Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/2021

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

196 ORCHARD PARK ROAD
WEST SENECA, NY 14224

2b Employer Identification Number (EIN) 87-2177114

2c Plan Sponsor's telephone number 716-828-1400

2d Business code (see instructions) 238100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/12/2025	JAMES WILLIS III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/14/2025	JAMES LOGAN
	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.

3a Plan administrator's name and address [X] 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**	191
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	**6a(1)**	191
a(2) Total number of active participants at the end of the plan year	**6a(2)**	206
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	25
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	231
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	231
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	41

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

1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

D Employer Identification Number (EIN)
87-2177114

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	3267080
(2) Actuarial value of assets for funding standard account	1b(2)	3267080
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2173718
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method	1c(3)	2173718
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	3533926
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1866977
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	17946
(3) Expected plan disbursements for the plan year	1d(3)	17946

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	01/30/2025
Signature of actuary	Date
ADAM N. RUSSO, EA, ASA	23-08650
Type or print name of actuary	Most recent enrollment number
USI CONSULTING GROUP	412-851-5273
Firm name	Telephone number (including area code)
6 PPG PLACE, SUITE 200, PITTSBURGH, PA 15222	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) **2a** 3267080

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	0	0
(2) For terminated vested participants	7	49023
(3) For active participants:		
(a) Non-vested benefits		160320
(b) Vested benefits		3324583
(c) Total active	189	3484903
(4) Total	196	3533926

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... **2c** %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/01/2023	1833975				
			Totals ► 3(b)	1833975	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) ..... **4a** 150.2 %

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 ..... **4b** N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ..... ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date **4e**

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

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ..... ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ..... ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	2.80 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	8P20+21	8P20+21
(2) Females	**6c(2)**	8FP20+21	8FP20+21
d Valuation liability interest rate	**6d**	5.00 %	5.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☐ Other ☒ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	4.8 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	4.8 %	
i Expense load included in normal cost reported in line 9b	**6i**	☒ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	120000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	**8a**	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☐ Yes ☒ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☐ Yes ☒ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	
b Employer's normal cost for plan year as of valuation date	**9b**	1162966

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)			
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c			9d	58148
e Total charges. Add lines 9a through 9d			9e	1221114
Credits to funding standard account:				
f Prior year credit balance, if any			9f	1308371
g Employer contributions. Total from column (b) of line 3			9g	1833975
		Outstanding balance		
h Amortization credits as of valuation date	9h			
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	111268
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	1446874		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	1568495		
(3) FFL credit			9j(3)	
k (1) Waived funding deficiency			9k(1)	
(2) Other credits			9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	3253614
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	2032500
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			9o(2)(b)	
(3) Total as of valuation date			9o(3)	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			10	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No

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

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan
IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

D Employer Identification Number (EIN)
87-2177114

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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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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	35423	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	25500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCARA LENDA EUSANIO & STACEY CPAS

47-1793720

(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	18100	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)

MARINER INSTITUTIONAL, LLC

59-3676225

(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?
17 27	NONE	10875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan
IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

D Employer Identification Number (EIN)
87-2177114

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	202835	172478
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	316121	294449
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6377	7272
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1559090	1672832
(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)		
(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)	1230947	3323067
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3315370	5470098
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		3000
i Acquisition indebtedness	1i		
j Other liabilities	1j	48290	106226
k Total liabilities (add all amounts in lines 1g through1j)	1k	48290	109226
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3267080	5360872

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)	1833975	
(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)		1833975
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	50067	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50067
(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)	70954	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		70954
(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)		
(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)		321167
c Other income	2c		128
d Total income. Add all **income** amounts in column (b) and enter total	2d		2276291
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
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)	51952	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18100	
(5) Investment advisory and investment management fees	2i(5)	10875	
(6) Bank or trust company trustee/custodial fees	2i(6)	1853	
(7) Actuarial fees	2i(7)	25500	
(8) Legal fees	2i(8)	4989	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	69230	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		182499
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		182499
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2093792
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) [X] 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)** [X] 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: ARCARA LENDA EUSANIO & STACEY CPAS **(2)** EIN: 47-1793720

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.)	**4a**		X	
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
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?	**4g**		X	
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533157.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

A Name of plan
IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN

D Employer Identification Number (EIN)
87-2177114

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): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

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

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

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

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

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

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 APOLLO STEEL CORP.

b EIN 16-0973699 **c** Dollar amount contributed by employer 349071

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer IROQUOIS BAR CORPORATION

b EIN 16-1570355 **c** Dollar amount contributed by employer 195203

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer CONTOUR ERECTION & SIDING

b EIN 16-1099590 **c** Dollar amount contributed by employer 184977

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer SENECA STEEL ERECTORS INC.

b EIN 16-1547688 **c** Dollar amount contributed by employer 134248

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer STONEBRIDGE INC.

b EIN 22-3476611 **c** Dollar amount contributed by employer 121860

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer HOHL INDUSTRIAL SERVICES INC.

b EIN 16-0710735 **c** Dollar amount contributed by employer 96441

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer NIAGARA ERECTING INC.

b EIN 16-0814743 **c** Dollar amount contributed by employer 92082

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(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)	**14a**	0
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	0
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	0

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% 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

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_____.

Structured Attachment	Schedule MB, line 8b(2) Schedule of Active Participant Data	2023
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN						
Plan Year Begin Date	06/01/2023	Plan Year End Date	05/31/2024	EIN	87-2177114	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	3			8		
25 to 29	4			12		
30 to 34	5			25		
35 to 39	4			18		
40 to 44	4			15		
45 to 49	7			32		
50 to 54	4			19		
55 to 59	2			14		
60 to 64	2			10		
65 to 69						
70 & Up				1		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN						
Plan Year Begin Date	06/01/2023	Plan Year End Date	05/31/2024	EIN	87-2177114	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	IRONWORKERS LOCAL NO. 6 RETIREMENT PLAN						
Plan Year Begin Date	06/01/2023	**Plan Year End Date**	05/31/2024	**EIN**	87-2177114	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Ironworkers Local 6 Retirement Plan

Financial Statements

For the Years Ended May 31, 2024 and 2023

Ironworkers Local 6 Retirement Plan

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Independent Auditor's Report

To the Board of Trustees of
Ironworkers Local 6 Retirement Plan

Opinion

We have audited the accompanying financial statements of the Ironworkers Local 6 Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of May 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of May 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Ironworkers Local 6 Retirement Plan as of May 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of May 31, 2023, and the changes in its accumulated plan benefits for the year 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 the 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 of assets held at end of year and reportable transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Williamsville, New York
January 10, 2025

Ironworkers Local 6 Retirement Plan

Statements of Net Assets Available for Benefits
As of May 31, 2024 and 2023

	2024	2023
Assets		
Investments, at Fair Value	$ 4,995,899	$ 2,790,037
Receivables		
Employer Contributions	294,449	316,121
Accrued Interest	7,272	6,377
	301,721	322,498
Cash, Non Interest Bearing	172,478	202,835
Total Assets	5,470,098	3,315,370
Liabilities		
Payables		
Accounts Payable and Accrued Expenses	3,000	-
Due to Other Funds (Reciprocal Agreements)	81,942	44,900
Due to Related Funds	24,284	3,390
Total Liabilities	109,226	48,290
Net Assets Available for Benefits	$ 5,360,872	$ 3,267,080

See Notes to Financial Statements.

Ironworkers Local 6 Retirement Plan

Statements of Changes in Net Assets Available for Benefits
For the Years Ended May 31, 2024 and 2023

	2024	2023
Additions to Net Assets		
Investment Income		
Interest and Dividends	$ 121,021	$ 58,961
Net Appreciation in Fair Value of Investments	321,167	51,149
	442,188	110,110
Less Investment Service Fees	(12,728)	(5,462)
	429,460	104,648
Employer Contributions	1,833,975	1,885,414
Other Income	128	798
Total Additions	2,263,563	1,990,860
Deductions from Net Assets		
Administrative Expense		
Compensation	27,420	14,584
Conference	1,755	1,193
Employee Benefits	24,532	14,324
Insurance	9,723	7,618
Office Expense	7,627	4,388
Professional Services		
Legal	4,989	13,467
Accounting	18,100	27,081
Actuarial	25,500	52,000
Computer Programming	39,077	15,562
Rent	6,300	6,300
Sundry	2,216	2,271
Taxes, Payroll	2,532	1,243
Total Deductions	169,771	160,031
Increase in Net Assets	2,093,792	1,830,829
Net Assets Available for Benefits		
Beginning of Year	3,267,080	1,436,251
End of Year	$ 5,360,872	$ 3,267,080

See Notes to Financial Statements.

Ironworkers Local 6 Retirement Plan

Statement of Accumulated Plan Benefits
As of May 31, 2023

Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Active Participants	$	2,063,983
Participants Currently Receiving Payments		-
Deferred Vested Participants		34,363
		2,098,346
Non-Vested Benefits		75,372
Total Actuarial Present Value of Accumulated Plan Benefits	$	2,173,718

See Notes to Financial Statements.

Ironworkers Local 6 Retirement Plan

Statement of Changes in Accumulated Plan Benefits
For the Year Ended May 31, 2023

Actuarial Present Value of Accumulated Plan Benefits at June 1, 2022	$	980,510
Increase During the Year Attributable to:		
Benefit Accumulation, etc.		1,137,373
Change in the Discount Period		49,026
Plan Amendment		6,809
Net Increase		1,193,208
Actuarial Present Value of Accumulated Plan Benefits at May 31, 2023	$	2,173,718

See Notes to Financial Statements.

Ironworkers Local 6 Retirement Plan

Notes to Financial Statements
May 31, 2024 and 2023

Note 1 - Description of the Plan

The following description of Ironworkers Local 6 Retirement Plan (the "Plan" or "Retirement Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit, multiemployer pension plan which covers all eligible members of Ironworkers Local 6 (the "Union") and certain other persons who have had contributions paid into the Plan on their behalf by a contributing employer. The Plan also allows employees of the Union and employees of a contributing benefit fund to be eligible to participate in the Plan if the Board of Trustees agrees to accept contributions on their behalf. The Plan, which was established June 1, 2021, is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is administered by a Joint Board of Trustees, consisting of members appointed by both employers and the Union. The Plan's investments are overseen by an investment advisor who determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees, who has overall responsibility for the Plan's investments.

Participation

Participation in the Plan is as of the first day of the Plan year in which an eligible employee completes three hundred or more hours of service.

Funding Policy

Contributions to the Plan are provided by employers primarily in the construction industry in the Western New York area and are based on an hourly rate for hours worked in covered employment at rates negotiated under the collective bargaining agreement.

Contributions which apply to the current year that are received in the following year are reported as employer contributions receivable. Employer contributions reported on the statements of changes in net assets available for benefits for years ended May 31, 2024 and 2023, are net of $342,287 and $537,533, respectively, paid and payable to other funds under reciprocal agreements.

Benefit Accrual Service

Each plan year in which a participant completes three hundred or more hours of service, they will accrue years of credited service. Years of credited service determine the benefit the participant earns in that plan year. Participants accrue one twelve hundredth of a year of credited service for each hour of service, to a maximum of one year of credited service (1,200 hours) during a plan year. If a participant completes less than three hundred hours of service, they will accrue no credited service or benefit in that plan year.

Vesting

A participant will become fully vested once they have completed five years of vesting service. 100% vesting is also achieved if the participant is employed by a contributing employer on or after their normal retirement age. The normal retirement age is the later of age 62 or the fifth anniversary of their participation in the Plan. A "year of vesting service" is a plan year during which the participant is credited with 1,000 or more hours of service. A participant will be credited with years and fractions of a year of vesting service as their hours of service earned during the plan year bears to 1,000. A participant may receive credit for more than one year of vesting service in a Plan year. The years of vesting service include years of vesting service earned under the Ironworkers Local 6 Profit Sharing Plan, a related benefit plan, which have not been lost due to a break-in-service under the rules of that plan.

Certain exceptions apply to the rules regarding breaks in service for absences due to qualified military service and maternity or paternity leave.

Plan Benefits

Benefit Accrual

A participant will accrue a monthly benefit of $100 for each year, or fractional part of a year of credited service they accrue in a plan year. The accrued benefit at any point in time is the sum of the value of the annual amounts they have accrued under the Plan, payable as a monthly amount on their normal retirement date under the "life only annuity" form of benefit, adjusted as set forth below.

The Plan also has a hurdle rate, or an annual investment return target, of 5%. The accrued benefit will be subject to an annual adjustment, either up or down, each year based on the ratio of the Plan's investment return for the plan year over or under the hurdle rate. The annual adjustment is (1 + actual return on assets during the plan year) divided by (1 + hurdle rate). These annual adjustments apply both before and after retirement. After the initial year of credited service, the accrued benefit will consist of the monthly benefit earned in the initial year of credited service. Thereafter, the accrued benefit will consist of the sum of the accrued benefit earned for the current plan year, plus the accrued benefit earned as of the end of the prior plan year multiplied by the annual adjustment.

Normal Retirement Benefit

Under the Plan a member may retire with a normal pension benefit at the later of age 62 or on the fifth anniversary of participation in the Plan.

Early Retirement Benefit

Under the Plan a member may retire and receive a reduced benefit after attaining age 55 with five or more years of vesting service.

Disability Benefit

If a participant has become permanently disabled, he or she is entitled to receive a reduced monthly benefit if they are age 40 or over with at least five years of vesting service and has received a determination of disability from the U.S. Social Security Administration.

Death Benefit

In the event a participant dies prior to the commencement of benefit payments, the surviving spouse (if any) will be paid a monthly pension in the form of a qualified pre-retirement survivor annuity.

If the participant is married and dies after they are eligible for a normal or early retirement benefit, but before any distribution of the accrued benefit is made, distribution of the accrued benefit will be made to the spouse in the form of a "qualified preretirement survivor annuity." Under a qualified preretirement survivor annuity, the spouse will receive a lifetime monthly benefit as if the participant had retired on a 50% joint and survivor annuity on the day before death. The spouse's monthly survivor benefit will be subject to the annual adjustment.

In the event of the death of a participant prior to commencement of benefit payments, but at a time when they did not qualify for a pension and they are survived by a spouse, the spouse will be entitled to a qualified preretirement survivor annuity, payment of which, however, will be deferred until the earliest date the participant would have been eligible to receive a pension had they lived.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting
The accompanying financial statements are stated on the accrual basis of accounting.

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; disclosure of contingent assets and liabilities; and actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on an ex-dividend date. Net appreciation (depreciation) includes the gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable
Employer contributions receivable at May 31, are accrued based on an analysis of subsequent employer reports and remittances as well as collectability.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

Subsequent Events
The Plan has evaluated subsequent events through January 10, 2025, the date these financial statements were available to be issued, for potential recognition or disclosure in the financial statements.

Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan Benefits
Accumulated plan benefits are those future periodic payments attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated participants or their beneficiaries, beneficiaries of participants who have died, and present participants or their beneficiaries. Benefits under the Plan are based on provisions as described in Note 1. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant service rendered to the date which the benefit information is presented (the valuation date).

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Note 3 (*Continued*)

The significant actuarial assumptions used in the valuation as of June 1, 2023, are as follows:

Actuarial Assumptions

Funding & Accumulated Benefits	5.00% per year, net of investment expenses.
Mortality - Healthy	PRI-2012 total dataset amount - weighted mortality projected with scale MP-2021 with separate rates or employees, retirees, and contingent survivors.
Mortality - Disabled	PRI-2012 total dataset amount - weighted projected with scale MP-2021.

Employee Termination

	Service						
Age	<1	1-2	2-3	3-4	4-5	5-6	6+
25	13.88%	11.90%	9.92%	7.94%	5.96%	3.98%	2.00%
30	9.14%	7.95%	6.76%	5.57%	4.38%	3.19%	2.00%
40	6.59%	5.83%	5.06%	4.30%	3.53%	2.77%	2.00%
45	5.25%	4.71%	4.17%	3.63%	3.08%	2.54%	2.00%
50	4.66%	4.22%	3.77%	3.33%	2.89%	2.44%	2.00%
55	4.22%	3.85%	3.48%	3.11%	2.74%	2.37%	2.00%
60	2.19%	2.16%	2.13%	2.10%	2.06%	2.03%	2.00%

Retirement Age	100% at age 62
Disability	None
RPA ’94 Current Liability (set by law)	Interest Rate: 2.80% per year, net of investment expenses. Mortality Table: IRS 2023 Static Mortality Table
Percent Married and Age of Spouse	80% of male members and 60% of female members are assumed to be married and husbands are assumed to be three years older than wives.
Administrative Expense	Based on administrative expenses from the prior year, rounded to the nearest $1,000. For the 2023 valuation, $120,000 was used. ($75,000 for 2022 valuation)
Actuarial Value of Assets	Market Value
Actuarial Cost Method	Unit Credit

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of June 1, 2023. Had the valuations been performed as of May 31, there would not have been material differences.

Note 3 (*Continued*)

Actuarial Valuation

The actuarial present value of accumulated plan benefits as of May 31, 2023, is reported in the statement of accumulated plan benefits and the changes therein are reported in the statement of changes in accumulated plan benefits. As disclosed in the statement of changes in accumulated plan benefits, the actuarial present value of accumulated plan benefits increased by $1,193,208 in the Plan year ended May 31, 2023.

The actuarial cost method used in establishing the normal cost and actuarial accrued liability for participants is known as the "Unit Credit" cost method. The actuarial study showed that, at June 1, 2023, the actuarial accrued liability was less than the actuarial value of Plan assets by $1,093,362 ($455,741 at June 1, 2022). The study also disclosed that the Plan's funded percentage, which is the ratio of the current market value of the Plan's net assets to the present value of benefits earned as of the valuation date was 150%, compared to 146% as of the prior valuation. The Plan vested benefits as of May 31, 2023 were fully funded.

Funded Status

As required by the Pension Protection Act of 2006, the Plan's actuary completed the actuarial certification under Internal Revenue Code Section 432(b)(3) as of June 1, 2023, and determined that the Plan is neither endangered nor critical (Green Zone) and had a projected funded percentage of 163.5% and is neither in endangered nor critical status.

On August 23, 2024, the Plan's actuary certified that the Plan has a projected funded percentage of 158.8% at June 1, 2024 and again is neither in endangered nor critical status (Green Zone).

Note 4 - Amendment and Termination

Amendment

The Trustees have the right to amend the Plan at any time. In no event, however, will any amendment authorize or permit any part of the Plan assets to be used for purposes other than the exclusive benefit of participants or their beneficiaries, or cause any reduction to the accrued benefit other than the annual adjustment.

Termination

It is the present intention of the Trustees to continue the Plan indefinitely. The Trustees have the right to terminate the Plan when there is no longer a collective bargaining agreement in force between the Union and an employer requiring contributions to the Plan. Upon termination, all amounts credited to participant accounts will be 100% vested.

Note 5 - Fair Value Measurement

ASC 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy under ASC 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.

Note 5 *(Continued)*

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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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 May 31, 2024 and 2023.

Money Market Funds: Valued at amortized costs, which approximate fair value. Under the amortized cost valuation method, discount or premium is accreted or amortized on a constant basis to the maturity of the security.

Mutual Funds: The Plan may invest in both closed-end mutual funds and open-end mutual funds. Closed-end mutual funds are valued at the closing price reported on the active market on which the individual securities are traded. Open-end mutual funds are registered with the Securities and Exchange Commission and are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of the 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 table sets forth the Plan's investment assets at fair value as of May 31, 2024:

Investments, at Fair Value	**Level 1**	**Level 2**	**Level 3**	**Total**
Investments within the Fair Value Hierarchy				
Money Market Funds	$ -	$ 1,672,832	$ -	$ 1,672,832
Mutual Funds	3,323,067	-	-	3,323,067
Total Investments, at Fair Value	$ 3,323,067	$ 1,672,832	$ -	$ 4,995,899

Note 5 *(Continued)*

The following table sets forth the Plan's investment assets at fair value as of May 31, 2023:

Investments, at Fair Value	Level 1	Level 2	Level 3	Total
Investments within the Fair Value Hierarchy				
Money Market Funds	$ -	$ 1,559,090	$ -	$ 1,559,090
Mutual Funds	1,230,947	-	-	1,230,947
Total Investments, at Fair Value	$ 1,230,947	$ 1,559,090	$ -	$ 2,790,037

Note 6 - Risks, Uncertainties, Concentrations

Risks and Uncertainties

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

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

Concentration

The Plan places its cash deposits with high quality financial institutions. The balances in its accounts at times exceed the federally insured limit.

Note 7 - Transactions with Parties-in-Interest and Related Parties

Parties-in-Interest

Wilmington Trust provides custodial services to the Plan. Certain of the Plan's investments are maintained in a money market fund sponsored by Wilmington Trust and totaled $1,672,832 and $1,559,090 at May 31, 2024 and 2023, respectively. Such amounts represent 33% and 56% of the Plan's investments at May 31, 2024 and 2023, respectively. Fees paid by the Plan to Wilmington Trust amounted to $12,728 and $5,462 for years ended May 31, 2024 and 2023, respectively.

Related Parties

Employees of Ironworkers Local #6 Medical and S.U.B. Pay Plan ("Medical and S.U.B. Pay Plan") perform various administrative and clerical functions for the Retirement Plan, Ironworkers Local 6 Pension Plan ("Pension Plan"), and Ironworkers Local 6 Profit Sharing Plan ("Profit Sharing Plan"). All expenses applicable to such functions, including compensation, payroll taxes, and employee benefits, are paid directly by the Medical and S.U.B. Pay Plan and are allocated among the funds based on management estimates. Amounts paid by the Medical and S.U.B. Pay Plan which were allocated to the Retirement Plan totaled $54,484 and $30,151 for the years ended May 31, 2024 and 2023, respectively. The unpaid portion of such activity with the Medical and S.U.B. Pay Plan at May 31, 2024 and 2023, amounted to $24,284 and $3,150, respectively.

In addition, the Medical & S.U.B. Pay Plan administers a clearing account to collect employer remittances to the Retirement Plan and other affiliated benefit funds and the Union. At May 31, 2024 and 2023, all amounts collected by the Medical & S.U.B. Pay Plan in the clearing account on behalf of the Retirement Plan were remitted to the Retirement Plan.

Note 7 *(Continued)*

The Plan leases its office facilities on a month-to-month basis from a related party, Ironloc No. 6 Corporation, at a rate of $525 per month.

The Retirement Plan owed $240 to the Pension Plan at May 31, 2023, for funds deposited from contractors in connection with prior payroll audits. Such amounts were for hours worked under the Pension Plan prior to June 1, 2021.

Note 8 - Pension Plans

Employees of the Medical and S.U.B. Pay Plan are participants in the Retirement Plan and in the Profit-Sharing Plan, which is a multiemployer defined contribution pension plan. The Plan's allocated share of pension contributions made on behalf of such employees totaled $10,793 and $6,323 for the years ended May 31, 2024 and 2023, respectively.

Note 9 - Tax Status

The Plan's legal counsel has submitted the Plan's application to the Internal Revenue Service ("IRS") for determination as an organization exempt from liability for federal income taxes. The Plan's Trustees and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with Section 401(a) of the Internal Revenue Code ("IRC") and will be determined to be exempt from liability for Federal income taxes under provisions of Section 501(a) of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 10 - Reconciliation with Form 5500

The accompanying financial statements, which are prepared in accordance with accounting principles generally accepted in the United States of America, calculate realized gains and losses on sales of securities and unrealized gains and losses (change in market value on securities held at year end) using historical cost. However, Form 5500, Annual Return/Report of Employee Benefit Plan, requires the calculation of such gains and losses to be measured based on revalued cost on Schedule H. Revalued cost is calculated based on the market value of a security on the first day of the fiscal year plus the cost of any current year purchases, less the beginning market value of any current year sales. In total, however, the financial statement calculation of gains and losses and the calculation for Form 5500 are the same.

In the statements of changes in net assets available for benefits, investment fees are offset against investment income. On Form 5500, Schedule H, such fees are included as administrative expenses.

Ironworkers Local 6 Retirement Plan

Supplemental Information

For the Year Ended May 31, 2024

Ironworkers Local 6 Retirement Plan

EIN: 87-2177114; Plan Number 001
Form 5500 - Schedule H, Line 4i
Schedule of Assets Held at End of Year
As of May 31, 2024

(a)	(b)	(c)		(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment including maturity date, rate of interest, collateral, par, or maturity value**		**Cost**	**Current Value**
		Face Value/ No. of Shares			
	Investments, at Fair Value				
	Money Market Funds				
*	Wilmington U.S. Gov't MM Fund	1,672,831	Units	$ 1,672,832	$ 1,672,832
	Total Money Market Funds			1,672,832	1,672,832
	Mutual Funds				
	Vanguard International Total Stock Market Index Fund	9,557	Shares	275,475	314,436
	Vanguard Total Bond Market Index Fund	142,612	Shares	1,376,847	1,343,401
	Vanguard Total Stock Market Index Fund	13,140	Shares	1,298,429	1,665,230
	Total Mutual Funds			2,950,751	3,323,067
	Total Investments, at Fair Value			$ 4,623,583	$ 4,995,899

* Party-in-Interest

Ironworkers Local 6 Retirement Plan

EIN: 87-2177114; Plan Number 001
Form 5500 - Schedule H, Line 4j
Schedule of Reportable Transactions
For the Year Ended May 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Wilmington U.S. Government MM Fund	Money Market Fund	$ 1,815,595				$ 1,815,595	$ 1,815,595	
Wilmington U.S. Government MM Fund	Money Market Fund		$ 1,701,853			1,701,853	1,701,853	$ -
Vanguard Total Bond Market Index Fund	Bond Fund	843,338				843,338	843,338	
Vanguard Total Stock Market Index Fund	Stock Fund	769,412				769,412	769,412	

Schedule MB, Line 8b(2) – Schedule of Active Participant Data
Ironworkers Local No. 6 Retirement Plan
June 1, 2023 Valuation
EIN/PN: 87-2177114 / 001

Age Near Year	Years of Credited Service										
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	3	8									11
25-29	4	12									16
30-34	5	25									30
35-39	4	18									22
40-44	4	15									19
45-49	7	32									39
50-54	4	19									23
55-59	2	14									16
60-64	2	10									12
65-69	0	0									0
70+	0	1									1
Total	35	154	0	0	0	0	0	0	0	0	189

Statement of Actuarial Assumptions and Methods

1. Data

a.	Valuation Date	June 1, 2023
b.	Employee Data	Member data was supplied by the Ironworkers Local No. 6
c.	Asset Data	Provided by Arcara, Lenda, Eusanio, & Stacey CPAs.
d.	Contribution Rate	$6.15 per hour effective June 1, 2023
e.	Future Hours to be Worked	Based on hours worked in prior plan year

2. Non-Prescribed Assumptions and Methods

Each significant non-prescribed assumption used in this report represents a combination of a best estimate of future expectations and observed past experience

a. Funding & Accumulated Benefits — 5.00% per year, net of investment expenses

Rationale for Interest Rate: Based on capital market expectations and target asset allocation.

b. Rates of Withdrawal

i) Mortality - healthy — Pri-2012 Total Dataset Amount-Weighted Mortality Projected with Scale MP-2021 with separate rates for employees, retirees, and contingent survivors

Mortality – disabled — Pri-2012 Total Dataset Disabled Amount-Weighted Projected with Scale MP-2021

Rationale for Mortality Rates: Based on most recent mortality study available as published by the Society of Actuaries.

ii) Employee Termination

	Service						
Age	<1	1-2	2-3	3-4	4-5	5-6	6+
25	13.88%	11.90%	9.92%	7.94%	5.96%	3.98%	2.00%
30	9.14%	7.95%	6.76%	5.57%	4.38%	3.19%	2.00%
40	6.59%	5.83%	5.06%	4.30%	3.53%	2.77%	2.00%
45	5.25%	4.71%	4.17%	3.63%	3.08%	2.54%	2.00%
50	4.66%	4.22%	3.77%	3.33%	2.89%	2.44%	2.00%
55	4.22%	3.85%	3.48%	3.11%	2.74%	2.37%	2.00%
60	2.19%	2.16%	2.13%	2.10%	2.06%	2.03%	2.00%

iii) Retirement — 100% at age 62

Rationale for Retirement Rates: Based on assumption used in prior plan, assumption will be revised as needed once sufficient data has been gathered from the current plan.

iv) Disability — None

Statement of Actuarial Assumptions and Methods (Continued)

c. Administrative Expenses	Administrative expenses paid in prior year, rounded to the nearest $1,000, or $120,000 for the 2023 valuation
d. Marriage Rate	Eighty percent of male members and sixty percent of female members are assumed to be married. Females are assumed to be three years younger than males
e. Methods	
i) Asset Valuation Method	Market value
ii) Actuarial Cost Method	Unit Credit
iii) Modeling Assumptions	The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model are checked for accuracy and reviewed for reasonableness

3. Prescribed Assumptions and Methods Set by Law

The use of the following prescribed assumptions are required by the provisions of the Internal Revenue Code and various subsequent legislation. No representation to the validity of these assumptions should be inferred beyond their stated purpose. Determinations for purposes other than those stated may be significantly different from the results illustrated in this report.

RPA ‘94 Current Liability

Interest Rate	2.80% per year, net of investment expenses
Mortality Table	IRS 2023 Static Mortality Table

4. Changes in Actuarial Assumptions or Cost Methods — The RPA ’94 current liability rate was 2.23%.

Summary of Principal Plan Provisions

1.	Plan Year Ends	May 31
2.	Eligibility for Participation	All employees who complete at least 300 hours of service in a plan year and for whom contributions are made by employers to the Ironworkers Local No. 6.
3.	Vesting Service	Plan Year in which the member completes 1000 or more hours of service, including years prior to the effective date of this plan. Years of vesting service also include years of vesting service under the Ironworkers Local 6 Profit Sharing Plan that have not been lost due to a break-in-service under the rules of that plan.
4.	Credited Service	Participants accrue 1/1200 of a Year of Credit Service for each Hours of Service to a maximum of one Year of Credited Service during a Plan Year. Participants completing less than 300 Hours of Service during a Plan Year receive no Credited Service for that Plan Year.
5.	Accrued Benefit	Participants accrue a monthly lifetime benefit of $100 for each Year of Credited Service. The Accrued Benefit at any point in time is the sum of the value of the annual amounts you have accrued under the Plan, adjusted as set forth below: The Plan also has a hurdle rate, or an annual investment return target, of 5%. The Accrued Benefit is subject to an Annual Adjustment, either up or down, each year based on the ratio of the Plan's investment return for the Plan Year over or under the hurdle rate. The Annual Adjustment is (1 + actual return on assets during the Plan year) divided by (1 + hurdle rate) After the initial Year of Credited Service, the Accrued Benefit will consist of the sum of the Accrued Benefit earned for the current Plan Year ("A"), plus your Accrued Benefit earned as of the end of the prior Plan Year ("B") multiplied by the Annual Adjustment ("C").
6.	Normal Retirement	The later of the participant's 62nd birthday or the fifth anniversary of the initial entry date. Benefit is the accrued benefit
7.	Early Retirement	Normal retirement pension, actuarially reduced, for any participant who has attained age 55 and completed five years of Credited Service.

Summary of Principal Plan Provisions (Continued)

8. Disability Retirement

A participant who has attained age 40 and completed at least 5 years of Vesting Service and becomes totally and permanently disabled, under Social Security, shall be entitled to an immediate annuity equal to actuarial equivalent of the Accrued Benefit.

Disability benefits cease at the time Early Retirement Benefits commence or if re-employed

9. Deferred Vested Retirement

A participant shall be vested in his accrued benefit according to the following schedule:

Years of Vesting Service	Vested Percentage
0-4	0%
5 or more	100%

10. Death in Active Service Benefit

The surviving spouse of a married participant who dies after becoming vested is eligible. The spouse's benefit is the accrued benefit, actuarially reduced for the 50% joint and survivor option and for early commencement.

There is no death benefit payable to the beneficiary of a non-married participant who dies prior to retirement.

11. Optional Forms of Benefit

The normal form is a 50% joint and survivor benefit for married participants and a 10 year certain and continuous annuity for participants who are not married.

Married participants may choose a 50% or 75% joint and survivor benefit.

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

For calendar plan year 2023 or fiscal plan year beginning 06/01/2023 and ending 05/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Ironworkers Local No. 6 Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees Ironworkers Local No. 6 Retirement Fund

D Employer Identification Number (EIN)
87-2177114

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 06 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	3,267,080
(2) Actuarial value of assets for funding standard account	1b(2)	3,267,080
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2,173,718
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	2,173,718
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	3,533,926
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,866,977
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	17,946
(3) Expected plan disbursements for the plan year	1d(3)	17,946

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Adam Russo — Signature of actuary

1/30/2025 — Date

Adam N. Russo, EA, ASA — Type or print name of actuary

2308650 — Most recent enrollment number

USI Consulting Group — Firm name

412-851-5273 — Telephone number (including area code)

6 PPG Place, Suite 200
Pittsburgh PA 15222
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) **2a** 3,267,080

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	0	0
(2) For terminated vested participants	7	49,023
(3) For active participants:		
(a) Non-vested benefits		160,320
(b) Vested benefits		3,324,583
(c) Total active	189	3,484,903
(4) Total	196	3,533,926

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... **2c** %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
12/01/2023	1,833,975	0			
			Totals ► 3(b)	1,833,975	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) ..... **4a** 150.2 %

b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 ..... **4b** N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ..... ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date **4e**

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

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method **5j**

k Has a change been made in funding method for this plan year? ☐ Yes ☐ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method | **5m** |

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability | **6a** | 2.80 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	8P2021	8P2021
(2) Females	**6c(2)**	8FP2021	8FP2021
d Valuation liability interest rate	**6d**	5.00 %	5.00 %
e Salary scale	**6e**	0.00 % ☐ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☐ Other ☒ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	4.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	4.8 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	120,000
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval | **8a** |

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended | **8d(2)** |

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) | **8d(4)** |

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension | **8d(5)** |

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	0
b Employer's normal cost for plan year as of valuation date		9b	1,162,966
c Amortization charges as of valuation date:	Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)		
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c		9d	58,148
e Total charges. Add lines 9a through 9d		9e	1,221,114
Credits to funding standard account:			
f Prior year credit balance, if any		9f	1,308,371
g Employer contributions. Total from column (b) of line 3		9g	1,833,975
	Outstanding balance		
h Amortization credits as of valuation date	9h		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	111,268
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1) 1,446,874		
(2) "RPA '94" override (90% current liability FFL)	9j(2) 1,568,495		
(3) FFL credit		9j(3)	0
k (1) Waived funding deficiency		9k(1)	0
(2) Other credits		9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	3,253,614
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	2,032,500
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)	0
(3) Total as of valuation date		9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		10	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No

Ironworkers Local 6 Retirement Plan

EIN: 87-2177114; Plan Number 001
Form 5500 - Schedule H, Line 4j
Schedule of Reportable Transactions
For the Year Ended May 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Wilmington U.S. Government MM Fund	Money Market Fund	$ 1,815,595				$ 1,815,595	$ 1,815,595	
Wilmington U.S. Government MM Fund	Money Market Fund		$ 1,701,853			1,701,853	1,701,853	$ -
Vanguard Total Bond Market Index Fund	Bond Fund	843,338				843,338	843,338	
Vanguard Total Stock Market Index Fund	Stock Fund	769,412				769,412	769,412	

Ironworkers Local 6 Retirement Plan

EIN: 87-2177114; Plan Number 001
Form 5500 - Schedule H, Line 4i
Schedule of Assets Held at End of Year
As of May 31, 2024

(a)	(b)	(c)		(d)	(e)
	Identity of issue, borrower, lessor or similar party	**Description of investment including maturity date, rate of interest, collateral, par, or maturity value**		**Cost**	**Current Value**
		Face Value/ No. of Shares			
	Investments, at Fair Value				
	Money Market Funds				
*	Wilmington U.S. Gov't MM Fund	1,672,831	Units	$ 1,672,832	$ 1,672,832
	Total Money Market Funds			1,672,832	1,672,832
	Mutual Funds				
	Vanguard International Total Stock Market Index Fund	9,557	Shares	275,475	314,436
	Vanguard Total Bond Market Index Fund	142,612	Shares	1,376,847	1,343,401
	Vanguard Total Stock Market Index Fund	13,140	Shares	1,298,429	1,665,230
	Total Mutual Funds			2,950,751	3,323,067
	Total Investments, at Fair Value			$ 4,623,583	$ 4,995,899

* Party-in-Interest

Plan Name: Ironworkers Local No. 6 Retirement Plan
Plan Sponsor Name: Board of Trustees Ironworkers Local No. 6 Retirement Plan
EIN: 87-2177114
Schedule R, line 13e – Information on Contribution Rates and Base Units

Apollo Steel Corp.

Journeyman		$	6.15	Hourly
Apprentice				
Year 1	0%	$	-	Hourly
Year 2	70%	$	4.31	Hourly
Year 3	80%	$	4.92	Hourly
Year 4	90%	$	5.54	Hourly

Iroquois Bar Corporation

Journeyman		$	6.15	Hourly
Apprentice				
Year 1	0%	$	-	Hourly
Year 2	70%	$	4.31	Hourly
Year 3	80%	$	4.92	Hourly
Year 4	90%	$	5.54	Hourly

Contour Erection & Siding

Journeyman		$	6.15	Hourly
Apprentice				
Year 1	0%	$	-	Hourly
Year 2	70%	$	4.31	Hourly
Year 3	80%	$	4.92	Hourly
Year 4	90%	$	5.54	Hourly

Seneca Steel Erectors Inc.

Journeyman		$	6.15	Hourly
Apprentice				
Year 1	0%	$	-	Hourly
Year 2	70%	$	4.31	Hourly
Year 3	80%	$	4.92	Hourly
Year 4	90%	$	5.54	Hourly

Stonebridge Inc.

Journeyman		$	6.15	Hourly
Apprentice				
Year 1	0%	$	-	Hourly
Year 2	70%	$	4.31	Hourly
Year 3	80%	$	4.92	Hourly
Year 4	90%	$	5.54	Hourly

Plan Name: Ironworkers Local No. 6 Retirement Plan
Plan Sponsor Name: Board of Trustees Ironworkers Local No. 6 Retirement Plan
EIN: 87-2177114
Schedule R, line 13e – Information on Contribution Rates and Base Units

Hohl Industrial Services Inc.

Journeyman		$	6.15	Hourly
Apprentice				
Year 1	0%	$	-	Hourly
Year 2	70%	$	4.31	Hourly
Year 3	80%	$	4.92	Hourly
Year 4	90%	$	5.54	Hourly

Niagara Erecting Inc.

Journeyman		$	6.15	Hourly
Apprentice				
Year 1	0%	$	-	Hourly
Year 2	70%	$	4.31	Hourly
Year 3	80%	$	4.92	Hourly
Year 4	90%	$	5.54	Hourly