

**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**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

- 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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>OREGON DISTRICT FOUNDRY PENSION PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOINT BOARD OF TRUSTEES, OREGON DISTRICT FOUNDRY PENSION TRUST</u>  <u>906 NE 19TH AVENUE</u> <u>PORTLAND, OR 97232-2203</u>	<b>1c</b> Effective date of plan <u>04/01/1961</u>  <b>2b</b> Employer Identification Number (EIN) <u>93-6028742</u>  <b>2c</b> Plan Sponsor's telephone number <u>503-235-8361</u>  <b>2d</b> Business code (see instructions) <u>331110</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/09/2026	CHARLES LEHRER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/10/2026	MARTHA COX
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	768
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	352
	<b>6c</b>	321
	<b>6d</b>	673
	<b>6e</b>	77
	<b>6f</b>	750
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	0

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 1I

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>OREGON DISTRICT FOUNDRY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES, OREGON DISTRICT FOUNDRY PENSION TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>93-6028742</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

**THE VANGUARD GROUP** **P.O. BOX 1110**  
**VALLEY FORGE, PA 19482**

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

**PROSHARES** **7272 WISCONSIN AVENUE 21ST FLOOR**  
**BETHESDA, MD 20814**

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

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

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**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)

QUEST INVESTMENT MANAGEMENT

93-0880854

(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 56	NONE	150357	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UEA INC

90-0991444

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	RELATED PARTY	79571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 51 52	NONE	35077	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

DAVID DOUGHERTY LLC

27-2269497

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	34650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19613	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BEACON EMPLOYMENT LAW

99-2624085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	18182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

OGLETREE DEAKINS

57-1044820

(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	8566	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>OREGON DISTRICT FOUNDRY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES, OREGON DISTRICT FOUNDRY PENSION TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>93-6028742</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	73580	78952
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1186137	1176169
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7409466	8119125
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	2126094	1506155
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	5176502	5157407
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	9288364	8352226
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	18899573	18484357
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	44159716	42874391
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	57888	62364
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	57888	62364
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	44101828	42812027

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	970	
(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)		970
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	229937	
(C) Corporate debt instruments.....	2b(1)(C)	277970	
(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)		507907
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	71142	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	409478	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		480620
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	12316851	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12119228	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		197623
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	585774	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		455518
<b>c</b> Other income .....	<b>2c</b>		187
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2228599

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	3120341	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3120341
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	79571	
(3) Recordkeeping fees .....	<b>2i(3)</b>	3140	
(4) IQPA audit fees .....	<b>2i(4)</b>	16474	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	150357	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	35077	
(7) Actuarial fees .....	<b>2i(7)</b>	34650	
(8) Legal fees .....	<b>2i(8)</b>	26748	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	52042	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		398059
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		3518400

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1289801
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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 0.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 566067.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>OREGON DISTRICT FOUNDRY PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT BOARD OF TRUSTEES, OREGON DISTRICT FOUNDRY PENSION TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>93-6028742</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>0</b>

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer **ROEMER ELECTRIC STEEL FOUNDRY**

**b** EIN **91-0782713** **c** Dollar amount contributed by employer **970**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2022**

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

(1) Contribution rate (in dollars and cents) **0.75**

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

<b>14</b>	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:		
	<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	673
	<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	240
	<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	231
<b>15</b>	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:		
	<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	0.98
	<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	1.11
<b>16</b>	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	<b>a</b> Enter the number of employers who withdrew during the preceding plan year.....	<b>16a</b>	3
	<b>b</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.....	<b>16b</b>	1103446
<b>17</b>	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.....		<input type="checkbox"/>

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

<b>18</b>	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.....	<input type="checkbox"/>
<b>19</b>	If the total number of participants is 1,000 or more, complete lines (a) and (b):	
<b>a</b>	Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
<b>b</b>	Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more	
<b>20</b>	<b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
<b>a</b>	Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</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: <input type="checkbox"/> Yes. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> No. Other. Provide explanation: _____	

**Part VII IRS Compliance Questions**

<b>21a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>21b</b>	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). <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input checked="" type="checkbox"/> N/A
<b>22</b>	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 _____.

**Oregon District Foundry Pension Plan  
Financial Statements  
March 31, 2025 and 2024  
With Independent Auditor's Report**

**Oregon District Foundry Pension Plan**  
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**March 31, 2025 and 2024**

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## Independent Auditor's Report

To the Trustees and Participants of  
Oregon District Foundry Pension Plan:

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Oregon District Foundry Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of March 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.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Oregon District Foundry Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of and for the years ended March 31, 2025 and 2024, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Oregon District Foundry Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Emphasis of Matter - Plan Termination**

As further discussed in Note 4 to the financial statements, the Board of Trustees of the Oregon District Foundry Pension Plan approved the termination of the Plan effective September 30, 2023. Our opinion is not modified with respect to this matter.

### **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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Oregon District Foundry Pension Plan's ability to continue as a going concern for at least one year following the date that 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**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended March 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Withum Smith + Brown, PC*

January 9, 2026

**Oregon District Foundry Pension Plan**  
**Statements of Net Assets Available for Benefits**  
**March 31, 2025 and 2024**

	<b>2025</b>		<b>2024</b>	
<b>Assets</b>				
<b>Investments at fair value</b>				
Mutual funds and exchange-traded funds	\$	17,966,018	\$	17,548,235
Equity securities		8,352,226		9,288,364
U.S. Government and government agency obligations		8,119,125		7,409,466
Corporate debt securities		6,663,562		7,302,596
Money market mutual funds		518,339		1,351,338
<b>Total investments at fair value</b>		<b>41,619,270</b>		<b>42,899,999</b>
Cash		78,952		73,580
<b>Receivables</b>				
Accrued investment income		120,197		126,026
<b>Withdrawal liability receivable</b>				
Withdrawal liability receivable, gross		1,096,116		1,103,446
Allowance for uncollectible withdrawal liability receivable		(310,710)		(310,710)
<b>Total withdrawal liability receivable</b>		<b>785,406</b>		<b>792,736</b>
<b>Total receivables</b>		<b>905,603</b>		<b>918,762</b>
<b>Other current assets</b>				
Prepaid benefits and expenses		270,566		267,375
<b>Total assets</b>		<b>42,874,391</b>		<b>44,159,716</b>
<b>Liabilities</b>				
Accounts payable and accrued expenses		62,364		57,888
<b>Net assets available for benefits</b>	<b>\$</b>	<b>42,812,027</b>	<b>\$</b>	<b>44,101,828</b>

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

**Oregon District Foundry Pension Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended March 31, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
<b>Additions</b>		
<b>Investment income</b>		
Net appreciation in fair value of investments	\$ 1,238,915	\$ 4,775,723
Interest and dividends	988,527	955,816
Investment expenses	(185,434)	(177,477)
<b>Total investment income, net</b>	<u>2,042,008</u>	<u>5,554,062</u>
Employer contributions	970	6,803
Withdrawal liability income, less bad debt expense of \$310,710 in 2024	174	792,736
Other income	13	273
<b>Total additions</b>	<u>2,043,165</u>	<u>6,353,874</u>
<b>Deductions</b>		
Pension benefits paid	3,120,341	3,116,991
<b>Operating expenses</b>		
Administrative expenses	79,571	79,571
Professional fees	81,012	61,046
Printing, postage and other	3,712	3,752
Insurance	48,330	45,012
<b>Total operating expenses</b>	<u>212,625</u>	<u>189,381</u>
<b>Total deductions</b>	<u>3,332,966</u>	<u>3,306,372</u>
<b>Net change in net assets available for benefits</b>	(1,289,801)	3,047,502
<b>Net assets available for benefits</b>		
Beginning of year	44,101,828	41,054,326
<b>End of year</b>	<u>\$ 42,812,027</u>	<u>\$ 44,101,828</u>

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

# **Oregon District Foundry Pension Plan**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

#### **1. Description of Plan**

The following description of the Oregon District Foundry Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### **General**

The Plan is a multiemployer defined benefit plan that was established effective April 1, 1961 as a result of a collective bargaining agreement ("CBA") between the Oregon District Foundry Operators (and, for a period of time, under collective bargaining agreements between the Patternmakers Association and participating employers) and United Steel Workers Local 139B and its predecessors, Glass, Molders, Pottery, Plastics and Allied Workers International Union, Local 139B and Local No. 139 of the International Molders and Foundry Workers Union of North America, AFL-CIO. The Plan was restated effective April 1, 2016. To be eligible, an employee must be working for a participating employer who is subject to the CBA or for a participating employer subject to a trustee approved participation agreement. Further, unless otherwise elected in an individual CBA or participation agreement, the Plan covers all employees, excluding sole proprietors and partners of an Employer (i.e., owner-employees) are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint board consisting of equal representation from the participating employers and the United Steel Workers Local 139B and its predecessors, Glass, Molders, Pottery, Plastics and Allied Workers International Union, Local 139B and Local No. 139 of the International Molders and Foundry Workers Union of North America, AFL-CIO.

All employees who work under a collective bargaining agreement requiring contributions to the Pension Plan are eligible to participate in the Plan. Full-time salaried officers or business representatives of a union that makes contributions for such employees to the trust fund are also eligible. As of April 30, 1977, the Plan is financed by employer contributions and does not allow participant contributions.

On September 30, 2023, the Board of Trustees approved the termination of the Plan.

##### **Funding Policy**

Prior to September 30, 2023, the Plan was funded by contributions from employers who were party to a collective bargaining agreement. Contributions were based on compensable hours of work and are made in accordance with rates set forth in the collective bargaining agreement. The Plan was subject to the minimum funding requirements under ERISA up to the termination of the Plan, September 30, 2023. Upon termination, all employer contributions to the Plan ceased, and no further benefit accruals occur. As a result, the Plan is no longer subject to the minimum funding standards under ERISA or the IRC for periods after September 30, 2023.

Prior to April 30, 1977, the Plan was financed by employee contributions. As of March 31, 2025 and 2024, accumulated employee contributions totaled approximately \$885,000 and \$842,000, respectively. Interest is compounded annually on accumulated employee contributions at the rate of 120% of the federal mid-term rate in effect on the first day of each Plan year. For the years ended March 31, 2025 and 2024, the interest rate applied to the accumulated employee contributions was 5.17% and 4.99%, respectively.

##### **Benefits**

A participant's accrued benefit is equal to their past service benefit plus their future service benefit. Past service benefits are benefits earned for service before April 1, 1961. Future service benefits are benefits earned for service on or after April 1, 1961. Future service benefits are earned for each Plan year in which the participant completed 375 or more covered hours of employment. A participant earns a full year of future service benefit if they complete 1,500 or more hours. A participant employed for less than 1,500 hours during a Plan year receives a pro-rata credit at the rate of one-fourth year for each 375 hours worked. For Plan years beginning on and after April 1, 2017, active members who are credited with at least 375 hours in a given Plan year are credited with a future service benefit equal to the product of the benefit multiplier that applies for that Plan year times the employer contributions required to be made for that member for such Plan year.

A participant is fully vested if they earn at least one hour of vested service on or after April 1, 1997, and terminate for any reason other than retirement upon completion of five or more years of service, including one year of future service pension credit.

## **Oregon District Foundry Pension Plan Notes to Financial Statements March 31, 2025 and 2024**

*Normal Retirement Benefit:* A participant is eligible for a normal retirement benefit upon attainment of age 65 and (1) completion of five or more years of vested service including at least one year of future service pension credit, or (2) attainment of the fifth anniversary of his or her effective date of coverage while an active member, or an inactive member in uncovered vested employment, on or after the member's 65th birthday.

*Early Retirement Benefit:* A participant is eligible for an early retirement benefit based on the benefit earned to the date of retirement reduced by one-half of one percent for each month remaining before attainment of age 65 on the early retirement date. The requirements for obtaining an early retirement benefit are attainment of age 55 and at least five years of service, including one year of future service pension credit.

*Late Retirement Benefit:* If a participant continues to work beyond the normal retirement date, the participant shall have a late retirement date, which may be the first day of any month following the normal retirement date. A participant who continues to work beyond the normal retirement date shall be permitted to earn additional future service pension credits.

*Disability Benefit:* A participant who becomes totally and permanently disabled prior to his or her normal retirement date may be eligible for a disability benefit if (1) they have reached age 50 and have 15 or more years of pension credit, including at least one year of future service pension credit, or (2) they are under age 50 and have completed 20 or more years of pension credit, including at least one year of future service pension credit.

*Death Benefit:* Before retirement, the participant has a death benefit equal to the total of his or her own contributions, if any, with interest. The spouse or child of a member who is not a patternmaker and who dies after having completed 10 years of service but before completing the eligibility requirements for the preretirement spouse's benefit will be eligible for a lump-sum death benefit of \$7,500. This death benefit will be paid instead of the return of the member's contribution with interest. The spouse of a married participant who dies after having completed the vesting requirements may elect a spouse's annuity in lieu of the return of contributions. The amount of the spouse's benefit is the amount that would have been received had the member retired and elected the 50% spouse's annuity immediately preceding the participant's death, or the earliest retirement age if under age 55. After retirement, the participant has a minimum death benefit equal to the excess, if any, of the total of his or her own contributions with interest over the total of any pension benefits paid under the Plan. Any other death benefit that may be payable is governed by the terms of the form of payment elected by the participant.

*Refund of Employee Contributions:* A terminating participant is entitled to a refund of his or her own contributions with interest, which were permissible until April 30, 1977.

*Termination of Covered Employment:* A participant forfeits his pension credits (unless he is vested), if he permanently terminates work in the industry or if he fails to work 375 hours in a Plan year.

Participants should refer to the Summary Plan Description for more complete information.

### **2. Summary of Accounting Policies**

#### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

#### **Use of 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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

# **Oregon District Foundry Pension Plan**

## **Notes to Financial Statements**

### **March 31, 2025 and 2024**

#### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment adviser and custodian. See Note 8 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 appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### **Payment of Benefits**

Benefits payments to participants are recorded upon distribution.

#### **Expenses**

Certain expenses of maintaining the Plan are paid by the Plan and recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

#### **Withdrawal Liability Receivable**

Withdrawal liability, which is based upon an employer's allocated share of the Plan's unfunded liability for vested benefits, is assessed at the time of an employer's partial or complete withdrawal from the Plan, as defined by the Multiemployer Pension Plan Amendments Act of 1980 ("MPPAA"). Effective in 2023 in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Update ("ASU") guidance, the amount of withdrawal liability (net of allowance) deemed collectable is based on management's best estimate of the present value of collectible assessments.

#### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that 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.

#### **Cash**

The Plan places its cash with financial institutions deemed to be creditworthy. Cash balances may at times exceed the insured deposit limits.

#### **Subsequent Events**

Subsequent events were evaluated through January 9, 2026, the date the financial statements were available to be issued.

### **3. 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 statements of net assets available for benefits.

The actuarial present value of accumulated Plan benefits is calculated based on certain assumptions pertaining to interest rates, participant demographics and other assumptions, all of which are subject to change. Due to the inherent uncertainty of the assumption process, it is at least reasonably possible that changes in these assumptions in the near term would be material to the disclosure to the financial statements of the actuarial present value of accumulated Plan benefits.

**Oregon District Foundry Pension Plan**  
**Notes to Financial Statements**  
**March 31, 2025 and 2024**

**4. Plan Termination**

As discussed in Note 7, the Plan was terminated as of September 30, 2023. Termination shall not permit any part of the Plan assets to be used for, or diverted to, purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. The payment of future benefits under the Plan will be guided by PBGC regulations under ERISA Sections 4041 and 4281.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") when a Plan terminates. The PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided, while other benefits may not be provided at all.

**5. Tax Status**

The IRS has determined and informed the Trustees by a letter dated July 25, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**6. Actuarial Present Value of Accumulated Plan Benefits**

The actuarial present value of accumulated Plan benefits, as determined by the Plan's actuary as of March 31, 2024, is as follows:

**Vested benefits**

Participants currently receiving payments	\$ 27,776,721
Other participants	11,653,565
Other vested benefits	-
<b>Total vested benefits</b>	<u>39,430,286</u>
Nonvested benefits	-
<b>Total actuarial present value of accumulated plan benefits</b>	<u><u>\$ 39,430,286</u></u>

Actuarial present value of accumulated plan benefits at beginning of year	\$ 40,556,650
<b>Increase (decrease) during the year attributable to:</b>	
Benefits accumulated / (gain) loss	(356,467)
Interest	2,536,475
Benefits paid	(3,116,991)
Non-investment expenses	(189,381)
Change in actuarial assumptions	-
<b>Net increase (decrease)</b>	<u>(1,126,364)</u>
<b>Actuarial present value of accumulated plan benefits at end of year</b>	<u><u>\$ 39,430,286</u></u>

# Oregon District Foundry Pension Plan

## Notes to Financial Statements

### March 31, 2025 and 2024

The significant actuarial assumptions used in the valuation were:

Healthy mortality:	PRI-2012 Blue Collar Head-Count weighted Table, projected using Scale MP-2021.
Disabled mortality:	RP-2014 Disabled Life Mortality Table, male rates adjusted by 120%.
Asset valuation method:	Assets are valued based on a five-year smoothed market value (with phase-in). In the first year, the actuarial value of assets is equal to the market value of the assets. At the end of each subsequent year, a gain or loss is determined by calculating the difference between the expected value of assets and the market value of assets. The actuarial value is smoothed over a five-year period. In no event are the valuation assets on any date to exceed 120% of market value or fall below 80% of market value.
Investment rate of return:	6.5% per annum, net of investment expenses, compounded annually.
Expenses:	Administrative expenses are estimated as a 2.50% load on the actuarial liability of the Plan.
Retirement age:	Age 55 or current age if greater
Withdrawal:	Based on Plan experience

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to be in liquidation, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon income from investments.

Because information on the accumulated Plan benefits at March 31, 2025, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of March 31, 2025, and the changes in its financial status for the year then ended, but only present the net assets available for benefits and the changes therein as of and for the year ended March 31, 2025. The complete financial status is presented as of March 31, 2024.

## 7. Mass Withdrawal and Plan Termination

In August 2022, Columbia Steel Casting Co., Inc., which is the largest contributing employer in the Plan, announced that they would be closing their plant and facilities in Portland, Oregon. Following the withdrawal of Columbia Steel, United Steel Workers Local 139B notified the Board their intent to withdraw from the Plan. This triggered a mass withdrawal. The Board of Trustees approved an amendment that removed all obligations to contribute and ceased accruals for benefits and vesting effective September 30, 2023, thus terminating the Plan. On October 31, 2023, the Plan provided notice to the PBGC of the termination of the Plan. Benefits will continue to be paid from the Plan for current retirees, and vested participants once they reach retirement age. No future accruals of new benefits will be earned by participants subsequent to September 30, 2023. Withdrawal liabilities have been calculated for the current plan year and are included in the financial statements. Details surrounding this withdrawal liability amount and related allowance can be found in Note 11.

## 8. 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 under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

**Oregon District Foundry Pension Plan**  
**Notes to Financial Statements**  
**March 31, 2025 and 2024**

*Level 2* - Inputs to the valuation technique 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 technique 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

*Money Market Mutual Funds:* Valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

*Mutual Funds and exchange-traded funds:* Valued at the daily closing price as reported by the fund. Mutual funds and exchange-traded funds held by the Plan are open-end mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

*U.S. Government and Government Agency obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate Debt Securities:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025 and 2024:

	<b>March 31, 2025</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market mutual funds	\$ -	\$ 518,339	\$ -	\$ 518,339
Mutual funds and exchange-traded funds	17,966,018	-	-	17,966,018
Equity securities	8,352,226	-	-	8,352,226
U.S. government and government agency obligations	8,117,207	1,918	-	8,119,125
Corporate debt securities	-	6,663,562	-	6,663,562
<b>Total assets in the fair value hierarchy</b>	<b>34,435,451</b>	<b>7,183,819</b>	<b>-</b>	<b>41,619,270</b>
<b>Total investments at fair value</b>	<b>\$ 34,435,451</b>	<b>\$ 7,183,819</b>	<b>\$ -</b>	<b>\$ 41,619,270</b>

**Oregon District Foundry Pension Plan**  
**Notes to Financial Statements**  
**March 31, 2025 and 2024**

	March 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market mutual funds	\$ -	\$ 1,351,338	\$ -	\$ 1,351,338
Mutual funds and exchange-traded funds	17,548,235	-	-	17,548,235
Equity securities	9,288,364	-	-	9,288,364
U.S. government and government agency obligations	7,407,355	2,111	-	7,409,466
Corporate debt securities	-	7,302,596	-	7,302,596
<b>Total assets in the fair value hierarchy</b>	<b>34,243,954</b>	<b>8,656,045</b>	<b>-</b>	<b>42,899,999</b>
<b>Total investments at fair value</b>	<b>\$ 34,243,954</b>	<b>\$ 8,656,045</b>	<b>\$ -</b>	<b>\$ 42,899,999</b>

**9. Information Certified by Custodian**

The following is a summary of the investment information regarding the Plan as of and for the years ended March 31, 2025 and 2024, included in the Plan's financial statements and supplemental schedules, which was prepared by or was derived from information prepared by U.S. Bank, N.A., the Plan's custodian, and was furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that such information is complete and accurate.

	2025	2024
<b>Investments at fair value</b>		
Mutual funds and exchange-traded funds	\$ 17,966,018	\$ 17,548,235
Equity securities	8,352,226	9,288,364
U.S. government and government agency obligations	8,119,125	7,409,466
Corporate debt securities	6,663,562	7,302,596
Money market mutual funds	518,339	1,351,338
<b>Total investments</b>	<b>41,619,270</b>	<b>42,899,999</b>
	2025	2024
Net appreciation in fair value of investments	\$ 1,238,915	\$ 4,775,723
Interest and dividends	988,527	955,816
	<b>\$ 2,227,442</b>	<b>\$ 5,731,539</b>

In addition, the information in Note 8 and in the accompanying supplemental schedules of assets (held at end of year) and of reportable transactions was derived from information certified by the custodian.

**10. Related-Party and Party In Interest Transactions**

The Plan pays fees for arrangements with service providers and affiliated entities, including for management of certain Plan investments by the Custodian. These transactions qualify as party-in-interest transactions.

Additionally, the Plan has an administrative agreement with UEA, Inc., which is controlled by parties related to the Plan. Administrative fees paid for each of the years ended March 31, 2025 and 2024, totaled \$79,571 and \$79,571, respectively.

**Oregon District Foundry Pension Plan  
Notes to Financial Statements  
March 31, 2025 and 2024**

**11. Employer Withdrawal Liability**

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980, which require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Basically, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer based on certain comparisons of the employer's contributions to the Plan compared to total Plan contributions. As part of the Plan Termination described in Note 7, the three previously contributing employers of the Plan have been assessed a withdrawal liability totaling \$1,103,446. The Plan has engaged the services of collection counsel to negotiate and settle payment from the employers. Through these efforts, the Plan has estimated that certain employers may not pay their full assessed withdrawal liability amounts. Based on the assessment by the collection counsel and management, the Plan has estimated its withdrawal liability receivable on March 31, 2025 and 2024 to be \$785,406 and \$792,736. During the year ended March 31, 2025, one of the previously contributing employers made a full payment of its assessed withdrawal liability of \$7,330.

## **Supplementary Information**

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 93-6028742 Plan Number: 001**  
**March 31, 2025**

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost	(e) Current Value	
		Description	Collateral	Rate of Interest	Maturity Date			Par/Maturity Value
<b>Asset Description</b>								
<b>Money Market Mutual Funds</b>								
	First American Govt Oblig Fund Cl Y	Money Market Mutual Fund	N/A	4.920%	N/A	N/A	\$ 518,339	\$ 518,339
<b>U.S. Government and Government Agency Obligations</b>								
	F H L M C GD G08010 5.500% 9/01/34	Bonds	N/A	5.500%	9/1/2034	494	494	504
	F H L M C GD G01443 6.500% 8/01/32	Bonds	N/A	6.500%	8/1/2032	36	36	37
	F H L M C GD A25569 6.000% 8/01/34	Bonds	N/A	6.000%	8/1/2034	1,338	1,369	1,377
	U S TREASURY NT 1.375% 11/15/31	Bonds	N/A	1.375%	11/15/2031	1,700,000	1,498,316	1,435,701
	U S TREASURY NT 2.875% 5/15/32	Bonds	N/A	2.875%	5/15/2032	1,700,000	1,584,467	1,572,772
	U S TREASURY NT 3.500% 2/15/33	Bonds	N/A	3.500%	2/15/2033	950,000	938,395	909,996
	U S TREASURY NT 4.000% 2/15/34	Bonds	N/A	4.000%	2/15/1934	1,175,000	1,137,226	1,159,032
	U S TREASURY NT 3.875% 8/15/34	Bonds	N/A	3.875	8/15/1934	1,000,000	967,109	974,690
	U S TREASURY NT 1.500% 2/15/30	Bonds	N/A	1.500%	2/15/2030	1,700,000	1,699,119	1,516,519
	U S TREASURY NT 2.625% 2/15/29	Bonds	N/A	2.625%	2/15/2029	575,000	606,978	548,498
							8,433,509	8,119,125
<b>Corporate Debt Securities</b>								
	AT & T WIRELESS 8.750% 3/01/31	Corporate Bonds	N/A	8.750%	3/01/31	10,000	12,527	11,755
	AMERICAN TOWER CORP 4.050% 3/15/32	Corporate Bonds	N/A	4.050%	3/15/32	500,000	458,650	471,920
	COUNTRYWIDE HOME 5.25267% 12/19/33	Corporate Bonds	N/A	25267%	12/19/33	214	211	205
	COCA COLA CO 1.650% 6/01/30	Corporate Bonds	N/A	1.650%	6/01/30	250,000	240,178	218,283
	COCA COLA CO NT 2.000% 3/05/31	Corporate Bonds	N/A	2.000%	3/05/31	250,000	233,355	218,570
	COMCAST CORP 7.050% 3/15/33	Corporate Bonds	N/A	7.050%	3/15/33	5,000	4,976	5,652
	JOHN DEERE MTN 2.450% 1/09/30	Corporate Bonds	N/A	2.450%	1/09/30	75,000	80,889	68,843
	WALT DISNEY COMPANY 2.650% 1/13/31	Corporate Bonds	N/A	2.650%	1/13/31	200,000	204,088	180,680
	GLOBAL PMTS INC 2.900% 11/15/31	Corporate Bonds	N/A	2.900%	11/15/31	500,000	402,395	438,015
	GOLDMAN SACHS CAP I 6.345% 2/15/34	Corporate Bonds	N/A	6.345%	2/15/34	20,000	20,403	21,118
	INTERCONTINENTAL 4.600% 3/15/33	Corporate Bonds	N/A	4.600%	3/15/33	500,000	493,935	489,925
	IBM CORP 5.875% 11/29/32	Corporate Bonds	N/A	5.875%	11/29/32	415,000	446,917	441,519
	INTERNATIONAL 4.400% 7/27/32	Corporate Bonds	N/A	4.400%	7/27/32	500,000	492,700	484,130
	ELI LILLY CO 4.700% 2/09/34	Corporate Bonds	N/A	4.700%	2/9/1934	300,000	295,200	296,763
	LOCKHEED MARTIN CORP 8.500% 12/01/29	Corporate Bonds	N/A	8.500%	12/01/29	10,000	13,322	11,752
	LOWES COMPANIES INC 6.500% 3/15/29	Corporate Bonds	N/A	6.500%	3/15/29	10,000	8,474	10,699
	MARRIOTT INTL INC 3.500% 10/15/32	Corporate Bonds	N/A	3.500%	10/15/32	500,000	428,350	445,840
	PAYPAL HLDGS INC 4.400% 6/01/32	Corporate Bonds	N/A	4.400%	6/01/32	500,000	491,355	487,110
	PROCTOR GAMBLE CO 1.200% 10/29/30	Corporate Bonds	N/A	1.200%	10/29/30	200,000	186,066	169,676
	CHARLES SCHWAB CORP 2.900% 3/03/32	Corporate Bonds	N/A	2.900%	3/03/32	75,000	65,941	65,907
	STRYKER CORPORATION 4.625% 9/11/34	Corporate Bonds	N/A	4.625%	9/11/1934	500,000	484,205	486,780
	TIME WARNER INC 6.625% 5/15/29	Corporate Bonds	N/A	6.625%	5/15/29	10,000	10,375	10,445
	UNION PAC CORP 4.500% 1/20/33	Corporate Bonds	N/A	4.500%	1/20/33	300,000	288,210	294,648
	UNITEDHEALTH GROUP 2.000% 5/15/30	Corporate Bonds	N/A	2.000%	5/15/30	400,000	405,378	353,340
	VERIZON GLOBAL FDG 7.750% 12/01/30	Corporate Bonds	N/A	7.750%	12/01/30	15,000	17,163	17,163
	WASTE MGMT INC 4.875% 2/15/34	Corporate Bonds	N/A	4.875%	2/15/1934	500,000	492,020	500,040
	WORKDAY INC 3.800% 4/01/32	Corporate Bonds	N/A	3.800%	4/01/32	500,000	457,445	462,785
							6,734,727	6,663,562

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN: 93-6028742 Plan Number: 001**  
**March 31, 2025**

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
<b>Equity Securities</b>								
	ALPHABET INC CL C	Domestic Stock	N/A	N/A	N/A	N/A	\$ 315,743	\$ 501,342
	AMAZON COM INC	Domestic Stock	N/A	N/A	N/A	N/A	407,564	580,483
	APPLE INC COM	Domestic Stock	N/A	N/A	N/A	N/A	470,394	755,020
	ARISTA NETWORKS INC	Domestic Stock	N/A	N/A	N/A	N/A	194,161	139,077
	BOSTON SCIENTIFIC CORP	Domestic Stock	N/A	N/A	N/A	N/A	256,869	281,556
	BROADCOM INC	Domestic Stock	N/A	N/A	N/A	N/A	243,704	290,658
	COSTCO WHSL CORP	Domestic Stock	N/A	N/A	N/A	N/A	216,797	298,866
	ECOLAB INC	Domestic Stock	N/A	N/A	N/A	N/A	208,658	239,323
	META PLATFORMS INC	Domestic Stock	N/A	N/A	N/A	N/A	234,542	312,963
	GUIDEWIRE SOFTWARE INC	Domestic Stock	N/A	N/A	N/A	N/A	256,525	273,733
	HOME DEPOT INC	Domestic Stock	N/A	N/A	N/A	N/A	178,306	185,810
	JPMORGAN CHASE CO	Domestic Stock	N/A	N/A	N/A	N/A	167,232	182,258
	ELI LILLY CO	Domestic Stock	N/A	N/A	N/A	N/A	207,196	269,247
	MASTERCARD INC	Domestic Stock	N/A	N/A	N/A	N/A	121,829	118,942
	MICROSOFT CORP COM	Domestic Stock	N/A	N/A	N/A	N/A	382,139	731,260
	MONOLITHIC POWER SYSTEMS INC	Domestic Stock	N/A	N/A	N/A	N/A	192,448	147,315
	NETFLIX COM INC	Domestic Stock	N/A	N/A	N/A	N/A	141,659	274,164
	NVIDIA CORP	Domestic Stock	N/A	N/A	N/A	N/A	323,919	707,505
	PALO ALTO NETWORKS INC	Domestic Stock	N/A	N/A	N/A	N/A	255,063	246,575
	S P GLOBAL INC COM	Domestic Stock	N/A	N/A	N/A	N/A	273,542	278,947
	SALESFORCE INC	Domestic Stock	N/A	N/A	N/A	N/A	240,518	245,818
	SERVICENOW INC COM	Domestic Stock	N/A	N/A	N/A	N/A	344,759	273,872
	TESLA INC	Domestic Stock	N/A	N/A	N/A	N/A	207,920	225,988
	UNION PACIFIC CORP COM	Domestic Stock	N/A	N/A	N/A	N/A	178,928	181,905
	VISA INC COM CL A	Domestic Stock	N/A	N/A	N/A	N/A	164,094	293,685
	WEST PHARMACEUTICAL SVCS INC COM	Domestic Stock	N/A	N/A	N/A	N/A	131,663	87,537
	EATON CORP PLC SHS	Foreign Stock	N/A	N/A	N/A	N/A	185,017	144,885
	ASML HOLDING NV NY REG SHS A D R	Foreign Stock	N/A	N/A	N/A	N/A	111,496	83,491
							<u>6,612,685</u>	<u>8,352,226</u>
<b>Mutual Funds and Exchange-Traded Funds</b>								
	INVESCO S P 500 EQUAL WEIGHT ETF	Mutual Funds and Exchange-Traded Funds	N/A	N/A	N/A	N/A	3,388,678	3,356,158
	PROSHARES S P 500 DIVIDEND ETF	Mutual Funds and Exchange-Traded Funds	N/A	N/A	N/A	N/A	1,494,834	1,779,056
	SPDR PORTFOLIO SP 500 GROWTH ETF	Mutual Funds and Exchange-Traded Funds	N/A	N/A	N/A	N/A	1,404,230	2,076,279
	VANGUARD FTSE ALL WORLD EX US ETF	Mutual Funds and Exchange-Traded Funds	N/A	N/A	N/A	N/A	1,768,344	1,740,275
	VANGUARD MID CAP INDEX FUND ETF	Mutual Funds and Exchange-Traded Funds	N/A	N/A	N/A	N/A	965,523	1,761,461
	VANGUARD VALUE INDEX FUND ETF	Mutual Funds and Exchange-Traded Funds	N/A	N/A	N/A	N/A	3,083,725	3,972,329
	VANGUARD SMALL CAP INDEX FUND ETF	Mutual Funds and Exchange-Traded Funds	N/A	N/A	N/A	N/A	1,398,722	1,618,997
	VANGUARD MORTGAGE BACKED ETF	Mutual Funds and Exchange-Traded Funds	N/A	N/A	N/A	N/A	1,648,732	1,661,464
							<u>15,152,786</u>	<u>17,966,018</u>
								<u>\$ 41,619,270</u>

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
	<u>Series of Transactions with Same Broker - Cap Institutional Services Inc</u>								
	ARISTA NETWORKS INC	Equity Security	\$ -	\$ 232,875	\$ -	\$ 49	\$ 155,626	\$ 232,875	\$ 77,249
	SALESFORCE INC	Equity Security	-	91,080	-	19	76,008	91,080	15,072
	APPLE INC COM	Equity Security	36,972	-	-	10	36,972	36,972	-
	ADOBE INC	Equity Security	-	172,270	-	24	214,652	172,270	(42,383)
	NVIDIA CORP	Equity Security	53,742	-	-	2	53,742	53,742	-
	AMETEK INC	Equity Security	-	87,119	-	29	86,048	87,119	1,071
	UNION PACIFIC CORP COM	Equity Security	-	47,168	-	12	45,604	47,168	1,565
	HOME DEPOT INC	Equity Security	-	109,590	-	19	109,662	109,590	(72)
	AMETEK INC	Equity Security	-	48,651	-	16	47,475	48,651	1,176
	MASTERCARD INC	Equity Security	132,141	-	-	15	132,141	132,141	-
	META PLATFORMS INC	Equity Security	15,126	-	-	2	15,126	15,126	-
	UNITEDHEALTH GROUP INC COM	Equity Security	-	280,117	-	36	261,041	280,117	19,076
	BROADCOM INC	Equity Security	-	73,654	-	4	60,249	73,654	13,405
	TESLA INC	Equity Security	26,928	-	-	6	26,928	26,928	-
	AMAZON COM INC	Equity Security	-	86,881	-	25	56,840	86,881	30,041
	MASTERCARD INC	Equity Security	-	124,720	-	18	109,324	124,720	15,396
	S P GLOBAL INC COM	Equity Security	126,540	-	-	13	126,540	126,540	-
	MERCK CO INC	Equity Security	133,825	-	-	53	133,825	133,825	-
	SALESFORCE INC	Equity Security	82,315	-	-	16	82,315	82,315	-
	S P GLOBAL INC COM	Equity Security	-	132,486	-	17	116,176	132,486	16,310
	ENERGY SELECT SECTOR SDPR FUND ETF	Exchange-Traded Fund	-	538,054	-	303	455,951	538,054	82,103
	INVESCO S P 500 EQUAL WEIGHT ETF	Exchange-Traded Fund	1,718,466	-	-	500	1,718,466	1,718,466	-
	ISHARES MSCI EAFE ETF	Exchange-Traded Fund	-	107,423	-	70	88,272	107,423	19,152
	ISHARES MSCI EMERGING EX CHINA ETF	Exchange-Traded Fund	647,163	-	-	537	647,163	647,163	-
	ISHARES MSCI EMERGING MARKETS ETF	Exchange-Traded Fund	-	768,613	-	917	677,988	768,613	90,625
	VANGUARD VALUE INDEX FUND ETF	Exchange-Traded Fund	-	339,526	-	110	270,744	339,526	68,781
	VANGUARD MID CAP ETF	Exchange-Traded Fund	-	78,682	-	18	44,229	78,682	34,453
	VANGUARD SMALL CAP INDEX FUND ETF	Exchange-Traded Fund	-	94,708	-	23	77,590	94,708	17,119
	PROSHARES S P 500 DIVIDEND ETF	Exchange-Traded Fund	-	196,941	-	103	167,075	196,941	29,866
	AMETEK INC	Equity Security	-	124,921	-	43	138,405	124,921	(13,484)
	APPLE INC COM	Equity Security	55,924	-	-	13	55,924	55,924	-
	ELI LILLY CO	Equity Security	-	37,370	-	3	24,404	37,370	12,966
	UNION PACIFIC CORP COM	Equity Security	-	48,608	-	11	44,623	48,608	3,985
	MICROSOFT CORP COM	Equity Security	50,545	-	-	6	50,545	50,545	-
	HOME DEPOT INC	Equity Security	-	41,851	-	7	40,465	41,851	1,386
	STRYKER CORP	Equity Security	-	53,591	-	9	41,473	53,591	12,118
	AMAZON COM INC	Equity Security	43,873	-	-	12	43,873	43,873	-
	PALO ALTO NETWORKS INC	Equity Security	-	27,766	-	5	25,955	27,766	1,811
	NETFLIX COM INC	Equity Security	18,454	-	-	1	18,454	18,454	-
	VISA INC COM CL A	Equity Security	-	47,040	-	10	33,093	47,040	13,947
	SALESFORCE INC	Equity Security	25,363	-	-	5	25,363	25,363	-
	MONOLITHIC POWER SYSTEMS INC	Equity Security	19,386	-	-	1	19,386	19,386	-
	S P GLOBAL INC COM	Equity Security	88,940	-	-	9	88,940	88,940	-
	TRANSDIGM GROUP INC	Equity Security	96,949	-	-	4	96,949	96,949	-
	UNION PACIFIC CORP COM	Equity Security	17,131	-	-	4	17,131	17,131	-
	ECOLAB INC	Equity Security	11,871	-	-	2	11,871	11,871	-
	MERCK CO INC	Equity Security	-	101,014	-	49	113,869	101,014	(12,855)
	JPMORGAN CHASE CO	Equity Security	11,606	-	-	3	11,606	11,606	-
	TRANSDIGM GROUP INC	Equity Security	23,408	-	-	1	23,408	23,408	-

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
	UNION PACIFIC CORP COM	Equity Security	\$ -	\$ 99,911	\$ -	\$ 23	\$ 95,890	\$ 99,911	\$ 4,022
	STRYKER CORP	Equity Security	-	274,709	-	47	215,383	274,709	59,326
	BOSTON SCIENTIFIC CORP	Equity Security	280,752	-	-	166	280,752	280,752	-
	ELI LILLY CO	Equity Security	25,833	-	-	2	25,833	25,833	-
	INTUIT COM	Equity Security	40,520	-	-	3	40,520	40,520	-
	JPMORGAN CHASE CO	Equity Security	-	22,021	-	6	20,895	22,021	1,125
	SALESFORCE INC	Equity Security	-	28,861	-	6	23,012	28,861	5,849
	S P GLOBAL INC COM	Equity Security	16,044	-	-	2	16,044	16,044	-
	APPLE INC COM	Equity Security	-	147,282	-	37	89,678	147,282	57,604
	ELI LILLY CO	Equity Security	10,684	-	-	1	10,684	10,684	-
	HOME DEPOT INC	Equity Security	14,970	-	-	2	14,970	14,970	-
	INTUIT COM	Equity Security	92,963	-	-	7	92,963	92,963	-
	JPMORGAN CHASE CO	Equity Security	-	148,561	-	35	133,262	148,561	15,300
	BLACKSTONE GROUP INC CLASS A	Equity Security	93,337	-	-	26	93,337	93,337	-
	MONOLITHIC POWER SYSTEMS INC	Equity Security	-	85,642	-	8	91,174	85,642	(5,532)
	TRANSDIGM GROUP INC	Equity Security	-	129,857	-	8	126,682	129,857	3,175
	INTUIT COM	Equity Security	-	275,766	-	29	278,659	275,766	(2,893)
	GUIDEWIRE SOFTWARE INC	Equity Security	94,520	-	-	27	94,520	94,520	-
	GUIDEWIRE SOFTWARE INC	Equity Security	45,917	-	-	13	45,917	45,917	-
	NVIDIA CORP	Equity Security	-	69,571	-	29	21,755	69,571	47,816
	MONOLITHIC POWER SYSTEMS INC	Equity Security	27,644	-	-	2	27,644	27,644	-
	ELI LILLY CO	Equity Security	-	20,918	-	2	17,160	20,918	3,758
	MICROSOFT CORP COM	Equity Security	-	166,771	-	24	76,899	166,771	89,872
	BOSTON SCIENTIFIC CORP	Equity Security	-	32,826	-	19	31,025	32,826	1,801
	GUIDEWIRE SOFTWARE INC	Equity Security	128,834	-	-	38	128,834	128,834	-
	SERVICENOW INC COM	Equity Security	122,657	-	-	6	122,657	122,657	-
	JPMORGAN CHASE CO	Equity Security	118,883	-	-	25	118,883	118,883	-
	ISHARES MSCI EAFE ETF	Exchange-Traded Fund	37,319	-	-	25	37,319	37,319	-
	ISHARES MSCI EMERGING EX CHINA ETF	Exchange-Traded Fund	48,926	-	-	44	48,926	48,926	-
	NETFLIX COM INC	Equity Security	-	34,204	-	3	18,310	34,204	15,894
	VISA INC COM CL A	Equity Security	-	51,135	-	10	31,722	51,135	19,412
	SPDR PORTFOLIO SP 500 GROWTH ETF	Exchange-Traded Fund	-	209,866	-	124	123,935	209,866	85,931
	S P GLOBAL INC COM	Equity Security	-	152,406	-	20	139,713	152,406	12,693
	TRANSDIGM GROUP INC	Equity Security	-	92,161	-	6	95,012	92,161	(2,851)
	HOME DEPOT INC	Equity Security	-	83,071	-	13	75,965	83,071	7,106
	COSTCO WHSL CORP	Equity Security	22,132	-	-	1	22,132	22,132	-
	INVESCO S P 500 EQUAL WEIGHT ETF	Exchange-Traded Fund	1,670,211	-	-	469	1,670,211	1,670,211	-
	PROSHARES S P 500 DIVIDEND ETF	Exchange-Traded Fund	-	1,566,711	-	829	1,348,707	1,566,711	218,003
	GUIDEWIRE SOFTWARE INC	Equity Security	-	45,261	-	12	37,974	45,261	7,287
	PALO ALTO NETWORKS INC	Equity Security	-	129,537	-	38	110,548	129,537	18,989
	ARISTA NETWORKS INC	Equity Security	93,615	-	-	41	93,615	93,615	-
	BOSTON SCIENTIFIC CORP	Equity Security	-	118,673	-	61	97,229	118,673	21,444
	ECOLAB INC	Equity Security	-	143,583	-	33	113,226	143,583	30,356
	ECOLAB INC	Equity Security	94,851	-	-	18	94,851	94,851	-
	NVIDIA CORP	Equity Security	-	43,653	-	17	13,085	43,653	30,568
	ASML HOLDING NV NY REG SHS A D R	Equity Security	-	52,976	-	5	62,827	52,976	(9,851)
	ARISTA NETWORKS INC	Equity Security	100,546	-	-	49	100,546	100,546	-
	GUIDEWIRE SOFTWARE INC	Equity Security	-	93,685	-	25	77,329	93,685	16,356
	MASTERCARD INC	Equity Security	93,353	-	-	8	93,353	93,353	-
	JPMORGAN CHASE CO	Equity Security	-	97,399	-	21	81,928	97,399	15,471

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)	
	ISHARES MSCI EAFE ETF	Exchange-Traded Fund	\$ -	\$ 698,555	-	\$ 446	\$ 568,005	\$ 698,555	\$ 130,551	
	VANGUARD FTSE ALL WORLD EX US ETF	Exchange-Traded Fund	1,768,344	-	-	1,434	1,768,344	1,768,344	-	
	ISHARES MSCI EMERGING EX CHINA ETF	Exchange-Traded Fund	-	667,923	-	599	696,089	667,923	(28,167)	
	PROSHARES S P 500 DIVIDEND ETF	Exchange-Traded Fund	-	427,166	-	221	359,049	427,166	68,117	
	UNION PACIFIC CORP COM	Equity Security	-	10,656	-	3	10,224	10,656	432	
	NVIDIA CORP	Equity Security	90,695	-	-	39	90,695	90,695	-	
	MASTERCARD INC	Equity Security	28,475	-	-	3	28,475	28,475	-	
	SERVICENOW INC COM	Equity Security	38,216	-	-	2	38,216	38,216	-	
	EASON CORP PLC SHS	Equity Security	29,266	-	-	5	29,266	29,266	-	
	TESLA INC	Equity Security	25,367	-	-	5	25,367	25,367	-	
	SALESFORCE INC	Equity Security	28,028	-	-	5	28,028	28,028	-	
	MONOLITHIC POWER SYSTEMS INC	Equity Security	-	35,007	-	4	44,703	35,007	(9,696)	
	GUIDEWIRE SOFTWARE INC	Equity Security	67,015	-	-	19	67,015	67,015	-	
	GUIDEWIRE SOFTWARE INC	Equity Security	35,542	-	-	9	35,542	35,542	-	
	COSTCO WHSL CORP	Equity Security	26,917	-	-	2	26,917	26,917	-	
	SERVICENOW INC COM	Equity Security	45,199	-	-	3	45,199	45,199	-	
	Total series of transactions with same broker		<u>\$ 8,894,243</u>	<u>\$ 10,349,043</u>	<u>\$ -</u>	<u>\$ 8,428</u>	<u>\$ 17,804,138</u>	<u>\$ 19,243,286</u>	<u>\$ 1,439,147</u>	
	<u>Series of Transactions with Same Broker - Instinet</u>									
	HOME DEPOT INC	Equity Security	24,273	-	-	4	24,273	24,273	-	
	S P GLOBAL INC COM	Equity Security	-	144,784	-	19	121,740	144,784	23,044	
	ELI LILLY CO	Equity Security	9,414	-	-	1	9,414	9,414	-	
	HOME DEPOT INC	Equity Security	13,942	-	-	2	13,942	13,942	-	
	HONEYWELL INTL INC	Equity Security	-	139,893	-	37	146,166	139,893	(6,273)	
	WORKDAY INC	Equity Security	13,222	-	-	3	13,222	13,222	-	
	BROADCOM INC	Equity Security	95,885	-	-	4	95,885	95,885	-	
	NETFLIX COM INC	Equity Security	16,941	-	-	2	16,941	16,941	-	
	ALPHABET INC CL C	Equity Security	-	191,391	-	62	104,843	191,391	86,548	
	SALESFORCE INC	Equity Security	31,317	-	-	6	31,317	31,317	-	
	S P GLOBAL INC COM	Equity Security	145,660	-	-	18	145,660	145,660	-	
	TRANSDIGM GROUP INC	Equity Security	88,788	-	-	3	88,788	88,788	-	
	APPLE INC COM	Equity Security	80,156	-	-	21	80,156	80,156	-	
	WORKDAY INC	Equity Security	-	97,327	-	20	77,829	97,327	19,498	
	TRANSDIGM GROUP INC	Equity Security	46,472	-	-	2	46,472	46,472	-	
	MONOLITHIC POWER SYSTEMS INC	Equity Security	89,281	-	-	6	89,281	89,281	-	
	S P GLOBAL INC COM	Equity Security	-	157,823	-	23	138,159	157,823	19,663	
	ELI LILLY CO	Equity Security	-	37,040	-	3	27,381	37,040	9,659	
	COSTCO WHSL CORP	Equity Security	-	37,120	-	3	28,927	37,120	8,192	
	NETFLIX COM INC	Equity Security	-	46,372	-	5	31,082	46,372	15,290	
	APPLE INC COM	Equity Security	20,786	-	-	5	20,786	20,786	-	
	MONOLITHIC POWER SYSTEMS INC	Equity Security	39,925	-	-	2	39,925	39,925	-	
	SPDR PORTFOLIO SP 500 GROWTH ETF	Exchange-Traded Fund	-	198,376	-	128	128,599	198,376	69,777	
	STRYKER CORP	Equity Security	33,420	-	-	5	33,420	33,420	-	
	MASTERCARD INC	Equity Security	31,946	-	-	4	31,946	31,946	-	
	COSTCO WHSL CORP	Equity Security	15,448	-	-	1	15,448	15,448	-	
	META PLATFORMS INC	Equity Security	3,056	-	-	3,056	3,056	3,056	-	
	BROADCOM INC	Equity Security	21,498	-	-	1	21,498	21,498	-	
	NETFLIX COM INC	Equity Security	17,676	-	-	1	17,676	17,676	-	
	VISA INC COM CL A	Equity Security	28,067	-	-	5	28,067	28,067	-	

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
	MONOLITHIC POWER SYSTEMS INC	Equity Security	\$ 35,515	\$ -	\$ -	\$ 2	\$ 35,515	\$ 35,515	\$ -
	S P GLOBAL INC COM	Equity Security	32,415	-	-	4	32,415	32,415	-
	APPLE INC COM	Equity Security	-	69,441	-	17	39,546	69,441	29,895
	UNION PACIFIC CORP COM	Equity Security	37,004	-	-	8	37,004	37,004	-
	MICROSOFT CORP COM	Equity Security	-	183,849	-	26	75,470	183,849	108,380
	AMETEK INC	Equity Security	138,405	-	-	39	138,405	138,405	-
	NVIDIA CORP	Equity Security	-	118,657	-	50	29,732	118,657	88,925
	MASTERCARD INC	Equity Security	-	184,069	-	26	159,016	184,069	25,052
	JPMORGAN CHASE CO	Equity Security	321,677	-	-	75	321,677	321,677	-
	ASML HOLDING NV NY REG SHS A D R	Equity Security	-	155,011	-	12	127,407	155,011	27,604
	MONOLITHIC POWER SYSTEMS INC	Equity Security	82,594	-	-	5	82,594	82,594	-
	S P GLOBAL INC COM	Equity Security	-	12,371	-	2	10,639	12,371	1,732
	NETFLIX COM INC	Equity Security	25,218	-	-	2	25,218	25,218	-
	MONOLITHIC POWER SYSTEMS INC	Equity Security	-	51,094	-	4	45,033	51,094	6,061
	BROADCOM INC	Equity Security	29,457	-	-	9	29,457	29,457	-
	PROSHARES S P 500 DIVIDEND ETF	Exchange-Traded Fund	-	93,953	-	47	76,326	93,953	17,627
	INTUIT COM	Equity Security	91,675	-	-	7	91,675	91,675	-
	BROADCOM INC	Equity Security	-	32,657	-	11	26,816	32,657	5,841
	SALESFORCE INC	Equity Security	-	26,030	-	6	23,249	26,030	2,781
	MONOLITHIC POWER SYSTEMS INC	Equity Security	-	29,171	-	2	25,819	29,171	3,352
	TRANSDIGM GROUP INC	Equity Security	-	19,431	-	1	18,402	19,431	1,029
	HOME DEPOT INC	Equity Security	-	34,795	-	5	30,349	34,795	4,446
	ECOLAP INC	Equity Security	-	18,767	-	4	13,895	18,767	4,872
	INTUIT COM	Equity Security	53,501	-	-	4	53,501	53,501	-
	NETFLIX COM INC	Equity Security	-	17,674	-	2	12,046	17,674	5,628
	TRANSDIGM GROUP INC	Equity Security	-	12,937	-	1	11,830	12,937	1,107
	TESLA INC	Equity Security	10,633	-	-	2	10,633	10,633	-
	TRANSDIGM GROUP INC	Equity Security	-	46,972	-	3	48,825	46,972	(1,854)
	NVIDIA CORP	Equity Security	-	72,563	-	29	21,795	72,563	50,767
	WEST PHARMACEUTICAL SVCS INC COM	Equity Security	131,663	-	-	20	131,663	131,663	-
	MERCK CO INC	Equity Security	-	140,820	-	74	171,049	140,820	(30,228)
	NVIDIA CORP	Equity Security	-	34,957	-	15	11,505	34,957	23,452
	UNION PACIFIC CORP COM	Equity Security	12,197	-	-	3	12,197	12,197	-
	BOSTON SCIENTIFIC CORP	Equity Security	104,371	-	-	50	104,371	104,371	-
	BLACKSTONE GROUP INC CLASS A	Equity Security	18,691	-	-	5	18,691	18,691	-
	EATON CORP PLC SHS	Equity Security	8,816	-	-	1	8,816	8,816	-
	MONOLITHIC POWER SYSTEMS INC	Equity Security	59,433	-	-	4	59,433	59,433	-
	BLACKSTONE GROUP INC CLASS A	Equity Security	-	140,920	-	47	153,441	140,920	(12,522)
	S P GLOBAL INC COM	Equity Security	152,092	-	-	14	152,092	152,092	-
	MICROSOFT CORP COM	Equity Security	-	14,276	-	2	6,866	14,276	7,410
	AMAZON COM INC	Equity Security	-	98,937	-	25	58,777	98,937	40,160
	META PLATFORMS INC	Equity Security	-	46,858	-	5	28,508	46,858	18,351
	PALO ALTO NETWORKS INC	Equity Security	104,781	-	-	25	104,781	104,781	-
	ALPHABET INC CL C	Equity Security	-	96,285	-	29	51,263	96,285	45,022
	ELI LILLY CO	Equity Security	-	13,505	-	1	9,534	13,505	3,972
	VANGUARD MORTGAGE BACKED ETF	Exchange-Traded Fund	-	81,395	-	202	81,478	81,395	(84)
	SPDR PORTFOLIO SP 500 GROWTH ETF	Exchange-Traded Fund	139,728	-	-	192	139,728	139,728	-
	Total series of transactions with same broker		<u>\$ 2,457,039</u>	<u>\$ 2,897,521</u>	<u>\$ -</u>	<u>\$ 1,515</u>	<u>\$ 4,630,381</u>	<u>\$ 5,354,560</u>	<u>\$ 724,176</u>

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
<u>Series of Transactions with Same Broker - Morgan Stanley &amp; Co. LLC</u>									
	Bristol Myers 3.250% 2/27/27	Corporate Bond	\$ -	\$ 191,840	\$ -		\$ 191,840	\$ 217,280	\$ (25,440)
	Deere John Mtn 1.450% 1/15/31	Corporate Bond	-	202,238	-		202,238	235,738	(33,500)
	U S Treasury Nt 4.000% 2/15/34	US Government Security	1,137,226	-	-		1,137,226	1,137,226	-
	U S Treasury Nt 2.250% 11/15/27	US Government Security	-	143,865	-		143,865	152,391	(8,526)
	U S Treasury Nt 2.250% 11/15/27	US Government Security	-	260,262	-		260,262	279,384	(19,123)
	U S Treasury Nt 2.625% 2/15/29	US Government Security	-	705,146	-		705,146	791,710	(86,564)
	Total series of transactions with same broker		<u>\$ 1,137,226</u>	<u># \$ 1,503,351</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,640,577</u>	<u>\$ 2,813,729</u>	<u>\$ (173,153)</u>
<u>Series of Transactions in Same Security</u>									
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	112,709	-	-	-	112,709	112,709	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	4,811	-	-	-	4,811	4,811	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	889	-	-	-	889	889	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	372	-	-	-	372	372	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	81,848	-	-	-	81,848	81,848	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2	-	-	-	2	2	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	169,322	-	-	-	169,322	169,322	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	120,512	-	-	-	120,512	120,512	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	92,468	-	-	-	92,468	92,468	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	657	-	-	-	657	657	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	663	-	-	-	663	663	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	4,287	-	-	-	4,287	4,287	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	505	-	-	-	505	505	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	71,048	-	-	-	71,048	71,048	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	144	-	-	-	144	144	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	57,701	-	-	-	57,701	57,701	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	18,170	-	-	-	18,170	18,170	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2	-	-	-	2	2	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	54,881	-	-	-	54,881	54,881	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	103,271	-	-	-	103,271	103,271	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	120,532	-	-	-	120,532	120,532	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	81,555	-	-	-	81,555	81,555	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	14,622	-	-	-	14,622	14,622	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3,724	-	-	-	3,724	3,724	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	5,640	-	-	-	5,640	5,640	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	510	-	-	-	510	510	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3,917	-	-	-	3,917	3,917	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	184,783	-	-	-	184,783	184,783	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2	-	-	-	2	2	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,191	-	-	-	1,191	1,191	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	73,555	-	-	-	73,555	73,555	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	7,709	-	-	-	7,709	7,709	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3,197	-	-	-	3,197	3,197	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	198,376	-	-	-	198,376	198,376	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	32,004	-	-	-	32,004	32,004	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	321,047	-	-	-	321,047	321,047	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	28,416	-	-	-	28,416	28,416	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,838	-	-	-	1,838	1,838	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	24,474	-	-	-	24,474	24,474	-

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	\$ 5,911	\$ -	\$ -	\$ -	\$ 5,911	\$ 5,911	\$ -
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	131,348	-	-	-	131,348	131,348	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2	-	-	-	2	2	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	6,804	-	-	-	6,804	6,804	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	12,654	-	-	-	12,654	12,654	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	11,000	-	-	-	11,000	11,000	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	663	-	-	-	663	663	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	5,670	-	-	-	5,670	5,670	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	240	-	-	-	240	240	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	7,817	-	-	-	7,817	7,817	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	89,142	-	-	-	89,142	89,142	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	64	-	-	-	64	64	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	51,094	-	-	-	51,094	51,094	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2,133	-	-	-	2,133	2,133	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2,910	-	-	-	2,910	2,910	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	8,306	-	-	-	8,306	8,306	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	450	-	-	-	450	450	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	334	-	-	-	334	334	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3,689	-	-	-	3,689	3,689	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,256	-	-	-	1,256	1,256	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	22,898	-	-	-	22,898	22,898	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	388,726	-	-	-	388,726	388,726	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	15,677	-	-	-	15,677	15,677	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3,432	-	-	-	3,432	3,432	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	35,099	-	-	-	35,099	35,099	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	6,944	-	-	-	6,944	6,944	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	30,180	-	-	-	30,180	30,180	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	14,645	-	-	-	14,645	14,645	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	17,688	-	-	-	17,688	17,688	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	5,531	-	-	-	5,531	5,531	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,796	-	-	-	1,796	1,796	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	452	-	-	-	452	452	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	128,632	-	-	-	128,632	128,632	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	9,798	-	-	-	9,798	9,798	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	14,337	-	-	-	14,337	14,337	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3	-	-	-	3	3	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	99,911	-	-	-	99,911	99,911	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,200	-	-	-	1,200	1,200	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2,900	-	-	-	2,900	2,900	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	275	-	-	-	275	275	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	100,699	-	-	-	100,699	100,699	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,012	-	-	-	1,012	1,012	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	86,124	-	-	-	86,124	86,124	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2	-	-	-	2	2	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	182,860	-	-	-	182,860	182,860	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	31	-	-	-	31	31	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	12,191	-	-	-	12,191	12,191	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	14,659	-	-	-	14,659	14,659	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2,358	-	-	-	2,358	2,358	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	85,979	-	-	-	85,979	85,979	-

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	\$ 5,663	\$ -	\$ -	\$ -	\$ 5,663	\$ 5,663	\$ -
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	882	-	-	-	882	882	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	454	-	-	-	454	454	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	73,083	-	-	-	73,083	73,083	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3,598	-	-	-	3,598	3,598	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	774	-	-	-	774	774	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	41,927	-	-	-	41,927	41,927	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	8	-	-	-	8	8	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3	-	-	-	3	3	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	19,230	-	-	-	19,230	19,230	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	41,121	-	-	-	41,121	41,121	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	12,302	-	-	-	12,302	12,302	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,024	-	-	-	1,024	1,024	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	326,562	-	-	-	326,562	326,562	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,833	-	-	-	1,833	1,833	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	62,072	-	-	-	62,072	62,072	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2,165	-	-	-	2,165	2,165	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2,650	-	-	-	2,650	2,650	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,081	-	-	-	1,081	1,081	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	9,158	-	-	-	9,158	9,158	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	6,750	-	-	-	6,750	6,750	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	56,261	-	-	-	56,261	56,261	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	37,306	-	-	-	37,306	37,306	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	34,957	-	-	-	34,957	34,957	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2,183	-	-	-	2,183	2,183	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	124,690	-	-	-	124,690	124,690	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	143,665	-	-	-	143,665	143,665	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	850	-	-	-	850	850	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	98,799	-	-	-	98,799	98,799	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	151,575	-	-	-	151,575	151,575	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	123,362	-	-	-	123,362	123,362	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	13,505	-	-	-	13,505	13,505	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2,019	-	-	-	2,019	2,019	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,758	-	-	-	1,758	1,758	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	512	-	-	-	512	512	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	11,563	-	-	-	11,563	11,563	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	1,617	-	-	-	1,617	1,617	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	22,792	-	-	-	22,792	22,792	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	2	-	-	-	2	2	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	59,235	-	-	-	59,235	59,235	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	5,471	-	-	-	5,471	5,471	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	3,108	-	-	-	3,108	3,108	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	438,751	-	-	-	438,751	438,751	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	16,097	-	-	-	16,097	16,097	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	416	-	-	-	416	416	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	490,373	-	-	490,373	490,373	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	3,102	-	-	3,102	3,102	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	259,937	-	-	259,937	259,937	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	85,770	-	-	85,770	85,770	-
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	88,564	-	-	88,564	88,564	-

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	\$ -	\$ 260,000	\$ -	\$ -	\$ 260,000	\$ 260,000	\$ -	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	40,165	-	-	40,165	40,165	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	332,547	-	-	332,547	332,547	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	89,281	-	-	89,281	89,281	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	20,490	-	-	20,490	20,490	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	177,678	-	-	177,678	177,678	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	309,930	-	-	309,930	309,930	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	280,000	-	-	280,000	280,000	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	83,654	-	-	83,654	83,654	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	241,681	-	-	241,681	241,681	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	3,483	-	-	3,483	3,483	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	42,298	-	-	42,298	42,298	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	270,000	-	-	270,000	270,000	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	29,457	-	-	29,457	29,457	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	12,625	-	-	12,625	12,625	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	350,000	-	-	350,000	350,000	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	44,000	-	-	44,000	44,000	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	269,953	-	-	269,953	269,953	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	6,043	-	-	6,043	6,043	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	29,294	-	-	29,294	29,294	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	101,655	-	-	101,655	101,655	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	285,000	-	-	285,000	285,000	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	129,081	-	-	129,081	129,081	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	94,520	-	-	94,520	94,520	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	45,917	-	-	45,917	45,917	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	315,000	-	-	315,000	315,000	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	103,500	-	-	103,500	103,500	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	279,998	-	-	279,998	279,998	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	144,075	-	-	144,075	144,075	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	52,383	-	-	52,383	52,383	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	11,172	-	-	11,172	11,172	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	51,198	-	-	51,198	51,198	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	264,735	-	-	264,735	264,735	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	47,569	-	-	47,569	47,569	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	185,906	-	-	185,906	185,906	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	66,488	-	-	66,488	66,488	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	325,000	-	-	325,000	325,000	-	
	FIRST AM GOVT OB FD CL Y	Money Market Mutual Fund	-	99,661	-	-	99,661	99,661	-	
	Total Series of Transactions in Same Security		\$ 5,591,714	\$ 6,423,183	\$ -	\$ -	\$ 12,014,897	\$ 12,014,897	\$ -	
	<u>Series of Transactions in Same Security</u>									
	INVESCO S P 500 EQUAL WEIGHT ETF	Exchange-Traded Fund	1,718,466	-	-	-	1,718,466	1,718,466	-	
	INVESCO S P 500 EQUAL WEIGHT ETF	Exchange-Traded Fund	1,670,211	-	-	-	1,670,211	1,670,211	-	
	Total Series of Transactions in Same Security		\$ 3,388,677	\$ -	\$ -	\$ -	\$ 3,388,677	\$ 3,388,677	\$ -	
	<u>Series of Transactions in Same Security</u>									
	PROSHARES S P 500 DIVIDEND ETF	Exchange-Traded Fund	-	196,941	-	103	167,075	196,941	29,866	
	PROSHARES S P 500 DIVIDEND ETF	Exchange-Traded Fund	-	93,953	-	47	76,326	93,953	17,627	

See Independent Auditor's Report.

**Oregon District Foundry Pension Plan**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**EIN: 93-6028742 Plan Number: 001**  
**Year Ended March 31, 2025**

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
	PROSHARES S P 500 DIVIDEND ETF	Exchange-Traded Fund	\$ -	\$ 1,566,711	\$ -	\$ 829	\$ 1,348,707	\$ 1,566,711	\$ 218,003
	PROSHARES S P 500 DIVIDEND ETF	Exchange-Traded Fund	-	427,166	-	221	359,049	427,166	68,117
	Total Series of Transactions in Same Security		\$ -	\$ 2,284,771	\$ -	\$ 1,200	\$ 1,951,157	\$ 2,284,771	\$ 333,613

See Independent Auditor's Report.

**OREGON DISTRICT FOUNDRY PENSION PLAN**

**EIN 93-6028742**

**Plan No. 001**

**Plan Year Ended 03/31/2025**

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

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

**OREGON DISTRICT FOUNDRY PENSION PLAN**

**EIN 93-6028742**

**Plan No. 001**

**Plan Year Ended 03/31/2025**

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

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

**OREGON DISTRICT FOUNDRY PENSION PLAN**

**EIN 93-6028742**

**Plan No. 001**

**Plan Year Ended 03/31/2025**

**Form 5500, Schedule H, Part III**

**Financial Statements used to formulate IQPA's opinion**

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

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

**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**

<p><b>1a</b> Name of plan OREGON DISTRICT FOUNDRY PENSION PLAN</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) JOINT BOARD OF TRUSTEES, OREGON DISTRICT FOUNDRY PENSION TRUST</p> <p>906 NE 19TH AVENUE  PORTLAND OR 97232-2203</p>	<p><b>1c</b> Effective date of plan <u>04/01/1961</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>93-6028742</u></p> <p><b>2c</b> Plan Sponsor's telephone number (503) 235-8361</p> <p><b>2d</b> Business code (see instructions) <u>331110</u></p>

**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.

<b>SIGN HERE</b>	<p>DocuSigned by: <i>Charles Lehrer</i> <small>SZAEDSABFPAB390F...</small></p> <p><b>Signature of plan administrator</b></p>	1/9/2026	CHARLES LEHRER
		Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<p>Signed by: <i>Martha Cox</i> <small>SD770B0169914DE...</small></p> <p><b>Signature of employer/plan sponsor</b></p>	1/10/2026	MARTHA COX
		Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<p><b>Signature of DFE</b></p>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	768
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	352
	<b>6c</b>	321
	<b>6d</b>	673
	<b>6e</b>	77
	<b>6f</b>	750
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	0

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1B 1I

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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