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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                              |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023 |                                                                                                                                                                                                                                                                                                                                                                                              |
| A                                                                                          | This return/report is for:<br><div><input checked="" type="checkbox"/> a multiemployer plan<br/><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/><input type="checkbox"/> a single-employer plan<br/><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report<br/><input type="checkbox"/> the final return/report<br/><input type="checkbox"/> an amended return/report<br/><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                          |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558<br/><input type="checkbox"/> automatic extension<br/><input type="checkbox"/> the DFVC program<br/><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                           |    |                                                    |
| 1a      | Name of plan<br>IRON WORKERS LOCAL 580 SHOP PENSION FUND                                                                                                                                                                                                                                                                                                                         | 1b | Three-digit plan number (PN) ▶ 001                 |
|         |                                                                                                                                                                                                                                                                                                                                                                                  | 1c | Effective date of plan<br>06/29/1953               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES IRON WORKERS LOCAL 580 SHOP PENSION FUND<br><br>501 WEST 42ND STREET<br>2ND FLOOR<br>NEW YORK, NY 10036 | 2b | Employer Identification Number (EIN)<br>13-6613876 |
|         |                                                                                                                                                                                                                                                                                                                                                                                  | 2c | Plan Sponsor's telephone number<br>646-561-2390    |
|         |                                                                                                                                                                                                                                                                                                                                                                                  | 2d | Business code (see instructions)<br>238900         |
|         |                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                    |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 02/11/2024 | JOSEPH NOLAN                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 02/11/2024 | SIMON O. HEFFNER                                             |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>659</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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 .....                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>0</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>0</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>383</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>65</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>448</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>172</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>620</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |  | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |  | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> <span>0</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1B</b> <b>1I</b>                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</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)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> 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><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                                                      |                                                      |     |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023                           |                                                      |     |
| A Name of plan<br>IRON WORKERS LOCAL 580 SHOP PENSION FUND                                                           | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                      |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES IRON WORKERS LOCAL 580 SHOP PENSION FUND | D Employer Identification Number (EIN)<br>13-6613876 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
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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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| (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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**(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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**(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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**(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)

THE SEGAL CO. (EASTERN STATES) INC.

13-1835864

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | ACTUARY                                                                                           | 45000                                                                  | 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)

COLLERAN, O'HARA & MILLS, LLP

11-2940050

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | ATTORNEY                                                                                          | 39105                                                                  | 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)

LAW OFFICE OF STEVEN N. DAVI, PLLC

82-4935807

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | ATTORNEY                                                                                          | 27098                                                                  | 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)

SCHULTHEIS & PANETTIERI, LLP

13-1577780

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 27000                                                                  | 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)

MORGAN STANLEY GRAYSTONE

26-4310632

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 51                  | NONE                                                                                              | 17069                                                                  | 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)

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE                                                                                              | 6850                                                                   | 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)

SEAL SELECT INSURANCE SERVICES

46-0619194

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 23 53                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 9368                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| SEGAL SELECT INSURANCE SERVICES                         | 23 53                                   | 6071                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHUBB<br><br>13-1963496                                             | INSURANCE PREMIUMS                                                                                                                                                       |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| SEGAL SELECT INSURANCE SERVICES                         | 23 53                                   | 3297                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RLI INSURANCE<br><br>37-0915434                                     | INSURANCE PREMIUMS                                                                                                                                                       |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                          |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                             |                                                      |     |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023                                  |                                                      |     |
| A Name of plan<br>IRON WORKERS LOCAL 580 SHOP PENSION FUND                                                                  | B Three-digit plan number (PN) ►                     | 001 |
|                                                                                                                             |                                                      |     |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES IRON WORKERS LOCAL 580 SHOP PENSION FUND | D Employer Identification Number (EIN)<br>13-6613876 |     |

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

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

|                                            |                             |
|--------------------------------------------|-----------------------------|
| b Name of sponsor of entity listed in (a): | THE BANK OF NEW YORK MELLON |
|--------------------------------------------|-----------------------------|

|          |                |               |   |                                                                                              |         |
|----------|----------------|---------------|---|----------------------------------------------------------------------------------------------|---------|
| c EIN-PN | 25-6078093-001 | d Entity code | C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 3595572 |
|----------|----------------|---------------|---|----------------------------------------------------------------------------------------------|---------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <b>07/01/2022</b> and ending <b>06/30/2023</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>IRON WORKERS LOCAL 580 SHOP PENSION FUND</b>                                                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES IRON WORKERS LOCAL 580 SHOP PENSION FUND</b>                                                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br><b>13-6613876</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             | 314704337724    |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 840259785452    |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 362677019444    |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 241460385       |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          | 1658527         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       | 140880          |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       | 545514          |
| <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>       |                 |
| <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>          | 3595572         |
| <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>         | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 4091695         |
| <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>         | 3364731772      |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8909489               | 7175270         |

**Liabilities**

|                                                                           |           |        |       |
|---------------------------------------------------------------------------|-----------|--------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 48753  | 78049 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |        |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 297527 | 17912 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 346280 | 95961 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 8563209 | 7079309 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 157428     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 157428    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 358        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 58408      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 27982      |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 44613      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 131361    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 1938820    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 1985900    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -47080    |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -107289    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -107289   |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 345573    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 50412     |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 530405    |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1728952    |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  |            |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 1728952   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 138203     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 17302      |           |
| (4) Other .....                                                                                 | 2i(4)  | 129848     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 285353    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 2014305   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -1483900  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | 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>4f</b>                                                                                                                                                                                                                                                                                                  |     | 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | 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>4i</b>                                                                                                                                                                                                                                                                                                  | 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>4j</b>                                                                                                                                                                                                                                                                                                  | 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>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 498782.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>IRON WORKERS LOCAL 580 SHOP PENSION FUND                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES IRON WORKERS LOCAL 580 SHOP PENSION FUND                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>13-6613876                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 3 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|           |                                                                                                                                                                                                                                                                                                                                   |              |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <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> 0 |
| <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> 0 |
| <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> 0 |
| <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>   |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                                  | <b>15b</b>   |
| <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> 0 |
| <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>   |
| <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**

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_



# Schultheis & Panettieri LLP

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Jamie L. Krainski, CPA  
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Michael Garafalo, CPA, CFE  
Kyle Kamm, CPA  
Kim T. D'Amico, CPA

**DIRECTORS**

Stephen Bowen  
Anthony Sgroi  
William R. Shannon  
William Austin  
Kimberly Miller  
Michael Fox  
Viorel Kuzma  
Justin Katulka

**Independent Auditor's Report**

Board of Trustees  
Iron Workers Local 580 Shop Pension Fund

**Opinion**

We have audited the accompanying financial statements of the Iron Workers Local 580 Shop Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits in liquidation as of June 30, 2023 and 2022, and the related statements of changes in net assets available for benefits in liquidation for the years ended June 30, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits in liquidation of the Plan as of June 30, 2023 and 2022, and its changes in the net assets available for benefits in liquidation for the years ended June 30, 2023 and 2022 in accordance with accounting principles generally accepted in the United States of America applied on the basis described in Note 1 to the financial statements.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Emphasis of Matter**

As described in Note 1 to the financial statements, the Board of Trustees declared the Plan terminated by managed mass withdrawal effective January 31, 2017, under Section 4041A(a)(2) of ERISA due to the withdrawal of all employers. As a result, the financial statements are presented using the liquidation basis of accounting. 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; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 the 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.

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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 15 through 20 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

## Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on page 21 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, reading "Schulteis & Parutian LLP".

Hauppauge, New York  
February 12, 2024

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

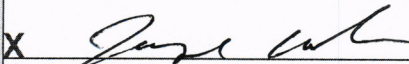
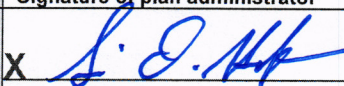
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. .... ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ☐

**Part II Basic Plan Information—enter all requested information****1a** Name of plan  
IRON WORKERS LOCAL 580 SHOP PENSION FUND**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan  
06/29/1953**2a** Plan sponsor's name (employer, if for a single-employer plan)  
Mailing address (include room, apt., suite no. and street, or P.O. Box)  
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  
BOARD OF TRUSTEES IRON WORKERS  
LOCAL 580 SHOP PENSION FUND**2b** Employer Identification Number (EIN)  
13-6613876**2c** Plan Sponsor's telephone number  
(646) 561-2390501 WEST 42ND STREET  
2ND FLOOR  
NEW YORK

NY 10036

**2d** Business code (see instructions)  
238900**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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

|                  |                                                                                                                         |                                             |                                                              |
|------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> 2/12/24 | <input checked="" type="checkbox"/> JOSEPH NOLAN             |
|                  | Signature of plan administrator                                                                                         | Date                                        | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> 2/12/24 | <input checked="" type="checkbox"/> Simon O. Heffner         |
|                  | 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 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                          |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 659 |
| <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>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0   |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                              |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 383 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 65  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                     |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 448 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                      |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 172 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 620 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                 |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                      |  | <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   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><div style="text-align: center;">1B 1I</div>                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>b</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)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                       |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                              |     |
| <b>10</b> 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><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**  
**FINANCIAL STATEMENTS - LIQUIDATION BASIS**  
**YEARS ENDED JUNE 30, 2023 AND 2022**

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**YEARS ENDED JUNE 30, 2023 AND 2022**

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# Schultheis & Panettieri LLP

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**Independent Auditor's Report**

Board of Trustees  
Iron Workers Local 580 Shop Pension Fund

**Opinion**

We have audited the accompanying financial statements of the Iron Workers Local 580 Shop Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits in liquidation as of June 30, 2023 and 2022, and the related statements of changes in net assets available for benefits in liquidation for the years ended June 30, 2023 and 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits in liquidation of the Plan as of June 30, 2023 and 2022, and its changes in the net assets available for benefits in liquidation for the years ended June 30, 2023 and 2022 in accordance with accounting principles generally accepted in the United States of America applied on the basis described in Note 1 to the financial statements.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Emphasis of Matter**

As described in Note 1 to the financial statements, the Board of Trustees declared the Plan terminated by managed mass withdrawal effective January 31, 2017, under Section 4041A(a)(2) of ERISA due to the withdrawal of all employers. As a result, the financial statements are presented using the liquidation basis of accounting. Our opinion is not modified with respect to this matter.

**Responsibilities of Management for the Financial Statements**

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In performing an audit in accordance with generally accepted auditing standards, 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 the 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.

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

### **Supplemental Schedules Required by ERISA**

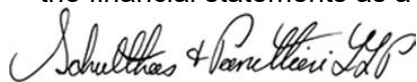
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In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under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

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A handwritten signature in cursive script, reading "Schulteis & Parutian LLP".

Hauppauge, New York  
February 12, 2024

# IRON WORKERS LOCAL 580 SHOP PENSION FUND

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION

JUNE 30, 2023 AND 2022

|                                                         | <u>2023</u>                | <u>2022</u>                |
|---------------------------------------------------------|----------------------------|----------------------------|
| <b>Assets</b>                                           |                            |                            |
| <b>Investments at fair value</b>                        |                            |                            |
| Interest bearing cash                                   | \$ 60,385                  | \$ 2,414                   |
| U.S. government securities                              | 1,658,527                  | -                          |
| Corporate debt instruments                              | 686,394                    | -                          |
| Common/collective trust funds                           | 3,595,572                  | -                          |
| Registered investment companies                         | -                          | 4,091,695                  |
| <b>Total investments</b>                                | <u>6,000,878</u>           | <u>4,094,109</u>           |
| <b>Receivables</b>                                      |                            |                            |
| Employers' withdrawal liability                         | 785,452                    | 840,259                    |
| Accrued interest/dividends                              | 13,637                     | -                          |
| Related organizations                                   | 5,807                      | -                          |
| Net trades pending settlement                           | -                          | 3,626,770                  |
| <b>Cash</b>                                             | 337,724                    | 314,704                    |
| <b>Prepaid expenses</b>                                 | <u>31,772</u>              | <u>33,647</u>              |
| <b>Total assets</b>                                     | <u>7,175,270</u>           | <u>8,909,489</u>           |
| <b>Liabilities</b>                                      |                            |                            |
| <b>Accounts payable</b>                                 | 78,049                     | 48,753                     |
| <b>Related organizations</b>                            | -                          | 297,527                    |
| <b>Net trades pending settlement</b>                    | <u>17,912</u>              | <u>-</u>                   |
| <b>Total liabilities</b>                                | <u>95,961</u>              | <u>346,280</u>             |
| <b>Net assets available for benefits in liquidation</b> | <u><u>\$ 7,079,309</u></u> | <u><u>\$ 8,563,209</u></u> |

# IRON WORKERS LOCAL 580 SHOP PENSION FUND

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION

YEARS ENDED JUNE 30, 2023 AND 2022

|                                                                | <u>2023</u>         | <u>2022</u>         |
|----------------------------------------------------------------|---------------------|---------------------|
| <b>Additions to net assets attributed to:</b>                  |                     |                     |
| <b>Investment income (loss)</b>                                |                     |                     |
| Net appreciation (depreciation) in fair value of investments   | \$ 241,616          | \$ (982,202)        |
| Interest/dividends                                             | <u>86,748</u>       | <u>245,016</u>      |
| <b>Total investment income (loss)</b>                          | 328,364             | (737,186)           |
| Less investment expenses                                       | <u>(17,302)</u>     | <u>(40,109)</u>     |
| <b>Net investment income (loss)</b>                            | 311,062             | (777,295)           |
| <b>Contributions</b>                                           |                     |                     |
| Employers' withdrawal liability                                | 157,428             | 159,729             |
| <b>Interest on withdrawal liability</b>                        | <u>44,613</u>       | <u>48,292</u>       |
| <b>Total additions</b>                                         | <u>513,103</u>      | <u>(569,274)</u>    |
| <b>Deductions from net assets attributed to:</b>               |                     |                     |
| <b>Benefits paid directly to participants or beneficiaries</b> | 1,728,952           | 1,885,767           |
| <b>Administrative expenses</b>                                 | <u>268,051</u>      | <u>266,889</u>      |
| <b>Total deductions</b>                                        | <u>1,997,003</u>    | <u>2,152,656</u>    |
| <b>Net increase (decrease)</b>                                 | (1,483,900)         | (2,721,930)         |
| <b>Net assets available for benefits in liquidation</b>        |                     |                     |
| Beginning of year                                              | <u>8,563,209</u>    | <u>11,285,139</u>   |
| End of year                                                    | <u>\$ 7,079,309</u> | <u>\$ 8,563,209</u> |

## **IRON WORKERS LOCAL 580 SHOP PENSION FUND**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED JUNE 30, 2023 AND 2022**

##### **Note 1 - Description of Plan and Significant Accounting Policies**

The following description of the Iron Workers Local 580 Shop Pension Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

##### ***General***

The Plan first became effective June 29, 1953 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the Ironworkers Local Union 580 (the "Union") and various employers and employer associations in the iron working industry in the New York City metropolitan area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

##### ***Plan termination upon managed mass withdrawal***

The Plan has been terminated by managed mass withdrawal effective January 31, 2017. A qualified independent fiduciary, on behalf of the Trustees of the Plan, amended the Plan to cease future service credits for all participants effective January 31, 2017. Settlement terms were negotiated with each of the contributing employers.

The Trustees shall continue to administer the Plan in accordance with applicable statutory provisions, regulations and plan provisions. Certain benefits are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Whether all participants receive their benefits will depend on the sufficiency of the Plan's net assets available to provide those benefits and may also depend on the level and type of benefits guaranteed by the PBGC.

##### ***Purpose***

The purpose of the Plan is to provide retirement benefits to eligible participants.

##### ***Participation***

A participant is a pensioner, beneficiary or individual employed by an employer subject to a collective bargaining agreement with the Union.

# **IRON WORKERS LOCAL 580 SHOP PENSION FUND**

## **NOTES TO FINANCIAL STATEMENTS**

### **YEARS ENDED JUNE 30, 2023 AND 2022**

#### **Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

##### ***Benefits***

In general, participants with five or more years vesting service are entitled to monthly pension benefits beginning at normal retirement age (65). The Plan permits early retirement at ages 55 and other forms of retirement based on age and years of credited service (pension credits).

Pension credits are based on earnings in covered employment. A participant may accumulate up to a maximum of 1 credit per year at 1/4 credit increments.

Monthly pension benefits are based on \$35 for each pension credit earned before January 1, 1998 and \$40 per pension credit earned on or after January 1, 1998.

Effective January 31, 2017, the Plan was amended to provide that no participant will receive credit for any purpose under the Plan for service with any employer after January 31, 2017.

##### ***Basis of accounting***

The financial statements are presented on the liquidation basis of accounting. This basis of accounting is considered appropriate when among other things, liquidation of a plan has occurred and the net realized values are reasonably determinable. Under this basis of accounting, assets are valued at their net values and liabilities are stated at their estimated settlement amounts.

##### ***Investment valuation and income recognition***

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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.

##### ***Use of estimates***

The preparation of financial statements in conformity with the liquidation basis of accounting and the accrual basis of accounting (accounting principles generally accepted in the United States of America) requires management to make estimates and assumptions that affect the amount reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

# **IRON WORKERS LOCAL 580 SHOP PENSION FUND**

## **NOTES TO FINANCIAL STATEMENTS**

### **YEARS ENDED JUNE 30, 2023 AND 2022**

#### **Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

##### ***Administrative expense allocation***

The administrative office is occupied by the Plan, the Union and the Annuity, Apprenticeship, and Welfare Funds, related organizations. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements paid to related organizations for the years ended June 30, 2023 and 2022 were \$33,865 and \$43,798, respectively.

#### **Note 2 - 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 inputs to the valuation methodology are unadjusted quoted prices, in active markets, for identical assets that the Plan has the ability to access.

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

Interest bearing cash: Valued at cost.

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

# IRON WORKERS LOCAL 580 SHOP PENSION FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

### Note 2 - Fair value measurements (cont'd)

Corporate debt instruments: 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.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: Common/collective trust funds were estimated by the management of the investments.

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

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2023, with fair value measurements on a recurring basis:

|                                          | 2023                | Level 1             | Level 2           | Level 3     |
|------------------------------------------|---------------------|---------------------|-------------------|-------------|
| <b>Investments at fair value</b>         |                     |                     |                   |             |
| Interest bearing cash                    | \$ 60,385           | \$ 60,385           | \$ -              | \$ -        |
| U.S. government securities               | 1,658,527           | 1,658,527           | -                 | -           |
| Corporate debt instruments               | <u>686,394</u>      | <u>-</u>            | <u>686,394</u>    | <u>-</u>    |
| Total assets in the fair value hierarchy | 2,405,306           | <u>\$ 1,718,912</u> | <u>\$ 686,394</u> | <u>\$ -</u> |
| Investments measured at net asset value  | <u>3,595,572</u>    |                     |                   |             |
| Investments at fair value                | <u>\$ 6,000,878</u> |                     |                   |             |

## IRON WORKERS LOCAL 580 SHOP PENSION FUND

### NOTES TO FINANCIAL STATEMENTS

#### YEARS ENDED JUNE 30, 2023 AND 2022

##### Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2022, with fair value measurements on a recurring basis:

|                                          | <u>2022</u>         | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
|------------------------------------------|---------------------|---------------------|----------------|----------------|
| <b>Investments at fair value</b>         |                     |                     |                |                |
| Interest bearing cash                    | \$ 2,414            | \$ 2,414            | \$ -           | \$ -           |
| Registered investment companies          | <u>4,091,695</u>    | <u>4,091,695</u>    | <u>-</u>       | <u>-</u>       |
| Total assets in the fair value hierarchy | <u>\$ 4,094,109</u> | <u>\$ 4,094,109</u> | <u>\$ -</u>    | <u>\$ -</u>    |

##### Note 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 financial statements.

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

##### Note 4 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

##### Note 5 - Common/collective trust fund

The Plan is invested in a common/collective trust, AFL-CIO SL Stock Index Fund (the "AFL-CIO Fund"). The assets of the AFL-CIO Fund may be invested in securities, including exchange traded funds and mutual funds, and a combination of other collective funds that together are designed to track the performance of the Index. The Plan may redeem units based on unit value that is determined each business day of the year. The estimated fair value of the Plan's investment as of June 30, 2023 was \$3,595,572.

# IRON WORKERS LOCAL 580 SHOP PENSION FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2023 AND 2022

#### Note 6 - Employers' withdrawal liability receivable

The employers' withdrawal liability receivable as of June 30, 2023 and 2022 is as follows:

|                                       | <u>2023</u>       | <u>2022</u>       |
|---------------------------------------|-------------------|-------------------|
| Gross withdrawal liability receivable | \$ 1,570,906      | \$ 1,680,521      |
| Allowance for doubtful accounts       | <u>(785,454)</u>  | <u>(840,262)</u>  |
| Total                                 | \$ <u>785,452</u> | \$ <u>840,259</u> |

The Plan was terminated by a managed mass withdrawal effective January 31, 2017. A qualified independent fiduciary, on behalf of the Trustees of the Plan, amended the Plan to cease future service credits for all participants effective January 31, 2017. Settlement terms were negotiated with each of the four contributing employers. Based on each settlement agreement, in addition to principal and interest payments due for withdrawal liability, each employer agreed to pay the Plan for hours in each calendar quarter, not to be less than 150% of (a) and (b) below:

(a) the highest contribution rate (\$4.26 per hour) at which the employer had an obligation to contribute to the Plan during the ten-consecutive-year period ending on the mass withdrawal date; and

(b) the employer's average monthly number of covered hours for the period of three consecutive plan years, during the period of ten consecutive plan years ending on or before the mass withdrawal date, in which the number of covered hours for which the settling employer had an obligation to contribute to the Plan were the highest.

The gross mass withdrawal liability above was determined based on the statutory 20 year payoff schedule. According to the agreements, if an employer ceases making withdrawal liability payments to the Plan, the employer shall be liable to the Plan for the amount of mass withdrawal liability it would have incurred under ERISA Section 4219(c)(1)(D), determined as of the mass withdrawal date without regard to the managed mass withdrawal settlement.

The allowance for doubtful accounts was determined based on an analysis of each employer's payment record during and subsequent to the years ended June 30, 2023 and 2022.

For the years ended June 30, 2023 and 2022, principal and interest payments received under the withdrawal liability agreement were \$202,041 and \$211,197, respectively.

#### Note 7 - Employers' contributions

The Plan was terminated by managed mass withdrawal on January 31, 2017 and accordingly, all contributions from employers, under collective bargaining agreements, ceased as of that date.

# IRON WORKERS LOCAL 580 SHOP PENSION FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

### Note 8 - Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The following is a reconciliation of the reclassifications:

|                                                         | Per Financial<br>Statements | Reclassification | Per Form 5500         |
|---------------------------------------------------------|-----------------------------|------------------|-----------------------|
| Investment income                                       | \$ 311,062                  | \$ 17,302        | \$ 328,364            |
| Contributions                                           | 157,428                     | -                | 157,428               |
| Other income                                            | <u>44,613</u>               | <u>-</u>         | <u>44,613</u>         |
| Total additions                                         | <u>513,103</u>              | <u>17,302</u>    | <u>530,405</u>        |
| Benefits paid directly to participants or beneficiaries | 1,728,952                   | -                | 1,728,952             |
| Administrative expenses                                 | <u>268,051</u>              | <u>17,302</u>    | <u>285,353</u>        |
| Total deductions                                        | <u>1,997,003</u>            | <u>17,302</u>    | <u>2,014,305</u>      |
| Net (decrease)                                          | \$ <u>(1,483,900)</u>       | \$ <u>-</u>      | \$ <u>(1,483,900)</u> |

### Note 9 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of July 1, 2022 and 2021. Details of accumulated plan benefit information as of such dates are as follows:

|                                                                   | July 1,<br>2022      | July 1,<br>2021      |
|-------------------------------------------------------------------|----------------------|----------------------|
| <b>Actuarial present value of accumulated plan benefits:</b>      |                      |                      |
| Vested benefits:                                                  |                      |                      |
| Participants currently receiving benefit payments                 | \$ 17,378,504        | \$ 19,812,944        |
| Other vested participants                                         | <u>3,823,154</u>     | <u>4,244,285</u>     |
| Total vested benefits                                             | <u>21,201,658</u>    | <u>24,057,229</u>    |
| <b>Total actuarial present value of accumulated plan benefits</b> | <u>\$ 21,201,658</u> | <u>\$ 24,057,229</u> |

# IRON WORKERS LOCAL 580 SHOP PENSION FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

### Note 9 - Accumulated plan benefits (cont'd)

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

|                                                                                     | July 1,<br>2022      | July 1,<br>2021      |
|-------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>Actuarial present value of accumulated plan benefits -<br/>Beginning of year</b> | <u>\$ 24,057,229</u> | <u>\$ 24,906,296</u> |
| Increase (decrease) during the year attributable to:                                |                      |                      |
| Benefits accumulated and actuarial gains or losses                                  | (356,207)            | (4,890)              |
| Benefits paid                                                                       | (1,885,767)          | (2,019,291)          |
| Changes in actuarial assumptions                                                    | (1,032,848)          | 672,670              |
| Interest                                                                            | <u>419,251</u>       | <u>502,444</u>       |
| Net increase (decrease) in actuarial present value of<br>accumulated plan benefits  | <u>(2,855,571)</u>   | <u>(849,067)</u>     |
| <b>Actuarial present value of accumulated plan benefits -<br/>End of year</b>       | <u>\$ 21,201,658</u> | <u>\$ 24,057,229</u> |

## IRON WORKERS LOCAL 580 SHOP PENSION FUND

### NOTES TO FINANCIAL STATEMENTS

#### YEARS ENDED JUNE 30, 2023 AND 2022

##### Note 9 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

|                         |                                                                                                                                                   |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method   | Unit Credit Actuarial Cost Method                                                                                                                 |
| Retirement age          | 65 with 5 pension credits or 55 with 15 pension credits                                                                                           |
| Investment return       | 2023 - 2.40% for the first 20 years and 2.12% thereafter<br>2022 - 1.82% for the first 20 years and 1.68% thereafter                              |
| Mortality rates         | All Participants - The mortality tables for all participants and the retirement age assumptions were revised in accordance with PBGC regulations. |
| Administrative expenses | \$300,000 annually                                                                                                                                |

As of July 1, 2017, the actuary has certified that the Plan was terminated by managed mass withdrawal effective January 31, 2017. Due to the Plan's terminated status by managed mass withdrawal, the Plan is no longer required to maintain a minimum Funding Standard Account and future PPA zone certifications are no longer required. The Plan is not expected to meet expense and benefit payment obligations in the plan year beginning July 1, 2026.

The changes in actuarial assumptions is due to the Plan termination by managed mass withdrawal on January 31, 2017. The assumptions were revised from the actuary's best estimates to those mandated by PBGC regulations as detailed above.

##### Note 10 - Tax status

The Plan has received a determination letter from the IRS dated December 21, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

IRON WORKERS LOCAL 580 SHOP PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2023

EIN 13-6613876, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                 | (c) - DESCRIPTION     |                  | (d)       | (e)              |
|---------------------|-----------------------|------------------|-----------|------------------|
|                     | INTEREST BEARING CASH |                  |           |                  |
| ISSUER              | INTEREST<br>RATE      | MATURITY<br>DATE | COST      | CURRENT<br>VALUE |
| MORGAN STANLEY BANK | VARIABLE              | ON DEMAND        | \$ 60,385 | \$ 60,385        |
|                     |                       |                  | \$ 60,385 | \$ 60,385        |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**JUNE 30, 2023**

**EIN 13-6613876, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                     | (c) - DESCRIPTION<br>U.S. GOVERNMENT SECURITIES |                  |                             | (d)                 | (e)                 |
|-----------------------------------|-------------------------------------------------|------------------|-----------------------------|---------------------|---------------------|
|                                   | INTEREST<br>RATE                                | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST                | CURRENT<br>VALUE    |
| UNITED STATES TREASURY NOTE BJ8R9 | 2.25%                                           | 04/30/2024       | \$ 75,000                   | \$ 73,216           | \$ 73,078           |
| UNITED STATES TREASURY NOTE KYP03 | 3.00%                                           | 06/30/2024       | 100,000                     | 99,519              | 97,660              |
| UNITED STATES TREASURY NOTE E4K2T | 4.25%                                           | 09/30/2024       | 20,000                      | 19,929              | 19,738              |
| UNITED STATES TREASURY NOTE GY5W4 | 3.00%                                           | 07/15/2025       | 175,000                     | 173,770             | 168,663             |
| UNITED STATES TREASURY NOTE KYP04 | 3.25%                                           | 06/30/2027       | 65,000                      | 65,206              | 62,504              |
| UNITED STATES TREASURY NOTE C0C13 | 4.13%                                           | 10/31/2027       | 10,000                      | 10,055              | 9,945               |
| UNITED STATES TREASURY NOTE D2L7W | 3.88%                                           | 11/30/2027       | 80,000                      | 79,987              | 78,847              |
| UNITED STATES TREASURY NOTE E40LM | 3.88%                                           | 12/31/2027       | 30,000                      | 30,428              | 29,572              |
| UNITED STATES TREASURY NOTE E9YA7 | 3.63%                                           | 03/31/2028       | 25,000                      | 25,051              | 24,412              |
| UNITED STATES TREASURY NOTE DPU54 | 3.50%                                           | 04/30/2028       | 50,000                      | 49,686              | 48,566              |
| UNITED STATES TREASURY NOTE KU0Q4 | 4.00%                                           | 06/30/2028       | 18,000                      | 17,902              | 17,892              |
| UNITED STATES TREASURY NOTE F75FU | 3.50%                                           | 02/15/2033       | 20,000                      | 19,334              | 19,478              |
| UNITED STATES TREASURY BOND B3D80 | 3.25%                                           | 05/15/2042       | 145,000                     | 141,290             | 129,299             |
| UNITED STATES TREASURY BOND C65NQ | 3.38%                                           | 08/15/2042       | 40,000                      | 36,580              | 36,288              |
| UNITED STATES TREASURY BOND FGL53 | 4.00%                                           | 11/15/2042       | 6,000                       | 6,276               | 5,958               |
| UNITED STATES TREASURY BOND E4J6J | 3.88%                                           | 02/15/2043       | 15,000                      | 15,169              | 14,611              |
| UNITED STATES TREASURY BOND FL8B1 | 2.88%                                           | 05/15/2052       | 138,000                     | 132,415             | 114,314             |
| FEDERAL NATIONAL MTG ASSN J8YT9   | 3.00%                                           | 08/01/2052       | 295,000                     | 267,765             | 251,154             |
| FEDERAL NATIONAL MTG ASSN J8YB5   | 3.50%                                           | 08/01/2052       | 510,000                     | 474,666             | 447,904             |
| UNITED STATES TREASURY BOND C0G45 | 3.63%                                           | 05/15/2053       | 9,000                       | 8,652               | 8,644               |
|                                   |                                                 |                  | <u>\$ 1,826,000</u>         | <u>\$ 1,746,896</u> | <u>\$ 1,658,527</u> |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**JUNE 30, 2023**

**EIN 13-6613876, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                     | (c) - DESCRIPTION<br>CORPORATE DEBT INSTRUMENTS -<br>PREFERRED |                  |                             | (d)        | (e)              |
|-------------------------|----------------------------------------------------------------|------------------|-----------------------------|------------|------------------|
| ISSUER                  | INTEREST<br>RATE                                               | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST       | CURRENT<br>VALUE |
| JOHN DEERE CAPITAL CORP | 4.75%                                                          | 01/20/2028       | \$ 20,000                   | \$ 20,582  | \$ 19,974        |
| US BANCORP              | 2.22%                                                          | 01/27/2028       | 50,000                      | 45,793     | 44,451           |
| NVIDIA CORP             | 2.00%                                                          | 06/15/2031       | 50,000                      | 43,152     | 41,937           |
| WALMART INC             | 4.15%                                                          | 09/09/2032       | 35,000                      | 34,902     | 34,518           |
|                         |                                                                |                  | \$ 155,000                  | \$ 144,429 | \$ 140,880       |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2023**

**EIN 13-6613876, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                 | (c) - DESCRIPTION<br>CORPORATE DEBT INSTRUMENTS - OTHER |                  |                             | (d)               | (e)               |
|-------------------------------|---------------------------------------------------------|------------------|-----------------------------|-------------------|-------------------|
|                               | INTEREST<br>RATE                                        | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST              | CURRENT<br>VALUE  |
| CVS HEALTH CORP               | 1.30%                                                   | 08/21/2027       | \$ 50,000                   | \$ 43,418         | \$ 43,025         |
| WELLS FARGO & CO              | 3.53%                                                   | 03/24/2028       | 50,000                      | 47,276            | 46,727            |
| TRUIST FINANCIAL CORP         | 4.12%                                                   | 06/06/2028       | 50,000                      | 49,094            | 47,254            |
| ABBVIE INC                    | 3.20%                                                   | 11/21/2029       | 50,000                      | 46,676            | 45,225            |
| HALLIBURTON CO                | 2.92%                                                   | 03/01/2030       | 25,000                      | 22,324            | 22,027            |
| SABINE PASS LIQUEFACTION LLC  | 4.50%                                                   | 05/15/2030       | 50,000                      | 48,220            | 47,551            |
| LAM RESEARCH CORP             | 1.90%                                                   | 06/15/2030       | 25,000                      | 21,312            | 20,841            |
| PRINCIPAL FINANCIAL GROUP INC | 2.13%                                                   | 06/15/2030       | 25,000                      | 20,799            | 20,336            |
| AT&T INC                      | 2.25%                                                   | 02/01/2032       | 20,000                      | 16,570            | 15,914            |
| APTIV PLC / APTIV CORP        | 3.25%                                                   | 03/01/2032       | 50,000                      | 43,030            | 42,880            |
| LOWE'S COS INC                | 3.75%                                                   | 04/01/2032       | 40,000                      | 37,795            | 36,229            |
| GOLDMAN SACHS GROUP INC       | 2.38%                                                   | 07/21/2032       | 35,000                      | 28,491            | 28,034            |
| AMGEN INC                     | 5.25%                                                   | 03/02/2033       | 10,000                      | 9,968             | 10,020            |
| JPMORGAN CHASE & CO           | 4.59%                                                   | 04/26/2033       | 35,000                      | 34,315            | 33,373            |
| BANK OF AMERICA CORP          | 2.68%                                                   | 06/19/2041       | 25,000                      | 18,352            | 17,493            |
| KRAFT HEINZ FOODS CO          | 0.0438                                                  | 06/01/2046       | 35,000                      | 29,891            | 29,852            |
| UNION PACIFIC CORP            | 3.50%                                                   | 02/14/2053       | 50,000                      | 43,354            | 38,733            |
|                               |                                                         |                  | <u>\$ 625,000</u>           | <u>\$ 560,885</u> | <u>\$ 545,514</u> |

IRON WORKERS LOCAL 580 SHOP PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2023

EIN 13-6613876, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b) | (c) - DESCRIPTION<br>COMMON/<br>COLLECTIVE<br>TRUST FUNDS |               | (d)          | (e)              |
|-----|-----------------------------------------------------------|---------------|--------------|------------------|
|     | ISSUER                                                    | NO. OF SHARES | COST         | CURRENT<br>VALUE |
|     | BANK OF NEW YORK MELLON AFL-CIO SL STOCK INDEX FUND       | 244,597       | \$ 3,253,137 | \$ 3,595,572     |
|     |                                                           |               | \$ 3,253,137 | \$ 3,595,572     |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2023**

**EIN 13-6613876, PLAN NO. 001**

**FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR**

| (a)<br>IDENTITY<br>OF PARTY<br>INVOLVED | (b)<br>DESCRIPTION OF ASSET         | (c)<br>PURCHASE<br>PRICE | (d)<br>SELLING<br>PRICE | (e)<br>LEASE<br>RENTAL | (f)<br>EXPENSE<br>INCURRED<br>WITH<br>TRANSACTION | (g)<br>COST OF<br>ASSET | (h)<br>CURRENT<br>VALUE OF<br>ASSET ON<br>TRANSACTION<br>DATE | (i)<br>NET GAIN<br>OR (LOSS) |
|-----------------------------------------|-------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|-------------------------|---------------------------------------------------------------|------------------------------|
| N/A                                     | VANGUARD INSTL INDEX INSTL<br>CLASS | \$ -                     | \$ 4,142,107            | \$ -                   | \$ -                                              | \$ 1,924,639            | \$ 4,142,107                                                  | \$ 2,217,468                 |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULES OF ADMINISTRATIVE EXPENSES IN LIQUIDATION**

**YEARS ENDED JUNE 30, 2023 AND 2022**

|                                         | <u><b>2023</b></u>       | <u><b>2022</b></u>       |
|-----------------------------------------|--------------------------|--------------------------|
| Office                                  | \$ 11,616                | \$ 5,543                 |
| Legal                                   | 66,203                   | 60,111                   |
| Accounting                              | 27,000                   | 27,000                   |
| Actuarial consulting                    | 45,000                   | 45,000                   |
| Insurance                               | 84,367                   | 85,437                   |
| Reimbursements to related organizations | <u>33,865</u>            | <u>43,798</u>            |
| Total administrative expenses           | <u><u>\$ 268,051</u></u> | <u><u>\$ 266,889</u></u> |

IRON WORKERS LOCAL 580 SHOP PENSION FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2023

EIN 13-6613876, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                 | (c) - DESCRIPTION     |                  | (d)              | (e)              |
|---------------------|-----------------------|------------------|------------------|------------------|
|                     | INTEREST BEARING CASH |                  |                  |                  |
| ISSUER              | INTEREST<br>RATE      | MATURITY<br>DATE | COST             | CURRENT<br>VALUE |
| MORGAN STANLEY BANK | VARIABLE              | ON DEMAND        | \$ <u>60,385</u> | \$ <u>60,385</u> |
|                     |                       |                  | \$ <u>60,385</u> | \$ <u>60,385</u> |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**JUNE 30, 2023**

**EIN 13-6613876, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                     | (c) - DESCRIPTION<br>U.S. GOVERNMENT SECURITIES |                  |                             | (d)                 | (e)                 |
|-----------------------------------|-------------------------------------------------|------------------|-----------------------------|---------------------|---------------------|
|                                   | INTEREST<br>RATE                                | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST                | CURRENT<br>VALUE    |
| UNITED STATES TREASURY NOTE BJ8R9 | 2.25%                                           | 04/30/2024       | \$ 75,000                   | \$ 73,216           | \$ 73,078           |
| UNITED STATES TREASURY NOTE KYP03 | 3.00%                                           | 06/30/2024       | 100,000                     | 99,519              | 97,660              |
| UNITED STATES TREASURY NOTE E4K2T | 4.25%                                           | 09/30/2024       | 20,000                      | 19,929              | 19,738              |
| UNITED STATES TREASURY NOTE GY5W4 | 3.00%                                           | 07/15/2025       | 175,000                     | 173,770             | 168,663             |
| UNITED STATES TREASURY NOTE KYP04 | 3.25%                                           | 06/30/2027       | 65,000                      | 65,206              | 62,504              |
| UNITED STATES TREASURY NOTE C0C13 | 4.13%                                           | 10/31/2027       | 10,000                      | 10,055              | 9,945               |
| UNITED STATES TREASURY NOTE D2L7W | 3.88%                                           | 11/30/2027       | 80,000                      | 79,987              | 78,847              |
| UNITED STATES TREASURY NOTE E40LM | 3.88%                                           | 12/31/2027       | 30,000                      | 30,428              | 29,572              |
| UNITED STATES TREASURY NOTE E9YA7 | 3.63%                                           | 03/31/2028       | 25,000                      | 25,051              | 24,412              |
| UNITED STATES TREASURY NOTE DPU54 | 3.50%                                           | 04/30/2028       | 50,000                      | 49,686              | 48,566              |
| UNITED STATES TREASURY NOTE KU0Q4 | 4.00%                                           | 06/30/2028       | 18,000                      | 17,902              | 17,892              |
| UNITED STATES TREASURY NOTE F75FU | 3.50%                                           | 02/15/2033       | 20,000                      | 19,334              | 19,478              |
| UNITED STATES TREASURY BOND B3D80 | 3.25%                                           | 05/15/2042       | 145,000                     | 141,290             | 129,299             |
| UNITED STATES TREASURY BOND C65NQ | 3.38%                                           | 08/15/2042       | 40,000                      | 36,580              | 36,288              |
| UNITED STATES TREASURY BOND FGL53 | 4.00%                                           | 11/15/2042       | 6,000                       | 6,276               | 5,958               |
| UNITED STATES TREASURY BOND E4J6J | 3.88%                                           | 02/15/2043       | 15,000                      | 15,169              | 14,611              |
| UNITED STATES TREASURY BOND FL8B1 | 2.88%                                           | 05/15/2052       | 138,000                     | 132,415             | 114,314             |
| FEDERAL NATIONAL MTG ASSN J8YT9   | 3.00%                                           | 08/01/2052       | 295,000                     | 267,765             | 251,154             |
| FEDERAL NATIONAL MTG ASSN J8YB5   | 3.50%                                           | 08/01/2052       | 510,000                     | 474,666             | 447,904             |
| UNITED STATES TREASURY BOND C0G45 | 3.63%                                           | 05/15/2053       | 9,000                       | 8,652               | 8,644               |
|                                   |                                                 |                  | <u>\$ 1,826,000</u>         | <u>\$ 1,746,896</u> | <u>\$ 1,658,527</u> |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**JUNE 30, 2023**

**EIN 13-6613876, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                     | (c) - DESCRIPTION<br>CORPORATE DEBT INSTRUMENTS -<br>PREFERRED |                  |                             | (d)        | (e)              |
|-------------------------|----------------------------------------------------------------|------------------|-----------------------------|------------|------------------|
| ISSUER                  | INTEREST<br>RATE                                               | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST       | CURRENT<br>VALUE |
| JOHN DEERE CAPITAL CORP | 4.75%                                                          | 01/20/2028       | \$ 20,000                   | \$ 20,582  | \$ 19,974        |
| US BANCORP              | 2.22%                                                          | 01/27/2028       | 50,000                      | 45,793     | 44,451           |
| NVIDIA CORP             | 2.00%                                                          | 06/15/2031       | 50,000                      | 43,152     | 41,937           |
| WALMART INC             | 4.15%                                                          | 09/09/2032       | 35,000                      | 34,902     | 34,518           |
|                         |                                                                |                  | \$ 155,000                  | \$ 144,429 | \$ 140,880       |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2023**

**EIN 13-6613876, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                           | (c) - DESCRIPTION                         |                  |                             | (d)        | (e)              |
|-------------------------------|-------------------------------------------|------------------|-----------------------------|------------|------------------|
|                               | <b>CORPORATE DEBT INSTRUMENTS - OTHER</b> |                  |                             |            |                  |
| ISSUER                        | INTEREST<br>RATE                          | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST       | CURRENT<br>VALUE |
| CVS HEALTH CORP               | 1.30%                                     | 08/21/2027       | \$ 50,000                   | \$ 43,418  | \$ 43,025        |
| WELLS FARGO & CO              | 3.53%                                     | 03/24/2028       | 50,000                      | 47,276     | 46,727           |
| TRUIST FINANCIAL CORP         | 4.12%                                     | 06/06/2028       | 50,000                      | 49,094     | 47,254           |
| ABBVIE INC                    | 3.20%                                     | 11/21/2029       | 50,000                      | 46,676     | 45,225           |
| HALLIBURTON CO                | 2.92%                                     | 03/01/2030       | 25,000                      | 22,324     | 22,027           |
| SABINE PASS LIQUEFACTION LLC  | 4.50%                                     | 05/15/2030       | 50,000                      | 48,220     | 47,551           |
| LAM RESEARCH CORP             | 1.90%                                     | 06/15/2030       | 25,000                      | 21,312     | 20,841           |
| PRINCIPAL FINANCIAL GROUP INC | 2.13%                                     | 06/15/2030       | 25,000                      | 20,799     | 20,336           |
| AT&T INC                      | 2.25%                                     | 02/01/2032       | 20,000                      | 16,570     | 15,914           |
| APTIV PLC / APTIV CORP        | 3.25%                                     | 03/01/2032       | 50,000                      | 43,030     | 42,880           |
| LOWE'S COS INC                | 3.75%                                     | 04/01/2032       | 40,000                      | 37,795     | 36,229           |
| GOLDMAN SACHS GROUP INC       | 2.38%                                     | 07/21/2032       | 35,000                      | 28,491     | 28,034           |
| AMGEN INC                     | 5.25%                                     | 03/02/2033       | 10,000                      | 9,968      | 10,020           |
| JPMORGAN CHASE & CO           | 4.59%                                     | 04/26/2033       | 35,000                      | 34,315     | 33,373           |
| BANK OF AMERICA CORP          | 2.68%                                     | 06/19/2041       | 25,000                      | 18,352     | 17,493           |
| KRAFT HEINZ FOODS CO          | 0.0438                                    | 06/01/2046       | 35,000                      | 29,891     | 29,852           |
| UNION PACIFIC CORP            | 3.50%                                     | 02/14/2053       | 50,000                      | 43,354     | 38,733           |
|                               |                                           |                  | \$ 625,000                  | \$ 560,885 | \$ 545,514       |

IRON WORKERS LOCAL 580 SHOP PENSION FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2023

EIN 13-6613876, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                                                 | (c) - DESCRIPTION<br>COMMON/<br>COLLECTIVE<br>TRUST FUNDS | (d)          | (e)              |
|-----------------------------------------------------|-----------------------------------------------------------|--------------|------------------|
| ISSUER                                              | NO. OF SHARES                                             | COST         | CURRENT<br>VALUE |
| BANK OF NEW YORK MELLON AFL-CIO SL STOCK INDEX FUND | 244,597                                                   | \$ 3,253,137 | \$ 3,595,572     |
|                                                     |                                                           | \$ 3,253,137 | \$ 3,595,572     |

**IRON WORKERS LOCAL 580 SHOP PENSION FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2023**

**EIN 13-6613876, PLAN NO. 001**

**FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR**

| (a)<br>IDENTITY<br>OF PARTY<br>INVOLVED | (b)<br>DESCRIPTION OF ASSET         | (c)<br>PURCHASE<br>PRICE | (d)<br>SELLING<br>PRICE | (e)<br>LEASE<br>RENTAL | (f)<br>EXPENSE<br>INCURRED<br>WITH<br>TRANSACTION | (g)<br>COST OF<br>ASSET | (h)<br>CURRENT<br>VALUE OF<br>ASSET ON<br>TRANSACTION<br>DATE | (i)<br>NET GAIN<br>OR (LOSS) |
|-----------------------------------------|-------------------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|-------------------------|---------------------------------------------------------------|------------------------------|
| N/A                                     | VANGUARD INSTL INDEX INSTL<br>CLASS | \$ -                     | \$ 4,142,107            | \$ -                   | \$ -                                              | \$ 1,924,639            | \$ 4,142,107                                                  | \$ 2,217,468                 |

**Application for Extension of Time  
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
► Go to [www.irs.gov/Form5558](http://www.irs.gov/Form5558) for the latest information.

OMB No. 1545-0212

**File With IRS Only****Part I Identification**

| <b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions)<br>BOARD OF TRUSTEES IRON WORKERS LOCAL 580 SHOP PENSION FUND<br>Number, street, and room or suite no. (If a P.O. box, see instructions)<br>501 WEST 42ND STREET 2ND FLOOR<br>City or town, state, and ZIP code<br>NEW YORK NY 10036 | <b>B</b> Filer's identifying number (see instructions)<br>Employer identification number (EIN) (9 digits XX-XXXXXXX)<br>13-6613876<br>Social security number (SSN) (9 digits XXX-XX-XXXX)                                                     |             |                    |  |  |    |    |      |       |   |    |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|--|--|----|----|------|-------|---|----|------|
| <b>C</b> Plan name<br>IRON WORKERS LOCAL 580 SHOP PENSION FUND                                                                                                                                                                                                                                                      | <table border="1"><thead><tr><th rowspan="2">Plan number</th><th colspan="3">Plan year ending —</th></tr><tr><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>0 0 1</td><td>6</td><td>30</td><td>2023</td></tr></tbody></table> | Plan number | Plan year ending — |  |  | MM | DD | YYYY | 0 0 1 | 6 | 30 | 2023 |
| Plan number                                                                                                                                                                                                                                                                                                         | Plan year ending —                                                                                                                                                                                                                            |             |                    |  |  |    |    |      |       |   |    |      |
|                                                                                                                                                                                                                                                                                                                     | MM                                                                                                                                                                                                                                            | DD          | YYYY               |  |  |    |    |      |       |   |    |      |
| 0 0 1                                                                                                                                                                                                                                                                                                               | 6                                                                                                                                                                                                                                             | 30          | 2023               |  |  |    |    |      |       |   |    |      |

**Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA**

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 4 / 15 / 2024 to file Form 5500 series. See instructions.  
**Note:** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 4 / 15 / 2024 to file Form 8955-SSA. See instructions.  
**Note:** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

**Part III Extension of Time To File Form 5330 (see instructions)**

- 4 I request an extension of time until        /        /        to file Form 5330.  
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

- a Enter the Code section(s) imposing the tax . . . . . ► 

|   |  |
|---|--|
| a |  |
|---|--|
- b Enter the payment amount attached . . . . . ► 

|   |  |
|---|--|
| b |  |
|---|--|
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . . . ► 

|   |  |
|---|--|
| c |  |
|---|--|

- 5 State in detail why you need the extension:

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| <div>Certified Article Number</div> <div>9414 7266 9904 2182 6316 33</div> <div>SENDER'S RECORD</div> |
|-------------------------------------------------------------------------------------------------------|

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

MGA

Form **5558** (Rev. 9-2018)