

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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) <u>IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION</u></p> <p><u>3660 STUTZ DRIVE, SUITE 101</u> <u>CANFIELD, OH 44406</u></p>	<p>1c Effective date of plan <u>08/01/2000</u></p> <p>2b Employer Identification Number (EIN) <u>34-1939180</u></p> <p>2c Plan Sponsor's telephone number <u>330-270-0453</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/05/2025	ANTHONY DELEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	698
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	698
	6a(2)	602
	6b	0
	6c	0
	6d	602
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	63

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4D 4E 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION	D Employer Identification Number (EIN) 34-1939180	

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)

BENESYS, INC.

3660 STUTZ DRIVE, STE 101
CANFIELD, OH 44406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 13	THIRD PARTY ADMINISTRATOR	29522	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC INSTITUTIONAL ASSET MANAGEMENT

22-1146430

(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?
51 28 19	INVESTMENT CUSTODIAN	12225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

YURCHYK & DAVIS CPA'S, INC.

34-1638235

(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	AUDITOR	6100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANCORA ADVISORS

6060 PARKLAND BLVD
CLEVELAND, OH 44124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	14000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FAULKNER, HOFFMAN & PHILLIPS

20445 EMERALD PKWY
CLEVELAND, OH 44135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	13129	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>	
A Name of plan <u>IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION</u>	B Three-digit plan number (PN) ▶ <u>501</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION</u>	D Employer Identification Number (EIN) <u>34-1939180</u>

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	211074	349438
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	836210	283460
(2) U.S. Government securities	1c(2)		964742
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		2847826
(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)	4240767	1781104
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5288051	6226570
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5288051	6226570

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)	1352384	
(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)		1352384
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18863	
(B) U.S. Government securities	2b(1)(B)	22150	
(C) Corporate debt instruments	2b(1)(C)	53873	
(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)		94886
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	6622	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	63545	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		70167
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	323652	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	342866	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-19214
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	46513	
(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)		245029
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1789765

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	751457	
(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)		751457
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	29260	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	6100	
(5) Investment advisory and investment management fees	2i(5)	14000	
(6) Bank or trust company trustee/custodial fees	2i(6)	14703	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	13129	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1083	
(11) Other expenses	2i(11)	21514	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		99789
j Total expenses. Add all expense amounts in column (b) and enter total	2j		851246

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		938519
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: YURCHYK & DAVIS CPA'S, INC.

(2) EIN: 34-1638235

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

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

**Ironworkers Local 207 Voluntary
Employee Benefit Association Plan**

Report on Audit of Financial Statements
And Supplementary Information

For the Years Ended June 30, 2024 and 2023

Yurchyk & Davis
Certified Public Accountants, Inc.
3701 Boardman-Canfield Road, Suite 2
Canfield, Ohio 44406
Telephone: (330) 533-5000

Ironworkers Local 207 Voluntary Employee Benefit Association Plan

For the Years Ended June 30, 2024 and 2023

Table of Contents

	<u>Page</u>
Independent Auditor's Report.....	2 - 3
Financial Statements:	
Statements of Net Assets Available for Benefits - Cash Basis	4
Statements of Changes in Net Assets Available for Benefits - Cash Basis	5
Notes to Financial Statements.....	6 - 9
Supplementary Information:	
Schedule of Assets Held for Investment.....	11 - 14
Schedule of Reportable Transactions.....	15

Independent Auditor's Report

To the Board of Trustees of
Ironworkers Local 207 Voluntary
Employee Benefit Association Plan
Canfield, Ohio

Opinion

We have audited the accompanying financial statements of Ironworkers Local 207 Voluntary Employee Benefit Association 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 – cash basis as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits – cash basis for the years 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 – cash basis of Ironworkers Local 207 Voluntary Employee Benefit Association Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits – cash basis for the years then ended, in accordance with the cash basis of accounting as described in Note B.

Basis for Opinion

We conducted our audits in accordance with the cash basis of accounting. 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 Ironworkers Local 207 Voluntary Employee Benefit Association 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 the cash basis of accounting, 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 Ironworkers Local 207 Voluntary Employee Benefit Association 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 it is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a

substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ironworkers Local 207 Voluntary Employee Benefit Association 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 Ironworkers Local 207 Voluntary Employee Benefit Association 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.

Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules were prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

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 for investment and reportable transactions as of June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.



Yurchyk & Davis CPA's, Inc.
Canfield, Ohio
February 5, 2025

Ironworkers Local 207
Voluntary Employee Benefit Association Plan

Statements of Net Assets Available for Benefits - Cash Basis

June 30, 2024 and 2023

ASSETS

	<u>2024</u>	<u>2023</u>
Investments, at Fair Value:		
Money Market Funds	\$ 283,460	\$ 836,210
Exchange Traded Funds	1,781,104	1,574,522
Mutual Funds	-	2,666,245
Corporate Bonds	2,847,826	-
U.S. Government Securities	964,742	-
Total Investments, at Fair Value	<u>5,877,132</u>	<u>5,076,977</u>
Cash & Cash Equivalents	<u>349,438</u>	<u>211,074</u>
Total Assets	6,226,570	5,288,051

LIABILITIES & NET ASSETS

Net Assets Available for Benefits	\$ <u>6,226,570</u>	\$ <u>5,288,051</u>
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The accompanying notes are an integral part to these statements.

Ironworkers Local 207
Voluntary Employee Benefit Association Plan

Statements of Changes in Net Assets Available for Benefits - Cash Basis

For the Years Ended June 30, 2024 and 2023

Additions to Plan Assets Attributed To:	<u>2024</u>	<u>2023</u>
Investment Income:		
Net Appreciation in		
Fair Value of Investments	\$ 272,328	\$ 159,221
Dividend and Interest Income	165,053	157,948
Total Investment Income	<u>437,381</u>	<u>317,169</u>
Less: Investment Expenses	<u>(26,225)</u>	<u>(21,329)</u>
Net Investment Income	411,156	295,840
 Contributions:		
Employer Contributions	<u>1,352,384</u>	<u>1,504,201</u>
 Total Additions	 1,763,540	 1,800,041
 Deductions from Plan Assets Attributed to:		
Benefits Paid to Participants	751,457	703,181
Administrative Expenses:		
Contract Administrative Fees	29,260	27,720
Benny Card Administrative Fees	11,882	13,408
Accounting Fees	6,100	6,100
Attorney Fees	13,129	7,545
Bank Fees	2,478	2,279
Insurance	6,838	4,555
International Foundation Expense	1,083	-
Office Expense	2,794	1,922
Total Administrative Expenses	<u>73,564</u>	<u>63,529</u>
 Total Deductions	 <u>825,021</u>	 <u>766,710</u>
 Net Increase	 938,519	 1,033,331
 Net Assets Available for Benefits:		
Beginning of Year	<u>5,288,051</u>	<u>4,254,720</u>
 End of Year	 <u>\$ 6,226,570</u>	 <u>\$ 5,288,051</u>

The accompanying notes are an integral part to these statements.

**Ironworkers Local 207
Voluntary Employee Benefit Association Plan**

Notes to Financial Statements

June 30, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of the Ironworkers Local 207 Voluntary Employee Benefit Association Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents and rules and regulations for more complete information.

- (1) **General** – The Ironworkers Local 207 Voluntary Employee Benefit Association Plan is a multi-employer plan, collectively bargained, under control of a joint union-management Board of Trustees. The Plan was effective August 1, 2000 and qualifies under I.R.C. Section 401(b) for the benefit of employees working in the jurisdiction of Ironworkers Local 207.
- (2) **Participant Accounts** – Participant accounts are adjusted quarterly for investment earnings, losses, and administrative expenses. Each participant's account is credited with contributions from participating employers at hourly rates, pursuant to the current collective bargaining agreement between employees and the union. The contribution rate in effect for June 1, 2023 through May 31, 2025 was \$2.51 per paid hour. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.
- (3) **Vesting** – Individual accounts are maintained for participants to whom contributions are credited and vest immediately.
- (4) **Participant Benefits** – The purpose of the Plan is to provide eligible or former employees and their dependents with dental and vision benefits for payments of deductibles, co-payments and self-contributions.
- (5) **Plan Termination** – In the event of termination of the Plan, the net assets in the fund will be applied to administration and liquidation expenses to prepare a final accounting of the trusteeship, pay obligations of the Plan and file all reports required by law. Any remaining surplus will be distributed pro-rata among all employees participating in the Plan in accordance with their relative beneficial interest in the Plan.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies have been used consistently in the preparation of the Plan's financial statements:

- (1) **Administration of the Plan** – The Ironworkers Local 207 Voluntary Employee Benefit Association Plan is administered by BeneSys, Inc., the third-party administrator. Expenses are paid by the Plan in accordance with the plan document and are generally for administrative expenses.
- (2) **Basis of Accounting** – The accompanying financial statements have been prepared on the cash receipts and disbursements basis of accounting (cash basis), which is a basis of accounting other than accounting principles generally accepted in the United States. That basis differs from accounting principles generally accepted in the United States in that contributions are recognized when received instead of when earned; payments to vendors are recognized when paid instead of when goods or services are received. Investment income is recorded when received or credited to the Plan's account.

Ironworkers Local 207
Voluntary Employee Benefit Association Plan

Notes to Financial Statements

June 30, 2024 and 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

(3) Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies and procedures. See Note E for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Employer contributions and investment income are recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(4) Payment of Benefits – Benefit payments are recorded when paid.

(5) Use of Estimates – The preparation of financial statements in accordance with the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States, requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

(6) Cash and Cash Equivalents – Cash and cash equivalents consist of cash in the bank, and cash equivalents with original maturities of three months or less.

(7) Administrative Expenses – The Plan's expenses are paid by the Plan as provided by the plan document. Expenses incurred in connection with the general administration of the Plan and investment related expenses that are paid by the Plan are recorded as deductions on the statement of changes in net assets available for benefits.

(8) Subsequent Events – Management has evaluated subsequent events for the Plan through February 5, 2025, the date the financial statements were available to be issued.

NOTE C – INCOME TAX STATUS

The Plan has been classified as an other-than private foundation and is tax-exempt under Section 501(c)(9) of the Internal Revenue Code. The Plan is subject to a tax on income from any unrelated business.

The Plan adopted the recognition requirement for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Plan believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse effect on the Plan's financial condition, results of operations or cash flows. Accordingly, the Plan has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at June 30, 2024.

The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

Ironworkers Local 207
Voluntary Employee Benefit Association Plan

Notes to Financial Statements

June 30, 2024 and 2023

NOTE D – INVESTMENTS

The Plan's investments are held by an administered trust fund.

NOTE E – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Money Market Funds – Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual Funds and Exchange Traded Funds – Valued at the daily closing price reported by the Fund. The funds are open-ended and are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

U.S. Government Securities and Corporate Bonds – Valued using pricing models maximizing the use of observable inputs for similar securities.

Ironworkers Local 207
Voluntary Employee Benefit Association Plan

Notes to Financial Statements

June 30, 2024 and 2023

NOTE E – FAIR VALUE MEASUREMENTS – (Continued)

The following tables set forth, by level within the fair value hierarchy, the Plan’s investments at fair value as of June 30, 2024 and 2023:

Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Total
Money Market Funds	\$ 283,460	\$ -	\$ 283,460
Exchange Traded Funds	1,781,104	-	1,781,104
Corporate Bonds	-	2,847,826	2,847,826
U.S. Government Securities	-	964,742	964,742
Mutual Funds	-	-	-
Total assets in the			
Fair value hierarchy	\$ 2,064,564	\$ 3,812,568	\$ 5,877,132
Investments measured at NAV	-	-	-
Total Investments, at Fair Value	\$ 2,064,564	\$ 3,812,568	\$ 5,877,132

Assets at Fair Value as of June 30, 2023			
	Level 1	Level 2	Total
Money Market Funds	\$ 836,210	\$ -	\$ 836,210
Exchange Traded Funds	1,574,522	-	1,574,522
Mutual Funds	2,666,245	-	2,666,245
Total assets in the			
Fair value hierarchy	\$ 5,076,977	\$ -	\$ 5,076,977
Investments measured at NAV	-	-	-
Total Investments, at Fair Value	\$ 5,076,977	\$ -	\$ 5,076,977

NOTE F - RISKS AND UNCERTAINTIES

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

NOTE G – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by PNC Institutional Asset Management, the investment manager of the Plan. As described in Note B, the Plan also has several arrangements with service providers for administrative expenses. These transactions are party-in-interest transactions under ERISA.

Ironworkers Local 207 Voluntary Employee Benefit Association Plan

Supplementary Information

Schedule of Assets Held for Investment
Schedule of Reportable Transactions

**Ironworkers Local 207
Voluntary Employee Benefit Association Plan**

EIN: 34-1939180 PN: 501

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

June 30, 2024

ISSUER/FACE VALUE	Interest Rate	Due Date	Cost	Market Value
Corporate Bonds				
Adobe Inc. 50,000	2.300%	2/1/2030	\$ 42,193	\$ 43,808
Amazon.com Inc. 50,000	3.600%	4/13/2031	45,186	45,920
American Express Co. 50,000	Various	7/27/2009	49,842	50,100
American Honda Finance 50,000	2.150%	9/10/2024	48,320	49,648
Amgen Inc. 50,000	5.150%	2/9/2027	50,004	49,993
Apple Inc. 50,000	3.350%	2/9/2027	47,990	48,201
Applied Materials Inc. 50,000	1.750%	6/1/2030	41,159	42,107
Bank of America Corp. 50,000	4.200%	8/26/2024	49,227	49,874
BP Cap Markets America 50,000	2.721%	1/12/2032	41,597	42,474
Bristol-Myers Squibb Co. 50,000	5.750%	2/1/2031	50,736	51,912
CMS Energy Corp. 50,000	3.450%	8/15/2027	46,777	47,590
Catapiller Finl Service 50,000	1.450%	5/15/2025	46,914	48,340
Cintas Corporation No. 2 50,000	4.000%	5/1/2032	47,986	46,979
Citigroup Inc. 50,000	Various	4/23/2029	47,935	47,934
Comcast Corp. 50,000	2.350%	1/15/2027	45,308	46,812
Conocophillips Company 75,000	5.050%	9/15/2033	73,841	74,340
Consumer Energy Co. 75,000	4.650%	3/1/2028	73,689	74,353
Walt Disney Company/The 50,000	1.750%	8/30/2024	48,160	49,665
Estee Lauder Co. Inc. 50,000	4.375%	5/15/2028	48,439	48,981
Exxon Mobil Corporation 50,000	2.992%	3/19/2025	48,326	49,168
Goldman Sachs Group Inc. 50,000	Various	12/31/2089	49,250	52,386
Goldman Sachs Group Inc. 50,000	3.750%	5/22/2025	48,268	49,186
Home Depot Inc. 50,000	2.700%	4/15/2030	43,526	44,544

Ironworkers Local 207
Voluntary Employee Benefit Association Plan

EIN: 34-1939180 PN: 501

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

June 30, 2024

ISSUER/FACE VALUE	Interest Rate	Due Date	Cost	Market Value
Corporate Bonds - continued				
Honeywell International 50,000	4.250%	1/15/2029	\$ 48,683	\$ 48,938
Intel Corp. 50,000	3.700%	7/29/2025	48,640	49,139
JPMorgan Chase & Co. 50,000	3.875%	9/10/2024	49,011	49,804
JPMorgan Chase & Co. 50,000	Various	9/14/2033	48,785	50,692
JPMorgan Chase & Co. 50,000	Various	10/23/2029	50,000	51,661
KeyCorp 50,000	2.550%	10/1/2029	40,228	42,381
Lowes Cos Inc. 50,000	3.100%	5/3/2027	46,792	47,332
Morgan Stanley 50,000	4.000%	7/23/2025	48,717	49,251
Morgan Stanley 50,000	Various	4/21/2034	47,220	49,218
National Rural Util Coop. 50,000	5.050%	9/15/2028	48,543	50,109
National Rural Util Coop. 50,000	5.000%	2/7/2031	49,880	49,488
National Rural Util Coop. 50,000	3.400%	2/7/2028	46,977	47,407
Nextra Energy Capital 75,000	5.050%	2/28/2033	74,513	72,897
Nisource Inc. 50,000	5.350%	4/1/2034	49,879	49,039
Northern Trust Corp. 75,000	3.150%	5/3/2029	68,992	69,287
Northern Trust Corp. 50,000	4.000%	5/10/2027	48,261	48,807
Northern Trust Corp. 50,000	6.125%	11/2/2032	49,162	52,503
PNC Financial Services 50,000	Various	10/20/2027	50,065	51,214
Pepsico Inc. 75,000	5.125%	10/10/2026	74,901	75,329
Pfizer Investment Enter 50,000	4.650%	5/19/2025	49,633	49,649
Phillips 66 Co. 50,000	3.605%	2/15/2025	48,627	49,299
State Street Corp. 75,000	Various	11/21/2029	75,000	76,744
Toyota Motor Credit Corp. 50,000	3.000%	4/1/2025	48,275	49,115
Unitedhealth Group Inc. 50,000	5.300%	2/15/2030	50,566	50,851

**Ironworkers Local 207
Voluntary Employee Benefit Association Plan**

EIN: 34-1939180 PN: 501

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

June 30, 2024

ISSUER/FACE VALUE	Interest Rate	Due Date	Cost	Market Value
Corporate Bonds - continued				
Waste Management Inc. 50,000	4.875%	2/15/2029	\$ 48,970	\$ 49,844
Wells Fargo & Company 50,000	Various	3/2/2033	42,305	43,360
Xcel Energy Inc. 50,000	5.450%	8/15/2033	49,436	49,121
Affiliated Managers Group 2,000	6.750%	3/30/2064	50,000	50,960
Athene Holding LTD 1,000	7.250%	3/30/2064	24,960	25,400
Athene Holding LTD 2,000	6.350%	12/31/2089	48,860	48,240
Bank Amer Corp Dep SHS Repstg 1,250	0.000%	N/A	26,067	28,375
Carlyle Finance LLC 2,000	4.625%	5/15/2061	32,400	36,400
Morgan Stanley 1,000	5.850%	12/31/2049	24,380	24,840
Morgan Stanley 1,000	6.875%	12/31/2049	25,004	25,090
Stifel Financial Corp 1,850	4.500%	12/31/2049	30,590	31,727
	Total Corporate Bonds		\$ 2,798,995	\$ 2,847,826
Government Bonds				
USA Treasury Notes 50,000	4.125%	11/15/2032	\$ 51,154	\$ 49,158
USA Treasury Notes 50,000	4.250%	5/31/2025	49,588	49,583
USA Treasury Notes 50,000	3.875%	8/15/2033	48,102	48,101
USA Treasury Notes 50,000	5.000%	8/31/2025	49,881	49,961
USA Treasury Notes 75,000	4.000%	2/15/2034	73,426	72,797
Federal Hom Loan Mtg Corp. 144,724.06	5.000%	8/1/2053	139,206	140,960
Federal Farm Credit Bank 100,000	5.730%	12/6/2028	99,990	99,897
Federal National Mtg Assn. 134,042.58	3.000%	9/1/2042	119,193	118,566
Federal Home Loan Mtg Corp. 125,146.11	3.500%	7/25/2033	117,012	115,975
Federal Home Loan Mtg Corp. 128,325.09	5.000%	6/25/2033	125,077	125,061
Government National Mortgage A 93,987.22	4.500%	1/20/2035	94,430	94,683
	Total Government Bonds		\$ 967,059	\$ 964,742

**Ironworkers Local 207
Voluntary Employee Benefit Association Plan**

EIN: 34-1939180 PN: 501

Schedule of Assets Held for Investment
(Schedule H, Line 4i)

June 30, 2024

<u>ISSUER/FACE VALUE</u>	<u>Interest Rate</u>	<u>Due Date</u>	<u>Cost</u>	<u>Market Value</u>
Exchange Traded Funds				
Deminsional International Co.	5,796		\$ 155,622	\$ 171,967
Deminsional US Small Cap Val	7,258		182,426	208,885
iShares Core S&P 500 ETF	1,670		657,763	913,874
Vaneck Morningstar SMID MOAT	5,383		148,975	172,041
Vanguard Russell 2000	580		44,852	47,543
Vanguard Mid Cap	1,102		<u>248,001</u>	<u>266,794</u>
		Total Exchange Traded Funds	\$ 1,437,639	\$ 1,781,104
Money Market Funds				
Federated Government Obligations	283,460		\$ 283,460	\$ 283,460
Summary of Investments				
			\$ 2,798,995	\$ 2,847,826
		Corporate Bonds	967,059	964,742
		U.S. Government Securities	1,437,639	1,781,104
		Exchange Traded Funds	283,460	283,460
		Money Market Funds	<u>283,460</u>	<u>283,460</u>
		Total Investments	\$ 5,487,153	\$ 5,877,132

Ironworkers Local 207 Voluntary Employee Benefit Association Plan

EIN: 34-1939180 PN: 501

**Schedule of Reportable Transactions
(Schedule H, Line 4j)**

June 30, 2024

(a) Identity of party involved (b) Description of security	(c) Purchase Price	(d) Selling Price	(f) Exp. incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Purchases:						
Federated Government Obligations	\$ 1,957,832	\$ -	-	\$ 1,957,832	\$ 1,957,832	\$ -
Vanguard Mid Cap	337,569	-	-	337,569	337,569	-
Sales:						
Baird Intermediate Bond Fund	-	924,967	-	1,036,501	924,967	(111,534)
iShares Core S&P 500 ETF	-	538,354	-	468,312	538,354	70,042
Western Asset Intermediate Bond Fund	-	921,761	-	1,059,335	921,761	(137,574)
Federated Government Obligations	-	2,510,582	-	2,510,582	2,510,582	-
	<u>\$ 2,295,401</u>	<u>\$ 4,895,664</u>	<u>-</u>	<u>\$ 7,370,131</u>	<u>\$ 7,191,065</u>	<u>\$ (179,066)</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form Is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION

1b Three-digit plan number (PN) ▶ **501**

1c Effective date of plan
08/01/2000

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)
IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION

2b Employer Identification Number (EIN)
34-1939180

2c Plan Sponsor's telephone number
330-270-0453

3660 STUTZ DRIVE, SUITE 101
CANFIELD OH 44406

2d Business code (see Instructions)
238900

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

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

SIGN HERE		3/28/2025	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3/31/2025	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">698</td> </tr> </table>	5	698
5	698		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">698</td> </tr> </table>	6a(1)	698
6a(1)	698		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(2)</td> <td style="text-align: right;">602</td> </tr> </table>	6a(2)	602
6a(2)	602		
b Retired or separated participants receiving benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6b</td> <td style="text-align: right;">0</td> </tr> </table>	6b	0
6b	0		
c Other retired or separated participants entitled to future benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6c</td> <td style="text-align: right;">0</td> </tr> </table>	6c	0
6c	0		
d Subtotal. Add lines 6a(2), 6b, and 6c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6d</td> <td style="text-align: right;">602</td> </tr> </table>	6d	602
6d	602		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6e</td> <td></td> </tr> </table>	6e	
6e			
f Total. Add lines 6d and 6e	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6f</td> <td></td> </tr> </table>	6f	
6f			
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(1)</td> <td></td> </tr> </table>	6g(1)	
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)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(2)</td> <td></td> </tr> </table>	6g(2)	
6g(2)			
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6h</td> <td></td> </tr> </table>	6h	
6h			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;">63</td> </tr> </table>	7	63
7	63		

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

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

4D 4E 4Q

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

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

a Pension Schedules

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

b General Schedules

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

Federal Statements**IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT****Plan: 501****Plan transactions in excess of 5% of plan assets**

<u>Name</u>		<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
<u>Description</u>								
FEDERATED GOV'T OBLIGATIONS		\$ 1957832	\$	\$	\$	\$ 1957832	\$ 1957832	\$
VANGUARD MID CAP		337,569				337,569	337,569	
BAIRD INTERMEDIATE BOND FD			924,967			1036501	924,967	-111,534
ISHARES CORE S&P 500 ETF			538,354			468,312	538,354	70,042
WESTERN ASSET INTERM BD FD			921,761			1059335	921,761	-137,574
FEDERATED GOV'T OBLIGATIONS			2510582			2510582	2510582	

Federal Statements

FYE: 6/30/2024 **IRONWORKERS LOCAL 207 VOLUNTARY EMPLOYEE BENEFIT**
Plan: 501

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	MONEY MARKET FUNDS		\$ 283,460	\$ 283,460
	EXCHANGE TRADED FUND		1,437,639	1,781,104
	CORPORATE BONDS		2,798,995	2,847,826
	US GOV'T SECURITIES		967,059	964,742