as well as property portfolios. The partnerships may also make equity and debt investments in real estate related businesses, as well as in select development opportunities. The ability to transfer ownership or withdraw from the partnerships is restricted.
- (f) Warburg Pincus XI, LP was organized in 2012 for the purpose of making private equity and related investments for a 12-year partnership life unless its term is extended or dissolved earlier. The entity consists of multiple partnerships and related companies which invest in portfolio companies in various geographic regions throughout the world. The partnership has no obligation to redeem or liquidate any limited partnership interest prior to the completion of the winding-up of the entity.
- (g) Highbridge Irish Specialty Loan Fund III plc was scheduled to continue until 2020, unless terminated earlier or extended beyond that date by the general partner and/or advisory committee or majority in interest. The objective of the fund is to generate both current income and long-term capital appreciation by investing primarily in senior debt. The Company will also invest some of its capital in second and third lien secured loans and other corporate instruments. As of December 31, 2021, the Company has entered a wind down period to effectuate an orderly liquidation of the Fund's assets. The directors liquidated the Fund during 2024.
- (h) First Reserve Fund XIII, L.P. was established during 2014 to make investments in private entities operating in the energy sector and will continue until July 15, 2026. The Plan's investment is considered illiquid until the expiration of the fund term.
- (i) EnTrust Special Opportunities Fund II Ltd and EnTrust Special Opportunities Fund III Ltd Class A are funds-of-hedge funds. The Plan's investment in the funds is subject to lock-up, which is determined based upon the lock-up periods of the underlying investments. The investment is deemed to be illiquid until the expiration of the fund term.
- (j) Global Infrastructure Partners II B – Feeder Fund, L.P. was organized to invest in portfolio companies that, own, operate, develop, manage or support infrastructure assets through Global Infrastructure Partners II-B, L.P. and GIP II-B Eagle AIV 1, L.P. The Partnership will continue until GIP II-B is dissolved. The investment is deemed to be illiquid until the expiration of the fund term.
- (k) Angelo Gordon Capital Recovery VIII Holdings, L.P. is a Cayman Islands exempted limited partnership. The fund invests solely in AG Capital Recovery Partners VIII, L.P., a Delaware limited partnership established to primarily invest in distressed issuers. The term of the fund shall continue until the dissolution of the partnership or unless the fund is sooner dissolved at the discretion of the partnership agreement of the general partner of the fund, AG Capital Recovery VIII L.L.C. The ability to transfer ownership from the fund is restricted.

- (l) Angelo Gordon Realty Fund IX, L.P. holds AG Realty Fund, IX L.P. and AG Realty Fund IIX (A), L.P.; both are Delaware limited partnerships. The fund has a general partner, AGR IX LLC. Angelo Gordon Realty Fund IX, L.P.'s principal objective is capital appreciation primarily through investments in distressed real estate assets and sub-performing and non-performing mortgages. The term of the fund shall continue eight years from the management fee start date on January 31, 2015, but was extended through February 2025. The ability to transfer ownership from the fund is restricted.
- (m) H.I.G. Advantage Buyout Fund, L.P. was formed for the purpose of investing in equity and equity-related securities in conjunction with privately-negotiated transactions. The term of the fund shall continue ten years from the commencement of operations on October 25, 2017, or unless the fund is sooner dissolved at the discretion of the partnership agreement of the general partner of the fund. The ability to transfer ownership from the fund is restricted.
- (n) Boyd Watterson GSA Fund, L.P. was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate that is leased to the U.S. federal government either through the General Services Administration or other federal government agencies. The ability to transfer ownership from the fund is restricted.
- (o) Crosslink Endeavour Fund I, L.P. is a Delaware limited partnership. The Partnership was formed to invest in venture capital and other growth-stage investment opportunities. The term of the fund shall continue for seven years from the commencement date on October 10, 2019. The investment is deemed to be illiquid until expiration of the fund term.
- (p) Francisco Partners Agility II-A, L.P. was organized to make investments in technology companies, for long-term capital appreciation, using various transaction structures including leveraged buyouts, management buyouts, spinouts, recapitalizations, minority investments, restructurings and growth equity investments. The fund has a general partner, Francisco Partners Agility GP II, L.P. The term of the partnership will continue until June 5, 2030, unless the fund's general partner extends the term for one or two additional one-year periods. The ability to transfer ownership from the fund is restricted.
- (q) Bardin Hill Opportunistic Credit Fund Offshore L.P. is a feeder fund with dual master trusts. Bardin Hill Fund GP LLC is the general partner of the feeder fund. The partnership's investment objective is to target superior risk-adjusted returns on low correlation to global credit and equity markets. The fund is a closed end investment company, which closed on February 12, 2021. The fund ended and subsequently entered a three-year harvest period beginning January 29, 2024. The ability to transfer ownership from the fund is restricted.
- (r) BCP Special Opportunities Offshore Feeder II, L.P. was established to make and oversee credit-oriented investments on an opportunistic basis. The term of the fund shall continue for eight years from the commencement date on January 28, 2020, unless the fund's general partner extends the term for up to two additional one-year periods. The ability to transfer ownership from the fund is restricted.
- (s) iSquared Capital Global Infrastructure Fund III, L.P. was established to seek and achieve returns by making equity and equity related investments in infrastructure and infrastructure related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. The partnership commenced operations on September 11, 2020, and the term of the fund shall continue for ten years unless ended earlier or extended as defined in the partnership agreement. The ability to transfer ownership from the fund is restricted.

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

6. ACCUMULATED PLAN BENEFITS:

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

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

The actuarial present value of accumulated plan benefits at January 31, 2024 is as follows:

Vested:	
Participants currently receiving benefits	\$ 760,544,241
Other participants	<u>418,591,399</u>
	1,179,135,640
Nonvested:	<u>30,101,211</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,209,236,851</u></u>

The change in actuarial present value of accumulated plan benefits for the year ended January 31, 2024 is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 1,188,342,863</u>
Increase (decrease) attributed to:	
Decrease in discount period	82,948,340
Change in actuarial assumptions	(217,068)
Benefits paid	(90,030,860)
Benefits accumulated, net experience gain or loss, changes in data	<u>28,193,576</u>
Net increase	<u>20,893,988</u>
Actuarial value of accumulated plan benefits at end of year	<u><u>\$ 1,209,236,851</u></u>

The significant assumptions underlying the actuarial computations are as follows:

1. Healthy mortality rates: 105% of the SOA Pri-2012 Blue Collar Mortality Table, with fully generation projection using scale MP-2021, with separate tables for pre and post-retirement and contingent survivors.
2. Disability mortality rates: 105% of the SOA Pri-2012 Disabled Blue Collar Mortality Table, with fully generation projection using scale MP-2021.
3. Retirement age: At various rates between ages of 55 and 65.
4. Investment rate of return: 7.25%
5. Future benefit accruals: projected on the assumption that all active participants work annual hours equal to the average of the prior three years, adjusted to match the aggregate of the Trustee's assumption of projected industry activity, with contribution rates set forth in the current collective bargaining agreements.
6. Projected industry activity: Future covered employment for 2024 and beyond has been estimated to be 5,659,000 hours per year. This assumption is set with input from the Board of Trustees.
7. Actuarial cost method: Unit credit actuarial cost method. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated based on accruals under the Plan.

Changes in actuarial assumptions reflected in the February 1, 2024, actuarial valuation include the interest rate and mortality assumption used to calculate current liability, expected hours per participant, and the expense provision. The changes to actuarial assumptions resulted in a \$217,068 decrease in accumulated plan benefits.

7. RELATED ORGANIZATIONS AND PARTIES IN INTEREST:

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

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

The Benefit Trust and Annuity Trust lease office space from the Plan. Rent expense is determined annually based on an allocation of square footage. Rental income received from the related Plans was \$106,652 and \$99,383 for the years ended January 31, 2025 and 2024, respectively.

Certain administrative expenses benefiting all three plans are paid by the Benefit Trust. Such joint costs are allocated to each plan based on factors, including personnel time, governance time, contribution levels, postage usage, etc. The total expenses allocated to the Plan related to these joint administrative costs were \$513,561 and \$536,204 for the years ended January 31, 2025 and 2024, respectively. Included in the joint costs allocated from the Benefit Trust is the change in the funded status of the office employees defined benefit plan sponsored by the Benefit Trust totaling income of \$(73,613) and expense of \$17,551 for the years ended January 31, 2025 and 2024, respectively. This portion of the joint cost will be settled in the future as the Benefit Trust makes required contributions.

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

At January 31, 2025, \$857,503 and \$358,578 was due to the Benefit and Annuity Trusts, respectively. At January 31, 2024, \$525,874 and \$190,163 was due to the Benefit and Annuity Trusts, respectively. These balances are the result of contributions pending transfer, rent charges, the Plan's share of the funded status of the defined benefit plan sponsored by the Benefit Trust and the true-up of joint costs allocated from the Benefit Trust.

The Plan collects contributions for the national IMPACT Fund. These contributions are accumulated as received from contractors and remitted to the IMPACT Fund monthly. As the Plan is serving as a collection agent, the receipts and disbursements are not reflected in the statements of changes in net assets available for benefits. At January 31, 2025 and 2024, the Plan had \$314,631 and \$291,631, respectively, of contributions pending transfer to the national IMPACT fund.

8. PLAN TERMINATION:

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

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

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

9. RISKS AND UNCERTAINTIES:

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

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

10. SIGNIFICANT PARTICIPATING EMPLOYERS:

For the years ended January 31, 2025 and 2024, no employers represented greater than 10% of total employer contributions to the Plan.

11. PLAN AMENDMENTS:

Effective January 1, 2025, for hours worked on and after January 1, 2025, the plan was amended to add a subsection for Special Benefit Credits for participants who have at least 2,000 hours worked in a calendar year in the jurisdictions covered by the Plan. Participants who meet this requirement will receive a credit of \$20 added to their regular pension per year. Participants also meeting certain conditions may have pension credits enhanced from \$35 to the highest level of accrual (currently \$140) for each year worked beyond age 55. Additionally, for participants whose pension first becomes payable subsequent to January 1, 2025, the pension accrual rate is \$140 times the number of credits earned after December 31, 2024.

Effective January 1, 2023, as amended on January 1, 2025, if a participant has attained age 62, their monthly benefit shall be suspended for any month in which the participant worked or was paid for at least 75 hours (900 hours in a year) in disqualifying employment.

Effective February 1, 2025, as amended on January 14, 2025, if the actuarial present value of a benefit payable under the Plan at the time of distribution is less than \$7,000, the Trustees may pay it in a single sum equal to that value and the consent of the participant is not needed. The amendment also applies to preretirement surviving spouse pensions.

12. ADMINISTRATIVE EXPENSES:

The Plan recorded the following administrative and operating expenses for the years ended January 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Investment expenses:		
Investment advisory - Segal Marco Advisors	\$ 316,250	253,750
Services fees:		
Fidelity	229,496	239,693
Amalgatrust	-	133,874
Northern Trust	64,084	56,084
Tributary Capital	154,779	131,619
State Street Global Advisors	13,768	12,331
US Bank	51,423	15,225
	<u>\$ 829,800</u>	<u>842,576</u>

Iron Workers District Council of Southern Ohio and Vicinity Pension Trust
Notes to the Financial Statements
January 31, 2025 and 2024

Administrative expenses - direct:

Insurance	\$ 208,424	210,479
PBGC premium	307,470	283,955
Actuary and consulting	194,353	201,088
Legal fees	49,804	49,550
Accounting and audit	79,586	74,787
Supplies, technology and other	189,799	106,935
Real estate taxes	24,983	24,421
Depreciation	34,504	34,505
	<u>1,088,923</u>	<u>985,720</u>

Administrative expenses allocated from related Plans:

Trustee expenses and education	49,206	37,226
Service fees	82,484	24,501
Personnel	388,886	371,216
Office pension change in funded status	(73,613)	17,551
Utilities, supplies, postage and other	66,598	85,710
	<u>513,561</u>	<u>536,204</u>
	<u><u>\$ 1,602,484</u></u>	<u><u>1,521,924</u></u>

SUPPLEMENTAL SCHEDULE

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust
 EIN #31-6038516 PLAN #001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 January 31, 2025

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Investment manager: Segal Alternative Investments				
Money market funds:				
FEDERATED GOVERNMENT OBLIGATIONS IS		7,666,474	\$ 7,666,474	7,666,474
* Investment manager: US Bank - Pension Cash				
Money market funds:				
FEDERATED GOVERNMENT OBLIGATIONS IS		687,922	687,922	687,922
* Investment manager: Tributary Capital				
Money market funds:				
FEDERATED GOVERNMENT OBLIGATIONS IS		737,888	737,888	737,888
Equity securities:				
AMBARELLA INC		4,385	297,613	336,417
AMN HEALTHCARE SERVICES INC		5,817	304,568	160,084
ACUCHNET HOLDINGS CORP		4,904	259,775	320,329
ADDUS HOMECARE CORP		3,838	342,878	480,364
ADVANCED ENERGY INDS COM		3,465	303,204	398,752
AGREE REALTY CORP		3,010	173,345	218,436
ALAMO GROUP		2,186	451,159	405,634
ATLANTIC UNION BANKSHARES CO		12,629	433,952	476,997
AVANOS MEDICAL INC		16,822	488,354	289,675
BALCHEM CORP		2,423	188,201	387,583
THE BALDWIN INSURANCE GROUP INC		8,744	210,270	358,067
BENCHMARK ELECTRONICS INC		9,462	250,752	403,649
BLACKBAUD INC		5,185	354,614	400,023
BOOT BARN HOLDINGS INC		3,303	151,815	531,288
CSW INDUSTRIALS INC		1,229	96,740	405,336
CTS CORP		5,672	195,126	289,782
CARETRUST REIT INC		9,964	253,712	264,046
CASS INFORMATION SYSTEMS INC		5,909	217,647	243,392
CHESAPEAKE UTILITIES CORP		2,460	239,962	300,735
COHU INC		13,656	394,366	312,859
DIODES INC		6,162	387,386	363,435
DORMAN PRODUCTS INC		3,697	236,841	485,342
ENERSYS COM		4,269	298,334	414,392
ENOVIS CORP		10,187	518,618	478,585
ENPRO INDUSTRIES INC		3,324	330,213	617,267
ESCO TECHNOLOGIES INC		3,345	356,355	444,015
EXLSERVICE HOLDINGS INC		11,387	220,631	572,311
FRANKLIN ELEC INC		3,203	132,312	320,268
ICF INTERNATIONAL INC		3,781	332,448	441,281
IDACORP INC		3,516	207,630	386,549
INTEGER HOLDINGS CORPORATION		5,178	453,440	736,415

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust
 EIN #31-6038516 PLAN #001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 January 31, 2025

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Identity of Issue, Borrower, Lessor or Similar Party				
KAISER ALUMINUM CORP		5,009	408,065	350,630
K FORCE INC		7,871	310,681	438,651
KORN FERRY INTL		6,552	307,455	463,423
LGI HOMES INC		3,377	368,202	301,499
LIVERAMP HOLDINGS INC		9,362	284,065	318,308
MARCUS MILLICHAP INC		12,121	385,652	462,537
MERCANTILE BANK CORP		5,335	177,824	260,401
MOELIS CO		7,833	263,313	613,246
MONARCH CASINO RESORT INC		5,093	350,215	434,637
NETSTREIT CORP		16,755	267,796	242,612
NV5 GLOBAL INC		17,930	446,050	337,801
NORTHERN OIL AND GAS INC MN		11,142	345,150	400,555
OLLIES BARGAIN OUTLET HLDGS		4,976	256,779	554,874
ORIGIN BANCORP INC		8,478	327,195	321,486
PATRICK INDUSTRIES INC		5,689	277,739	552,629
POWER INTEGRATIONS INC		5,731	397,795	357,156
SM ENERGY CO		10,456	338,159	396,910
SEACOAST BANKING CORP FL		12,153	370,358	345,753
SELECTIVE INS GROUP INC		5,678	261,163	477,690
SIMULATIONS PLUS INC		7,487	265,317	256,954
SOUTH STATE CORP		3,509	239,373	370,515
STEWART INFORMATION SVCS CORP		6,100	251,221	397,659
SUNSTONE HOTEL INVS INC		24,572	270,946	278,401
SUPERNUS PHARMACEUTICALS INC		6,376	178,881	244,647
UMB FINL CORP		3,547	233,593	418,191
VIAVI SOLUTIONS INC		23,657	243,221	284,830
VITAL ENERGY INC		8,595	342,824	274,181
Total equity securities			17,251,293	22,399,484
Total managed by Tributary Capital			17,989,181	23,137,372
Registered investment companies:				
* BAIRD CORE PLUS INSTITUTIONAL BOND FUND		11,715,062	129,363,000	117,619,222
			129,363,000	117,619,222
Common/collective trusts:				
* MULTI-EMPLOYER PROPERTY TRUST		4,231	9,495,373	54,523,636
* FIAM CORE PLUS CL A		4,753,560	63,344,455	113,847,777
* NORTHERN TRUST COLLECTIVE INVT TR		350,396	59,689,697	118,044,646

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust
 EIN #31-6038516 PLAN #001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 January 31, 2025

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	Identity of Issue, Borrower, Lessor or Similar Party			
*	STATE STREET RUSSELL 2000® INDEX	178,265	17,633,288	31,262,171
*	THORNBURG GLOBAL EQUITY FUND	823,420	12,243,717	38,428,996
*	AFL-CIO EQUITY INDEX FUND	7,975,269	119,176,035	468,504,758
			<u>281,582,565</u>	<u>824,611,984</u>
Partnership/joint venture interests:				
*	D.E. SHAW US BROAD MARKET CORE ALPHA EXTENSION FUND		5,334,335	65,157,054
*	MESIROW FINANCIAL CAPITAL PARTNERS X, L.P.		440,717	546,681
*	HIGHSTAR CAPITAL IV, L.P. & SUBSIDIARIES		387,935	217,407
*	STARWOOD DISTRESSED OPPORTUNITY FUND IX - U.S., L.P.		197,910	313,419
*	STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P.		24,018	63,626
*	WARBURG PINCUS XI, L.P.		631,085	1,401,349
*	FIRST RESERVE FUND XIII. L.P.		2,443,006	2,132,503
*	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		2,342,012	2,475,695
*	GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P.		115,955	821,297
*	ANGELO GORDON CAPITAL RECOVERY VIII HOLDINGS, L.P.		1,696	12,620
*	ANGELO GORDON REALTY FUND IX, L.P.		809,510	1,653,356
*	H.I.G ADVANTAGE BUYOUT FUND, L.P.		5,586,181	8,924,593
*	BOYD WATTERSON GSA FUND, LP AND SUBSIDIARY		15,660,655	21,350,722
*	CROSSLINK ENDEAVOR FUND I, L.P.		5,600,000	4,905,861
*	FRANCISCO PARTNERS AGILITY II-A, L.P.		5,273,874	7,834,294
*	BARDIN HILL OPPORTUNISTIC CREDIT FUND OFFSHORE L.P.		8,111,459	9,743,258
*	BCP SPECIAL OPPORTUNITIES OFFSHORE FEEDER II, L.P.		6,610,193	8,406,496
*	I-SQUARED CAPITAL		5,792,237	6,942,614
*	KOHLBERG TE INVESTORS IX, L.P.		13,240,744	13,240,744
			<u>78,603,522</u>	<u>156,143,589</u>
	Total investments		<u>\$ 515,892,664</u>	<u>1,129,866,563</u>

* Party in interest



Plan Provisions

As Amended and Restated Effective February 1, 2014

The following is a summary of the major provisions of the plan as of February 1, 2024. Refer to the plan document for a more complete description of the most recent plan provisions.

Participation	New employees become participants after 1,000 completed hours during a calendar year, on January 1 or July 1 of each year.
Vesting Service	One year for each Plan Year with at least 1,000 hours.
Pension Credits	If a participant works at least 500 hours during a Plan Year, they accrue Pension Credits at a rate of 1/100th of a credit for every 15 hours worked, up to one credit per year. If a participant accrues more than 2,000 hours in a Plan Year, they will earn those hours into a bank that accrues pension credits at the same rate. Before the 2023 Plan Year, participants only needed 250 hours in a Plan Year to accrue Pension Credits.
Accrued Benefit	A monthly benefit equal to the sum of: i) \$35 per pension credit earned before January 1, 1980. ii) \$120 per pension credit earned on or after January 1, 1980.
Normal Retirement Date	Age 65
Regular Retirement	<u>Eligibility:</u> Age 62 with five years of Vesting Service. <u>Benefit:</u> The Accrued Benefit.
Early Retirement	<u>Eligibility:</u> Age 55 with 15 Pension Credits <u>Benefit:</u> The Accrued Benefit reduced by 0.5% for each month prior to Normal Retirement Date.
30-and-Out Retirement	<u>Eligibility:</u> Age 55 with 30 Years of Service. A Year of Service is defined as a Pension Credit earned prior to January 1, 2005, or a Year of Vesting Service earned on or after January 1, 2005. <u>Benefit:</u> The Accrued Benefit, granted the participant has 30 Years of Vesting Service. If not, the benefit is reduced by 0.375% per month before age 62.

Plan Provisions (continued)

100-and-Out Retirement	<u>Eligibility:</u> Age 58 and the Sum of Age plus Pension Credits is at least 100 <u>Benefit:</u> The Accrued Benefit
Vested Termination	<u>Eligibility:</u> Five Pension Credits <u>Benefit:</u> The Accrued Benefit payable in full at Normal Retirement Date or in a reduced amount under the Early Retirement provisions.
Regular Disability Retirement	<u>Eligibility:</u> 30 Pension Credits or 5 Pension Credits and qualified for a Social Security Disabilities benefit. <u>Benefit:</u> Accrued Benefit, reduced by 2% for each Pension Credit below 30, but not more than a 50% reduction. If the participant became disabled due to a work injury, the benefit is unreduced.
Temporary Disability Benefit	<u>Eligibility:</u> 5 Pension Credits <u>Benefit:</u> Accrued Benefit, payable for 24 months. The total of the payments made is then used as a reduction when the participant becomes eligible for another benefit.
Pre-Retirement Death	<u>Eligibility:</u> 5 Pension Credits or 5 years of Vesting Service <u>Benefit:</u> The 50% portion of the 50% Husband-and-Wife pension had the participant retired, selected the 50% Husband-and-Wife pension, and died immediately, payable at the participant's earliest retirement date. If the participant is unmarried, the benefit is calculated as if they had a spouse the same age, then is paid in a single lump sum to their beneficiary.
Method of Payment	The normal form of benefit is a 5-year Certain and Life pension. Benefits can also be paid in a Husband-and Wife pension of 50%, 75%, or 100%.
Contributions	\$9.50 per hour effective June 1, 2016

Iron Workers district Council of Southern Ohio and Vicinity Pension Trust
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(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
* Investment manager: Segal Alternative Investments				
Money market funds:				
FEDERATED GOVERNMENT OBLIGATIONS IS	7,666,474		\$ 7,666,474	7,666,474
* Investment manager: US Bank - Pension Cash				
Money market funds:				
FEDERATED GOVERNMENT OBLIGATIONS IS	687,922		687,922	687,922
* Investment manager: Tributary Capital				
Money market funds:				
FEDERATED GOVERNMENT OBLIGATIONS IS	737,888		737,888	737,888
Equity securities:				
AMBARELLA INC	4,385		297,613	336,417
AMN HEALTHCARE SERVICES INC	5,817		304,568	160,084
ACUCHNET HOLDINGS CORP	4,904		259,775	320,329
ADDUS HOMECARE CORP	3,838		342,878	480,364
ADVANCED ENERGY INDS COM	3,465		303,204	398,752
AGREE REALTY CORP	3,010		173,345	218,436
ALAMO GROUP	2,186		451,159	405,634
ATLANTIC UNION BANKSHARES CO	12,629		433,952	476,997
AVANOS MEDICAL INC	16,822		488,354	289,675
BALCHEM CORP	2,423		188,201	387,583
THE BALDWIN INSURANCE GROUP INC	8,744		210,270	358,067
BENCHMARK ELECTRONICS INC	9,462		250,752	403,649
BLACKBAUD INC	5,185		354,614	400,023
BOOT BARN HOLDINGS INC	3,303		151,815	531,288
CSW INDUSTRIALS INC	1,229		96,740	405,336
CTS CORP	5,672		195,126	289,782
CARETRUST REIT INC	9,964		253,712	264,046
CASS INFORMATION SYSTEMS INC	5,909		217,647	243,392
CHESAPEAKE UTILITIES CORP	2,460		239,962	300,735
COHU INC	13,656		394,366	312,859
DIODES INC	6,162		387,386	363,435
DORMAN PRODUCTS INC	3,697		236,841	485,342
ENERSYS COM	4,269		298,334	414,392
ENOVIS CORP	10,187		518,618	478,585
ENPRO INDUSTRIES INC	3,324		330,213	617,267
ESCO TECHNOLOGIES INC	3,345		356,355	444,015
EXLSERVICE HOLDINGS INC	11,387		220,631	572,311
FRANKLIN ELEC INC	3,203		132,312	320,268
ICF INTERNATIONAL INC	3,781		332,448	441,281
IDACORP INC	3,516		207,630	386,549
INTEGER HOLDINGS CORPORATION	5,178		453,440	736,415

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LGI HOMES INC		3,377	368,202	301,499
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*	STARWOOD DISTRESSED OPPORTUNITY FUND IX - U.S., L.P.		197,910	313,419
*	STARWOOD INTERNATIONAL OPPORTUNITY FUND - 1 INTERNATIONAL, L.P.		24,018	63,626
*	WARBURG PINCUS XI, L.P.		631,085	1,401,349
*	FIRST RESERVE FUND XIII. L.P.		2,443,006	2,132,503
*	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A		2,342,012	2,475,695
*	GLOBAL INFRASTRUCTURE PARTNERS II - B FEEDER FUND, L.P.		115,955	821,297
*	ANGELO GORDON CAPITAL RECOVERY VIII HOLDINGS, L.P.		1,696	12,620
*	ANGELO GORDON REALTY FUND IX, L.P.		809,510	1,653,356
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*	KOHLBERG TE INVESTORS IX, L.P.		13,240,744	13,240,744
			<u>78,603,522</u>	<u>156,143,589</u>
	Total investments		<u>\$ 515,892,664</u>	<u>1,129,866,563</u>

* Party in interest

Schedule of Amortization Bases

MINIMUM FUNDING	<u>Initial</u> <u>Amount</u>	<u>Date</u> <u>Established</u>	<u>Remaining</u> <u>Period</u>	<u>Balance</u>	<u>Payment</u>
<u>Charges</u>					
Experience Loss 95	\$	2/1/1995	1.0	\$ 1,426,107	\$ 1,426,107
Plan Amendment 96		2/1/1996	2.0	4,335,906	2,243,792
Assumption Change 97		2/1/1997	3.0	2,040,757	728,381
Assumption Change 98		2/1/1998	4.0	1,139,927	315,561
Plan Amendment 98		2/1/1998	4.0	10,368,234	2,870,199
Plan Amendment 99		2/1/1999	5.0	6,997,553	1,601,937
Plan Amendment 00		2/1/2000	6.0	9,439,827	1,860,835
Plan Amendment 02		2/1/2002	8.0	16,318,000	2,572,749
Investment Loss 09 09		2/1/2009	14.0	97,859,292	10,590,266
Investment Loss 09 10		2/1/2010	14.0	5,192,119	561,888
Investment Loss 09 11		2/1/2011	14.0	7,349,401	795,347
Assumption Change 12		2/1/2012	3.0	2,406,263	858,836
Investment Loss 09 12		2/1/2012	14.0	9,443,446	1,021,963
Investment Loss 09 13		2/1/2013	14.0	11,867,799	1,284,325
Investment Loss 09 14		2/1/2014	14.0	25,214,033	2,728,645
Assumption Change 15		2/1/2015	6.0	12,856,447	2,534,340
Experience Loss 15		2/1/2015	6.0	9,236,194	1,820,694
Assumption Change 16		2/1/2016	7.0	5,600,645	977,430
Experience Loss 16		2/1/2016	7.0	18,334,361	3,199,729
Assumption Change 17		2/1/2017	8.0	13,132,711	2,070,546
Experience Loss 17		2/1/2017	8.0	18,898,629	2,979,619
Experience Loss 18		2/1/2018	9.0	13,332,516	1,928,370
Experience Loss 19		2/1/2019	10.0	8,426,179	1,131,562
Experience Loss 20		2/1/2020	11.0	2,481,734	312,438
Assumption Change 22		2/1/2022	13.0	26,446,018	2,992,332
Assumption Change 23		2/1/2023	14.0	8,896,486	962,772
Experience Loss 23		2/1/2023	14.0	6,969,448	754,229
Experience Loss 24	6,188,078	2/1/2024	15.0	6,188,078	643,529
Subtotal				\$ 362,198,110	\$ 53,768,421
<u>Credits</u>					
Method Change 09	\$	2/1/2009	15.0	\$ 35,269,879	\$ 3,667,892
Experience Gain 10		2/1/2010	1.0	1,018,441	1,018,441
Plan Amendment 10		2/1/2010	1.0	587,492	587,492
Experience Gain 11		2/1/2011	2.0	5,598,011	2,896,921
Experience Gain 12		2/1/2012	3.0	3,556,779	1,269,475
Experience Gain 13		2/1/2013	4.0	9,609,158	2,660,066
Experience Gain 14		2/1/2014	5.0	13,770,325	3,152,415
Plan Amendment 18		2/1/2018	9.0	4,512,025	652,604
Method Change 19		2/1/2019	5.0	2,162,318	495,015
Experience Gain 21		2/1/2021	12.0	24,579,820	2,924,018
Experience Gain 22		2/1/2022	13.0	32,501,760	3,677,531
Assumption Change 24	217,068	2/1/2024	15.0	217,068	22,574
Subtotal				\$ 133,383,076	\$ 23,024,444
Net Amortization Balance and Payment				\$ 228,815,034	\$ 30,743,977
Credit Balance as of February 1, 2024				58,484,198	
Unfunded Liability				\$ 170,330,836	

Changes Since Last Year

Plan Changes

None

Method Changes

None

Assumption Changes

The assumptions have been reviewed, and the following changes made:

- The interest rate used to calculate RPA '94 current liability has been changed to 3.36% from 2.60% to fall within prescribed limitations that fluctuate yearly. The mortality assumption for RPA '94 current liability has also been updated as mandated.
- The expected hours assumption has been changed from 1,350 hours per participant to a three-year average of prior hours, adjusted so that the total hours worked is equal to 5.66 million. We do not have three years' worth of data, so for 2024 we are using the two-year average.
- The expense provision was changed to be last year's noninvestment expenses rounded up to the next \$1,000.