

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
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 UNION NO. 92 MONEY PURCHASE PENSION PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1983
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IRON WORKERS LOCAL UNION NO. 92 2828 FOURTH AVENUE SOUTH BIRMINGHAM, AL 35233
2b	Employer Identification Number (EIN) 63-0880818
2c	Plan Sponsor's telephone number 205-323-2205
2d	Business code (see instructions) 238900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	DOUG IRWIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1049
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 885 6a(2) 852 6b 0 6c 64 6d 916 6e 3 6f 919 6g(1) 6g(2) 919 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 34

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2C 2G

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS LOCAL UNION NO. 92	D Employer Identification Number (EIN) 63-0880818

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

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)

DANIELS IRWIN & AYLOR

223 MADISON ST, STE 112
MADISON, TN 37115

62-1802605

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUINN, CONNOR, WEAVER, DAVIS LLP

2700 HIGHWAY 280 STE 380
BIRMINGHAM, AL 35223

45-1444874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	7920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESTMENT PERFORMANCE SERVICES LLC

7402 HODGSON MEMORIAL DR
912-352-2862
SAVANNAH, GA 31406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	48750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JOHN HANCOCK RETIREMENT PLAN

200 BERKELEY ST
833-388-6466
BOSTON, MA 02116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 26 27 28	NONE	65884	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COMPUSYS OF UTAH, INC.

1293 W. 2200 SOUTH STE A
SALT LAKE CITY, UT 84119-1326

84-0869853

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	NONE	43520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JOHN HANCOCK RETIREMENT PLAN	15 19 26 27 28	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JOHN HANCOCK RETIREMENT 200 BERKELEY STREET BOSTON, MA 02116	SEE SCHEDULES ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 IRON WORKERS LOCAL UNION NO. 92	D Employer Identification Number (EIN) 63-0880818

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK RETIREMENT PLAN		
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18469717
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS SMALL/MID CAP VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK RETIREMENT PLAN		
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1030000
a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS INTERNATIONAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK RETIREMENT PLAN		
c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1586890
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
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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
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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
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS LOCAL UNION NO. 92	D Employer Identification Number (EIN) 63-0880818	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	555050	710680
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	361641	491973
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	20328962	21086606
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26342952	29243509
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11555	11152

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	52	
f Total assets (add all amounts in lines 1a through 1e)	1f	47600212	51543920
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	48287	42840
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	48287	42840
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	47551925	51501080

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3767919	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3767919
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1063	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	640769	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		641832
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	934573	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		934573
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		173564
(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)		3482727
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9000615

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4845572	
(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)		4845572
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	42812	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	12500	
(5) Investment advisory and investment management fees	2i(5)	114634	
(6) Bank or trust company trustee/custodial fees	2i(6)	1295	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7920	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	3559	
(11) Other expenses	2i(11)	23168	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		205888
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5051460

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3949155
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: DANIELS, IRWIN & AYLOR, CPAS

(2) EIN: 62-1802605

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 IRON WORKERS LOCAL UNION NO. 92		D Employer Identification Number (EIN) 63-0880818
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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 63-0880818		
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 32
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a 3767919
b Enter the amount contributed by the employer to the plan for this plan year		6b 3767919
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 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year 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	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☒ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	

**FINANCIAL STATEMENTS AND
REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS**

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

C O N T E N T S

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ORGANIZATION AND PURPOSE
IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN

DECEMBER 31, 2023

Date of Agreement and Declaration of Trust

January 1, 1983

Office Location

Birmingham, Alabama

Officers and Trustees

James Lawayne Bowlen	Chairman
Lee Bailey	Secretary
Tim Arndt	Trustee
Thomas Mathis	Trustee
Randy Niblett	Trustee
Gavin Rathbone	Trustee

Purpose of the Plan

To provide retirement, disability, and death benefits to participants and their beneficiaries. The benefits provided by the Trustees are established to meet the objectives of the Plan and are consistent with the provisions of the Agreement and Declaration of Trust.



DANIELS, IRWIN & AYLOR

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Iron Workers Local Union No. 92 Money Purchase Pension Plan
Birmingham, Alabama

Opinion

We have audited the financial statements of the **Iron Workers Local Union No. 92 Money Purchase Pension Plan**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan's benefit obligations of **Iron Workers Local Union No. 92 Money Purchase Pension Plan** as of December 31, 2023 and 2022, and the changes in its net assets available for benefits and plan's benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements Section of our report. We are required to be independent of **Iron Workers Local Union No. 92 Money Purchase Pension Plan** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **Iron Workers Local Union No. 92 Money Purchase Pension Plan's** ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **Iron Workers Local Union No. 92 Money Purchase Pension Plan's** internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about **Iron Workers Local Union No. 92 Money Purchase Pension Plan's** ability to continue as a going concern for a reasonable period of time.

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

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 schedules for the years ended December 31, 2023 and 2022, together referred to as "supplemental information", are presented for the purpose of additional analyses and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Daniela Lewis & Aylor

Certified Public Accountants

October 1, 2024

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31,

	<u>2023</u>	<u>2022</u>
<u>ASSETS</u>		
Investments, at contract value:		
Common/Collective trust	\$ 18,469,717	\$ 20,328,962
Investments, at fair value:		
Common/Collective trusts	2,616,889	0
Mutual funds	<u>29,243,509</u>	<u>26,342,952</u>
	50,330,115	46,671,914
Receivables:		
Employer contributions	491,973	361,641
Prepaid expenses	11,152	11,555
Office equipment (net)	0	52
Cash	<u>710,680</u>	<u>555,050</u>
Total assets	<u>51,543,920</u>	<u>47,600,212</u>
<u>LIABILITIES</u>		
Accounts payable and accrued expense	<u>42,840</u>	<u>48,287</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 51,501,080</u>	<u>\$ 47,551,925</u>

The accompanying notes are an integral part of this statement.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

FOR THE YEAR ENDED DECEMBER 31,

	<u>2023</u>	<u>2022</u>
Additions		
Employer contributions	\$ 3,767,919	\$ 3,670,305
Investment income	1,576,405	1,212,530
Realized gains on sale of investments	32,007	104,041
Embezzlement reimbursements	0	250
Total additions	<u>5,376,331</u>	<u>4,987,126</u>
Deductions		
Benefits paid	4,845,572	2,928,248
Address trace fees	708	0
Administration fees - CompuSys	42,812	41,828
Administration fees - John Hancock	65,884	65,232
Audit fees	12,500	13,750
Bank charges	1,295	1,435
Computer expenses	0	3,163
Cyber liability insurance	2,574	3,894
Depreciation expense	52	103
Fidelity bond	167	167
Fiduciary liability insurance	17,075	16,876
Insurance	0	101
Investment consulting fees	48,750	30,000
Legal fees	7,920	7,455
Printing and mailing	2,592	4,461
Trustees' meeting expense	3,559	3,128
Total deductions	<u>5,051,460</u>	<u>3,119,841</u>
Net additions	324,871	1,867,285
Unrealized appreciation (depreciation) of assets	<u>3,624,284</u>	<u>(6,123,949)</u>
Net increase (decrease) in assets for the year	3,949,155	(4,256,664)
Net assets available for benefits at beginning of year	<u>47,551,925</u>	<u>51,808,589</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 51,501,080</u>	<u>\$ 47,551,925</u>

The accompanying notes are an integral part of this statement.

NOTES TO THE FINANCIAL STATEMENTS
IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN

DECEMBER 31, 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the **Iron Workers Local Union No. 92 Money Purchase Pension Plan** provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

1. **General** - The Plan was established January 1, 1983, as a result of a collective bargaining agreement between the Union and various employers to provide retirement benefits to eligible participants. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is financed by employer contributions as specified in the collective bargaining agreement and earnings from investments. The Board of Trustees is responsible for all aspects of the administration and operation of the Plan.
2. **Contributions/Funding policy** - Each month, the employers of the participants make contributions to the Plan based on the collective bargaining agreement. The collective bargaining agreement currently provides for contributions of \$6.25 per hour worked by participants.
3. **Participant accounts** - On the valuation date, each participant's account is credited with the contributions made for that participant plus an allocation of investment income earned during the period minus an allocation of the Plan's operating expenses for the period. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. **Vesting** - An employee becomes eligible to participate in the Plan once they have completed 250 hours of service in a plan year. An employee becomes vested in their employer contributions over a period of time as their years of vested service increase. A year of service occurs in each plan year in which an employee works at least 1,000 hours of service. A year of service for vesting purposes is not earned in any year that the employee works less than 1,000 hours of service with an employer or employers.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

4. **Vesting (continued)** - Please refer to the Plan Document for the details of the Vesting Schedules. Regardless of the vesting schedules mentioned above, an employee will always be fully vested if, while they are an active employee, they (1) reach the normal retirement age; or (2) become eligible for early retirement; or (3) become permanently and totally disabled; or (4) die. Also, participants are always fully vested in any rollover contributions and their earnings.
5. **Forfeitures** - Forfeitures include contributions made to the Plan for employees who have not met the 250 hours of service requirement for initial eligibility and the non-vested portion of a participant's account at the time that they incur five consecutive one year breaks-in-service. Contributions forfeited are allocated to participants' accounts based on a formula outlined in the Plan Document. Forfeitures are used to offset plan expenses. The amount of forfeitures in past years has exceeded plan expenses; therefore, there is a running balance forward of unused forfeitures. For the years ended December 31, 2023 and 2022, forfeitures totaled \$0 and \$32,638, respectively. Forfeitures used to offset expenses totaled \$0 and \$19, respectively. The ending balance in the Forfeitures Carryover Account was \$184,203 and \$178,287, respectively. The Forfeitures Carryover Account does receive an allocation of investment earnings.
6. **Retirement benefits** - Retirement benefits under the Plan are payable under one of several options selected by the participant:
- A single lump sum payment.
 - Cash installments.
 - One of the following annuities:
 - A life annuity.
 - A life annuity with 5, 10 or 15 year certain.
 - A life annuity with installment refund.
 - A joint and survivor annuity with installment refund and 50%, 75% or 100% spousal survivor benefit.
 - A contingent survivor annuity with installment refund and 50%, 75% or 100% spousal survivor benefit.
 - A fixed period annuity for not less than 60 months or more that their life expectancy or the joint life expectancies of the participant and their beneficiary.
 - A qualified optional survivor annuity.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

7. **Death benefits** - In the event that a participant dies before their account has been paid to them, the balance accumulated in the participant's account will be payable to the spouse of the participant. The spouse will receive the balance of the account in one of the forms outlined above under retirement benefits. With the written consent of the spouse, a participant may select a beneficiary other than the spouse. If the participant is unmarried at the time of their death or chooses a non-spouse beneficiary with the spouse's consent, their beneficiary shall be entitled to receive the balance of the participant's individual account in one of the forms outlined above under retirement benefits.
8. **Disability benefits** - In the event a participant becomes totally and permanently disabled prior to their normal retirement date and have applied for permanent total disability benefits from the Social Security Administration, they shall be entitled to a distribution from their account balance in a monthly benefit in an amount requested by the participant in one hundred dollar increments. The minimum benefit is \$400 per month and the maximum benefit is the current hourly rate for journeyman multiplied by 160; provided, however, that the payment does not exceed the total vested value of the participant's account; further provided, that the payment shall reduce the participant's account accordingly; further provided that eligibility for monthly payments shall end immediately upon receipt of a determination of disability from the Social Security Administration, without regard to whether the decision is or is not favorable to the participant. If after receiving twenty-four months of benefits the participant has not received a determination from the Social Security Administration, they may receive an additional 12 months of benefits for a maximum of thirty-six payments, if the participant provides sufficient information that they are permanently and totally disabled from any gainful occupation.
9. **Termination benefits** - If a participant's account balance is 100% vested when they cease to be an active employee for any reason other than death, disability, early retirement or normal retirement, then, after six consecutive calendar months have transpired in which the participant is not credited with any hours of service, the participant is entitled to a distribution of their vested account balance.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

9. Termination benefits (continued) -

If a participant's account balance is less than 100% vested when they cease to be an active employee for any reason other than death, disability, early retirement or normal retirement, then, after they have incurred five consecutive one-year breaks-in-service, they will be entitled to a distribution of their vested employer contributions and rollover contributions. The portion of their account which contains contributions less than 100% vested will be forfeited on the earlier of (1) the date they have incurred five consecutive one-year breaks-in-service and (2) the date of their death.

Notwithstanding any provision herein contained to the contrary, if the value of a participant's vested benefit on the day benefits are scheduled to commence does not exceed \$5,000, the benefit shall automatically be paid to the participant, spouse or beneficiary in a single lump sum payment.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- A. **Basis of accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting.
- B. **Investment valuation and income recognition** - The Plan's investments are reported at fair value except for the group annuity contract which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the value stipulated in the contract. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note 8 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Realized gains and losses include the Plan's gains and losses on investments sold during the year. Unrealized gains and losses include the Plan's gains and losses on investments held during and as of the year end.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN

DECEMBER 31, 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

- C. **Use of estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- D. **Payment of benefits** - Benefits are recorded when paid.
- E. **Administrative expenses** - The Plan's expenses are paid by the Plan.
- F. **Subsequent events** - The Plan has evaluated subsequent events through October 1, 2024, the date the financial statements were available to be issued.

NOTE 3 - PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than for the exclusive benefit of the employees or their eligible dependents. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Participants should refer to the Agreement and Declaration of Trust for a complete description of the Plan's termination provisions.

NOTE 4 - INCOME TAX STATUS

The Internal Revenue Service has advised that the Plan and Trust qualify under the applicable sections of the Internal Revenue Code. The Plan obtained its latest determination letter on September 14, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified and the related Trust is tax-exempt. Consequently, no provision for income taxes has been included in the Plan's financial statements.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 4 - INCOME TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - EMPLOYER CONTRIBUTIONS RECEIVABLE

Employer contributions receivable represents the total of employers' contribution reports that were applicable to the periods prior to January 1st which were received during a period of time following the close of the year. These amounts do not reflect any amounts due from employers who are contractually liable to the Plan that have failed to file the required reports of covered workers in their employ during the period under review.

NOTE 6 - INVESTMENTS

The Plan's investment portfolio at December 31, 2023, consisted of:

	Contract/ Fair Value at <u>12/31/22</u>	Net Investments Purchased (Sold) <u></u>	Net Appreciation (Depreciation) in Fair Value <u></u>	Contract/ Fair Value at <u>12/31/23</u>
Common/Collective trusts	\$20,328,962	\$ 583,210	\$ 174,434	\$21,086,606
Mutual funds	<u>26,342,952</u>	<u>(549,293)</u>	<u>3,449,850</u>	<u>29,243,509</u>
	<u>\$46,671,914</u>	<u>\$ 33,917</u>	<u>\$ 3,624,284</u>	<u>\$50,330,115</u>

Please note that a change in interest rates could affect the value of plan assets.

NOTE 7 - COMMON/COLLECTIVE TRUST AT CONTRACT VALUE

The Plan invests in the Putnam Stable Value Fund which is a Common/collective trust primarily invested in guaranteed investment contracts (GICs) and security backed investment contracts (SBICs). These investment contracts are fully benefit-responsive.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 7 - COMMON/COLLECTIVE TRUST AT CONTRACT VALUE (CONTINUED)

The contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by John Hancock Retirement Plan Services, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

NOTE 8 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN

DECEMBER 31, 2023

NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

Common/Collective trusts (excluding Putnam Stable Value Fund) and mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end. The underlying assets are traded in active markets.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023				
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common/Collective trusts	\$ 2,616,889	\$ 2,616,889	\$ 0	\$ 0
Mutual funds	29,243,509	29,243,509	0	0
	<u>\$31,860,398</u>	<u>\$31,860,398</u>	<u>\$ 0</u>	<u>\$ 0</u>
Assets at Fair Value as of December 31, 2022				
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	<u>\$26,342,952</u>	<u>\$26,342,952</u>	<u>\$ 0</u>	<u>\$ 0</u>

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 9 - PARTICIPANT-DIRECTED INVESTMENT PROGRAM

The Plan contains a participant-directed investment program which is managed by John Hancock Retirement Plan Services and consists of the following common/collective trusts (CCT) and mutual funds (MF):

- (1) Boston Partners Small/Mid Cap Value Equity Fund (CCT)
- (2) Baird Intermediate Bond Fund (MF)
- (3) Baird Small/Mid Cap Growth Fund (MF)
- (4) BlackRock LifePath Index 2025 Fund (MF)
- (5) BlackRock LifePath Index 2030 Fund (MF)
- (6) BlackRock LifePath Index 2035 Fund (MF)
- (7) BlackRock LifePath Index 2040 Fund (MF)
- (8) BlackRock LifePath Index 2045 Fund (MF)
- (9) BlackRock LifePath Index 2050 Fund (MF)
- (10) BlackRock LifePath Index 2055 Fund (MF)
- (11) BlackRock LifePath Index 2060 Fund (MF)
- (12) BlackRock LifePath Index 2065 Fund (MF)
- (13) BlackRock LifePath Index Retirement Fund (MF)
- (14) Coho Relative Value Equity Fund (MF)
- (15) Earnest Partners International Fund (CCT)
- (16) Fidelity 500 Fund (MF)
- (17) Fidelity International Fund (MF)
- (18) Fidelity Mid Cap Fund (MF)
- (19) Fidelity Real Estate Fund (MF)
- (20) Fidelity Small Cap Fund (MF)
- (21) Jensen Quality Growth Fund (MF)
- (22) MainStay MacKay High Yield Corporate Bond Fund (MF)
- (23) Putnam Stable Value Fund (CCT)
- (24) Vanguard FTSE All-World ex-US Small Cap Fund (MF)
- (25) Vanguard Short-Term Inflation Protected Securities Fund (MF)
- (26) WCM Focused Emerging Markets Fund (MF)

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 10 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of realized gains and losses, and unrealized gains and losses per the financial statements to the Form 5500:

	<u>Year Ended 12/31/23</u>	<u>Year Ended 12/31/22</u>
Realized gains per the financial statements	\$ 32,007	\$ 104,041
Add: Realized losses attributable to common/collective trusts included in amount reported at Schedule H Part II Item 2b(6)	870	0
Less: Realized gains attributable to registered investment companies included in amount reported at Schedule H Part II Item 2b(10)	<u>(32,877)</u>	<u>(104,041)</u>
Realized gains per the Form 5500	<u>\$ 0</u>	<u>\$ 0</u>
Unrealized gains (losses) per the financial statements	\$ 3,624,284	\$ (6,123,949)
Less: Unrealized gains attributable to common/collective trusts included in amount reported at Schedule H Part II Item 2b(6)	(174,434)	0
Add: Unrealized (gains) losses attributable to registered investment companies included in amount reported at Schedule H Part II Item 2b(10)	<u>(3,449,850)</u>	<u>6,123,949</u>
Unrealized gains per the Form 5500	<u>\$ 0</u>	<u>\$ 0</u>

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 11 - PLAN AMENDMENTS

Effective January 1, 2023, the Trustees amended the Plan to increase the Required Minimum Distribution age to 73 in compliance with the SECURE Act 2.0.

At their December 11, 2023 meeting, the Trustees amended the Plan to allow for a benefit payment distribution after a participant incurs a five-year separation from service if terminated participants meet certain criteria.

NOTE 12 - SUBSEQUENT PLAN AMENDMENT

Effective July 1, 2024, the Trustees approved a transition of the Fund's plan administrator from CompuSys of Utah to AF of L - AGC Building Trades.

NOTE 13 - 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 value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Iron Workers Local Union No. 92 is a local union doing business in the Birmingham, Alabama area. Consequently, concentration of the contractors contributing to the Money Purchase Plan in the Birmingham Alabama, area subjects the Plan to the risks associated with the economy in this area.

NOTE 14 - CONCENTRATION RISK

During the year, G&R Mineral Services (21.6%), McAbee Construction (16.7%), H&R Industrial (7.2%), Midwest Steel (6.5%), and BSE Industrial Contractors (6.0%), contributed 58.0% of all contributions made to the Plan. A withdrawal by these employers would have a significant impact upon the Plan.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

DECEMBER 31, 2023

NOTE 15 - EMBEZZLEMENT

In early 2015, the Trustees learned of a potential embezzlement of funds by an employee terminated in February 2015. The Trustees engaged a forensic auditor to perform an audit of the Money Purchase Pension Plan's and the related Iron Workers Local Union No. 92 Health and Welfare Fund's records back to 2009. The audit disclosed embezzlement by this employee totaling \$45,896.60 from a period of October 2013 to February 2015 from both Funds; \$13,609.20 from the Health and Welfare Fund and \$32,287.40 from the Money Purchase Pension Plan. The Trustees disclosed this information to the U.S. Department of Labor and have filed a lawsuit against the former employee seeking reimbursement. The former employee reimbursed the Money Purchase Pension Plan \$0 during 2023, \$250 during 2022, and \$2,020 in totality since the embezzlement.

NOTE 16 - PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid all expenses related to operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA. Of note, CompuSys of Utah is the Fund's plan administrator (AFL-AGC Building Trades effective 7-1-24), ServisFirst Bank is the Custodian of the Plan's checking accounts, John Hancock Retirement Plan Services is the Plan's investment custodian, investment manager, and benefits payer; and Investment Performance Services, LLC, is the consultant for the Plan's investment portfolio.

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN****DECEMBER 31, 2023**

	<u>Shares</u>	<u>Cost</u>	<u>Contract/ Fair Value</u>
<u>Common/Collective Trusts</u>			
Boston Partners Small/Mid Cap Value Equity Fund	73,676.681	\$ 942,238	\$ 1,030,000
Earnest Partners International Fund	66,339.286	1,500,217	1,586,890
Putnam Stable Value Fund	18,469,716.560	<u>18,469,717</u>	<u>18,469,717</u>
		<u>20,912,172</u>	<u>21,086,607</u>
<u>Mutual Funds</u>			
Baird Intermediate Bond Fund	57,787.782	584,319	596,370
Baird Small/Mid Cap Growth Fund	72,328.412	1,177,925	1,157,254
BlackRock LifePath Index 2025 Fund	45,856.211	677,185	684,175
BlackRock LifePath Index 2030 Fund	15,732.039	247,292	252,656
BlackRock LifePath Index 2035 Fund	73,870.621	1,223,684	1,288,304
BlackRock LifePath Index 2040 Fund	140,467.488	2,353,449	2,614,100
BlackRock LifePath Index 2045 Fund	147,634.663	2,703,970	2,932,024
BlackRock LifePath Index 2050 Fund	136,581.306	2,418,513	2,812,209
BlackRock LifePath Index 2055 Fund	247,315.294	4,423,119	5,240,611
BlackRock LifePath Index 2060 Fund	113,412.047	1,877,978	2,145,756
BlackRock LifePath Index 2065 Fund	57,766.126	745,616	767,712
BlackRock LifePath Index Retirement Fund	176,377.944	2,335,222	2,333,480
Coho Relative Value Equity Fund	175,462.840	2,678,894	2,496,836

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN****DECEMBER 31, 2023**

	<u>Shares</u>	<u>Cost</u>	<u>Contract/ Fair Value</u>
<u>Mutual Funds (Continued)</u>			
Fidelity 500 Index Fund	13,545.101	\$ 1,652,029	\$ 2,241,579
Fidelity International Index Fund	1,232.665	52,523	58,367
Fidelity Mid Cap Index Fund	468.407	13,755	14,029
Fidelity Real Estate Index Fund	7,126.196	124,790	112,523
Fidelity Small Cap Index Fund	923.865	20,570	23,133
Jensen Quality Growth Fund	23,423.991	1,306,054	1,385,997
MainStay MacKay High Yield Corporate Bond Fund	2,859.836	14,304	14,728
Vanguard FTSE All-World ex-US Small Cap Index Fund	536.473	14,846	15,236
Vanguard Short-Term Inflation Protected Securities Index Fund	2,227.762	54,026	53,043
WCM Focused Emerging Markets Fund	252.700	<u>3,322</u>	<u>3,386</u>
		<u>26,703,385</u>	<u>29,243,508</u>
		\$ <u>47,615,557</u>	\$ <u>50,330,115</u>

**SCHEDULE OF INVESTMENT ASSETS REQUIRED TO BE REPORTED
BOTH ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR**

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

FOR THE YEAR ENDED DECEMBER 31, 2023

	<u>Shares</u>	<u>Cost</u>	<u>Proceeds</u>
None			

SCHEDULE OF REPORTABLE TRANSACTIONS

**IRON WORKERS LOCAL UNION NO. 92
MONEY PURCHASE PENSION PLAN**

FOR THE YEAR ENDED DECEMBER 31, 2023

<u>Name</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value at Time of Sale</u>	<u>Net Gain or Loss</u>
Putnam Stable Value Fund	Common/Collective Trust	\$	\$ 4,066,176	\$ 4,066,176	\$ 4,066,176	\$ 0
Coho Relative Value Equity Fund	Mutual Fund	5,223,414				
MFS Value Fund	Mutual Fund		5,013,464	4,858,059	5,013,464	2,623,148

Note: This information is required for and reported on Schedule H Form 5500.

SCHEDULE OF EMPLOYER CONTRIBUTIONS

IRON WORKERS LOCAL UNION NO. 92

MONEY PURCHASE PENSION PLAN

FOR THE YEAR ENDED DECEMBER 31,

	<u>2023</u>	<u>2022</u>
American Millwright & Fabrication	\$ 3,694	\$ 0
Ashton & Company	17,191	39,381
Atlas Industrial Contractors	68,753	87,300
B.H. Craig Construction	19,131	3,294
BIWTPT	47,912	49,856
BSE Industrial Contractors	225,250	301,166
Barnhart Crane & Rigging	3,275	3,688
Boldt Company	212	0
CR Meyer	6,016	7,603
Colburn Construction	22,395	12,634
Concrete Erectors	6,269	22,969
Day & Zimmermann NPS	90,201	253,990
Delrose Construction	11,750	1,062
Derr & Isbell	11,294	28,705
Dixie Mechanical	0	1,128
EBCI	22,908	30,681
G&L Corporation	0	287
G&R Mineral Services	813,973	671,859
H&R Industrial Contractors	270,703	232,292
Iron Man Iron Works	6,350	7,306
Iron Mountain Construction	168,779	135,102

SCHEDULE OF EMPLOYER CONTRIBUTIONS

IRON WORKERS LOCAL UNION NO. 92

MONEY PURCHASE PENSION PLAN

FOR THE YEAR ENDED DECEMBER 31,

	<u>2023</u>	<u>2022</u>
Ironworkers Local Union No. 92	\$ 48,250	\$ 51,711
Kent Welding	0	45,663
Lesco Design & Manufacturing	16,469	15,250
McAbee Construction	629,190	688,817
McDonough Construction Rentals	322	131
Midwest Steel	245,860	109,694
National Steel City	4,525	0
NKC Conveyor	19,588	36,847
Physical Security	17,122	22,875
Precision Stone Setting	38,381	27,925
Progressive Insulation	10,522	0
Schuff Steel	12,298	1,513
Silman Industries	2,875	0
Taylor Consulting	3,175	0
The Jamar Company	0	144
Vulcan Fabricated Metals	22,450	9,302
Vulcan Industrial Contractors	<u>109,929</u>	<u>27,424</u>
	2,997,012	2,927,599
Add: Reciprocal Contributions Received	870,947	892,917
Less: Reciprocal Contributions Disbursed	<u>(100,040)</u>	<u>(150,211)</u>
	<u>\$ 3,767,919</u>	<u>\$ 3,670,305</u>

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1510-0110 1510-0089 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here...	☒ the DFVC program
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ 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 UNION NO. 92 MONEY PURCHASE PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN)</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1983</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) **-***0818</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 205-323-2205</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 238900</td> </tr> </table>	1b Three-digit plan number (PN)	002	1c Effective date of plan 01/01/1983		2b Employer Identification Number (EIN) **-***0818		2c Plan Sponsor's telephone number 205-323-2205		2d Business code (see instructions) 238900	
1b Three-digit plan number (PN)	002										
1c Effective date of plan 01/01/1983											
2b Employer Identification Number (EIN) **-***0818											
2c Plan Sponsor's telephone number 205-323-2205											
2d Business code (see instructions) 238900											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) IRON WORKERS LOCAL UNION NO. 92 2828 FOURTH AVENUE SOUTH BIRMINGHAM AL 35233											

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

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

SIGN HERE		10/07/2024	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/24	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1049
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 885 6a(2) 852 6b 0 6c 64 6d 916 6e 3 6f 919 6g(1) 6g(2) 919 6h 7 34
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 34

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

2C 2G

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

investment cannot be made directly into an index.

15The MSCI World Ex USA Small Cap Index captures small cap representation across 23 of 24 Developed Markets countries (excluding USA). The index covers approximately 14% of the free float-adjusted market capitalization in each country. It is not possible to invest directly in an index.

An investment cannot be made directly into an index.

The mutual fund performance and statistical data included here is supplied by Morningstar, Inc. and was collected from company reports, financial reporting services, periodicals and other sources believed to be reliable. Although carefully verified, data are not guaranteed by Morningstar, Inc. or John Hancock Retirement Plan Services, LLC.

FEE AND EXPENSE INFORMATION

The following table shows fee and expense information for the plan's investment options. The Total Annual Operating Expenses are expenses that reduce the rates of return of the investment option. This table also shows any redemption fees charged by an investment option upon the sale or exchange of shares and the minimum number of days one must hold the investment in order to avoid a redemption fee.

Expense ratio (gross) does not include fee waivers or expense reimbursements which result in lower actual cost to the investor.

Fees and Expenses				
NAME / TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE As a %	Per \$1,000	REDEMPTION FEES %	Additional Information
Stable Value				
Putnam Stable Value Fund	0.36%	\$ 3.60	N/A	N/A
Money Market				
JPMorgan U.S. Government Money Market Fund (Class Capital)	0.18%	\$ 1.80	N/A	N/A
Income				
Baird Intermediate Bond Fund (Institutional Class)	0.30%	\$ 3.00	N/A	N/A
MainStay Mackay High Yield Corporate Bond Fund (Class R6)	0.57%	\$ 5.70	N/A	N/A
Vanguard Short Term Inflation Protected Securities Index Fund (Admiral Class)	0.06%	\$ 0.60	N/A	N/A
Vanguard Total Bond Market Index Fund (Admiral Shares)	0.05%	\$ 0.50	N/A	N/A
Target Date				
BlackRock LifePath Index 2060 Fund (Class K)	0.15%	\$ 1.50	N/A	N/A
BlackRock LifePath Index 2065 Fund (Class K)	0.17%	\$ 1.70	N/A	N/A
BlackRock LifePath Index Retirement Fund (Class K)	0.13%	\$ 1.30	N/A	N/A
BlackRock LifePath Index 2025 Fund (Class K)	0.14%	\$ 1.40	N/A	N/A
BlackRock LifePath Index 2030 Fund (Class K)	0.14%	\$ 1.40	N/A	N/A
BlackRock LifePath Index 2035 Fund (Class K)	0.14%	\$ 1.40	N/A	N/A
BlackRock LifePath Index 2040 Fund (Class K)	0.15%	\$ 1.50	N/A	N/A
BlackRock LifePath Index 2045 Fund (Class K)	0.15%	\$ 1.50	N/A	N/A
BlackRock LifePath Index 2050 Fund (Class K)	0.15%	\$ 1.50	N/A	N/A
BlackRock LifePath Index 2055 Fund (Class K)	0.15%	\$ 1.50	N/A	N/A
Growth & Income				
Coho Relative Value Equity Fund	0.79%	\$ 7.90	N/A	N/A

Fees and Expenses

NAME / TYPE OF OPTION	TOTAL ANNUAL OPERATING EXPENSE		REDEMPTION FEES		Additional Information
	As a %	Per \$1,000	%	# Days	
Fidelity 500 Index Fund	0.02%	\$ 0.20	N/A	N/A	
Fidelity Real Estate Index Fund	0.07%	\$ 0.70	N/A	N/A	
Growth					
Baird Small/Mid Cap Growth Fund (Institutional Class)	0.98%	\$ 9.80	N/A	N/A	
Fidelity Mid Cap Index Fund	0.03%	\$ 0.30	N/A	N/A	
Fidelity Small Cap Index Fund	0.03%	\$ 0.30	N/A	N/A	
Jensen Quality Growth Fund (Class J)	0.82%	\$ 8.20	N/A	N/A	
International					
EARNEST Partners International Fund (Class 1)	0.85%	\$ 8.50	N/A	N/A	
Fidelity International Index Fund	0.04%	\$ 0.40	N/A	N/A	
Vanguard FTSE All-World ex-US Small Capital Index Fund (Shares Admiral)	0.16%	\$ 1.60	N/A	N/A	
WCM Focused Emerging Markets Fund (Institutional Class)	1.37%	\$ 13.70	N/A	N/A	

The cumulative effect of fees and expenses can substantially reduce the growth of your retirement savings. Visit the Department of Labor's Web site for an example showing the long-term effect of fees and expenses at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification>. Fees and expenses are only one of many factors to consider when you decide to invest in an option. You may also want to think about whether an investment in a particular option, along with your other investments, will help you achieve your financial goals.

Please visit myplan.johnhancock.com for a glossary of investment terms relevant to this plan. The glossary is intended to help you better understand your options.

PLAN-RELATED INFORMATION

PLAN ADMINISTRATIVE EXPENSES

The plan may pay service providers for administrative services rendered during the year, such as recordkeeping and investment advisory services. Service providers may offset the fees they would otherwise charge with revenue sharing payments that the service provider receives in connection with plan investment options, otherwise their service fees may be paid from a segregated account under the plan and/or may be charged against participants' or beneficiaries' accounts on a pro rata basis, per capita basis, or as a specific dollar amount, subject to the terms of the plan. In some circumstances, portions of such payments may be credited back to your account. Any amounts charged or credited against your account will be disclosed online and in your statement on a quarterly basis.

ACCESS TO INFORMATION

As a participant in the plan, you have the right to request paper copies, free of charge, of any information required to be available on the plan website. This includes past and current statements. To request this, you can contact a John Hancock participant service representative at 833-388-6466 from 08:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days. For your protection, all calls to our representatives are recorded. In addition, your past and current statements are available through our secure website at mylife.jhrps.com/statements.

PARTICIPANT EXPENSES

The following fees are applicable. If any of these fees apply to you, they will appear on your quarterly account statement.

Distribution Fee	\$ 50.00
Periodic Payment Fee	\$ 2.00
John Hancock Recordkeeping Fee - Deducted Pro rata	\$72.00

ABILITY TO DIRECT INVESTMENTS

You have the right to transfer into or out of any investment option in your plan at any time, provided such transfer is permitted by the investment offeror. Investment options in your plan may have implemented restrictions such as redemption fees or short-term trading prohibitions. If redemption fees apply to any of the options in this plan, those fees and the holding period required to avoid the fees will be listed in the Fees and Expenses section above. Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. The plan's named fiduciary, or its delegate, exercises voting, tender and any similar rights associated with the plan's designated investment alternatives unless the plan offers an employer stock investment alternative. In the case of employer stock, voting rights are generally exercised based upon participant instruction. Please review the funds' prospectuses for more information. To change any of your investments, you can go to myplan.johnhancock.com at any time, or you can call us at 833-388-6466 from 08:00 a.m. to 10:00 p.m. Eastern time on New York Stock Exchange business days. For your protection, all calls to our Representatives are recorded.

RESTRICTED INVESTMENTS

The following funds have restrictions as described below:

1. JPMorgan U.S. Government Money Market Fund (Class Capital): This investment may have restrictions regarding contributions and liquidations.
2. Direct transfers out of the Putnam Stable Value Fund and into the Vanguard Short Term Inflation Protected Securities Index Fund (Admiral Class) are not permissible in accordance with investment contract and investment guidelines for the Putnam Stable Value Fund. However, indirect transfers from Putnam Stable Value Fund and into the Vanguard Short Term Inflation Protected Securities Index Fund (Admiral Class) may be made by first transferring those assets from the Putnam Stable Value Fund and depositing them into a non-competing equity investment for a period of 90 days. Once the 90 days has passed, those assets may be transferred from the equity investment to the Vanguard Short Term Inflation Protected Securities Index Fund (Admiral Class).

Mutual funds are not appropriate for frequent trading and most mutual funds monitor and restrict such activity. If you conduct transactions in a particular fund too often or attempt to exchange among related funds soon after purchasing, the mutual fund may restrict or deny future purchases. Please review the funds' prospectuses for more information.

ABOUT RISK

All investing involves risk. It is possible that your investment objectives may not be met. All mutual funds are subject to market risk and may fluctuate in value.

Neither John Hancock Retirement Plan Services, LLC, its affiliates nor its representatives provide tax, legal or accounting advice. Please contact your own advisors.

Please contact John Hancock at 833-388-6466 for a prospectus, and, if available, a summary prospectus. Investors are asked to consider the investment objectives, risks, and charges and expenses of the investment carefully before investing. The prospectus or summary prospectus, contains this and other information about the investment company. Please read this information carefully before investing.

Marketing support services are provided by John Hancock Distributors LLC.

John Hancock Retirement Plan Services, LLC is also referred to as "John Hancock".

RS120715225908

01895 IRON WORKERS LOCAL UNION NO. 92

63-0880818

FYE: 12/31/2023

Federal Statements

IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE

Plan: 002

Plan transactions in excess of 5% of plan assets

<u>Name</u>		<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
	<u>Description</u>							
PUTNAM STABLE VALUE FUND								
	COMMON/COLLECTIVE TRUST	\$	\$ 4066176	\$	\$	\$ 4066176	\$ 4066176	\$
COHO RELATIVE VALUE EQUITY								
	MUTUAL FUND	5223414						
MFS VALUE FUND								
	MUTUAL FUND		5013464			4858059	5013464	2623148

01895 IRON WORKERS LOCAL UNION NO. 92

63-0880818

Federal Statements

FYE: 12/31/2020 **IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE**
Plan: 002

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	BOSTON PARTNERS SMAL	COMMON/COLLECTIVE TR	\$ 942,238	\$ 1,030,000
	EARNEST PARTNERS INT	COMMON/COLLECTIVE TR	1,500,217	1,586,890
	PUTNAM STABLE VALUE	COMMON/COLLECTIVE TR	18,469,717	18,469,717
	BAIRD INTERMEDIATE B	MUTUAL FUND	584,319	596,370
	BAIRD SMALL/MID CAP	MUTUAL FUND	1,177,925	1,157,254
	BLACKROCK LP 2025	MUTUAL FUND	677,185	684,175
	BLACKROCK LP 2030	MUTUAL FUND	247,292	252,656
	BLACKROCK LP 2035	MUTUAL FUND	1,223,684	1,288,304
	BLACKROCK LP 2040	MUTUAL FUND	2,353,449	2,614,100
	BLACKROCK LP 2045	MUTUAL FUND	2,703,970	2,932,024
	BLACKROCK LP 2050	MUTUAL FUND	2,418,513	2,812,209
	BLACKROCK LP 2055	MUTUAL FUND	4,423,119	5,240,611
	BLACKROCK LP 2060	MUTUAL FUND	1,877,978	2,145,756
	BLACKROCK LP 2065	MUTUAL FUND	745,616	767,712
	BLACKROCK LP RETIREM	MUTUAL FUND	2,335,222	2,333,480
	COHO RELATIVE VALUE	MUTUAL FUND	2,678,894	2,496,836
	FIDELITY 500 INDEX F	MUTUAL FUND	1,652,029	2,241,579
	FIDELITY INT'L INDEX	MUTUAL FUND	52,523	58,367
	FIDELITY MIDCAP IND	MUTUAL FUND	13,755	14,029
	FIDELITY REAL ESTATE	MUTUAL FUND	124,790	112,523
	FIDELITY SMALLCAP IN	MUTUAL FUND	20,570	23,133
	JENSEN QUALITY GROWT	MUTUAL FUND	1,306,054	1,385,997
	MAINSTAY MACKAY HY	MUTUAL FUND	14,304	14,728
	VANGUARD FTSE ALL-WO	MUTUAL FUND	14,846	15,236
	VANGUARD ST INFL PRO	MUTUAL FUND	54,026	53,043
	WCM FOCUSED EMERGING	MUTUAL FUND	3,322	3,386