

<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>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</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>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u> <u>COX, HOLSTED & DIMICK, PC</u></p> <p><u>3717 NW 63RD ST STE 100</u> <u>OKLAHOMA CITY, OK 73116-1925</u></p> <p><u>3717 NW 63RD ST STE 100</u> <u>OKLAHOMA CITY, OK 73116-1925</u></p>	<p>1c Effective date of plan <u>07/01/1994</u></p> <p>2b Employer Identification Number (EIN) <u>73-6145795</u></p> <p>2c Plan Sponsor's telephone number <u>405-848-4848</u></p> <p>2d Business code (see instructions) <u>331200</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.	04/04/2025	RICHARD A. DIMICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/07/2025	JOE A. MCKENZIE
	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 type="checkbox"/> Same as Plan Sponsor RICHARD DIMICK 3717 NW 63RD ST STE 100 OKLAHOMA CITY, OK 73116-1925		3b Administrator's EIN 73-1158890	
		3c Administrator's telephone number 405-848-4848	
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		750
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)		321
a(2) Total number of active participants at the end of the plan year	6a(2)		320
b Retired or separated participants receiving benefits	6b		172
c Other retired or separated participants entitled to future benefits	6c		178
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d		670
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e		85
f Total. Add lines 6d and 6e	6f		755
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		33
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		25

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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 checked="" type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input checked="" 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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u>	
(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 checked="" 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN	D Employer Identification Number (EIN) 73-6145795

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSMUTUAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	781903-D1		07/01/2023	06/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1558621
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	38326045

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 1787593

c Additions: (1) Contributions deposited during the year	7c(1)	1590622
	7c(2)	0
	7c(3)	47687
	7c(4)	418584
	7c(5)	0

(6) Total additions **7c(6)** 2056893

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3844486

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2241415
(2) Administration charge made by carrier	7e(2)	44450
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions **7e(5)** 2285865

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1558621

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3)).....		9a(4)
b	Benefit charges (1) Claims paid.....	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2)).....		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies.....	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves.....		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information 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.	<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

▶ **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 <u>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>73-6145795</u>

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

1a Enter the valuation date: Month 07 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	<u>46428888</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>49064767</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	
(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)	<u>31698101</u>
(c) Normal cost under entry age normal method	1c(2)(c)	<u>434955</u>
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>30928768</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	<u>0</u>
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>50300663</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>423598</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>1922038</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>1922038</u>

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	<u>03/26/2025</u>
Signature of actuary	Date
<u>MICHAEL SUDDUTH</u>	<u>23-06248</u>
Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN, INC.</u>	<u>314-446-5607</u>
Firm name	Telephone number (including area code)
<u>500 N. BROADWAY, SUITE 1750, SAINT LOUIS, MO 63102</u>	
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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.72 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P 9P
(2) Females	6c(2)	9FP 9FP
d Valuation liability interest rate.....	6d	6.50 % 6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	4.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.8 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> 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)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	720640

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		46842
e Total charges. Add lines 9a through 9d.....	9e		767482
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		22378817
g Employer contributions. Total from column (b) of line 3.....	9g		1734890
		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		1504510
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	8289883	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	0	
(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		25618217
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		24850735
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		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN	D Employer Identification Number (EIN) 73-6145795	

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

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

(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)

BRYAN, LITTLE, HAYLEY & KENT PC

412 E. 5TH ST.
BARTLESVILLE, OK 74003

73-0941849

(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?
50 10		9250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

IMA SELECT LLC

P.O. BOX 2996
WICHITA, KS 67201

26-3811485

(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?
50 27 23	INSURANCE ADVISOR	11824	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RBC CAPITAL MARKETS

60 S. 6TH STREET
MINNEAPOLIS, MN 55402

(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?
50 27	INVESTMENT ADVISORS	45856	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

MCAFFEE & TAFT

211 N. ROBINSON 10TH FLOOR
OKLAHOMA CITY, OK 73102

73-0784676

(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?
50 29	ATTORNEY	22583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COX HOLSTED & DIMICK PLC

3717 NW 63RD STREET STE 100
OKLAHOMA CITY, OK 73116

(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?
50 13	CONTRACT ADMINISTRATOR	14260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE CO.

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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?
50 13 64 28	RECORDKEEPER	78235	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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: BRYAN, LITTLE, HALEY & KENT	b EIN: 73-0941849
c Position: ACCOUNTANT	
d Address: 412 E. 5TH STREET BARTLESVILLE, OK 74003	e Telephone: 918-336-1433

Explanation: THE PLAN'S INDEPENDENT ACCOUNTANT TERMINATED THEIR ENGAGEMENT DUE TO CAPACITY CONSTRAINTS. THE TERMINATION WAS NOT DUE TO ANY DISPUTES OR DISAGREEMENTS REGARDING FINANCIAL REPORTING MATTERS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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 <u>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>73-6145795</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DODGE & COX INCOME</u>		
b Name of sponsor of entity listed in (a): <u>DODGE & COX</u>		
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5026273</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS INTERNATIONAL EQUITY R6</u>		
b Name of sponsor of entity listed in (a): <u>MFS</u>		
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2010509</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS</u>		
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16084075</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY MID CAP INDEX</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INVESTMENTS</u>		
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6031528</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO INCOME INSTL</u>		
b Name of sponsor of entity listed in (a): <u>PIMCO</u>		
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5026273</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD SMALL CAP INDEX ADM</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD</u>		
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4021019</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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c EIN-PN

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 07/01/2023 and ending 06/30/2024	
A Name of plan SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN	D Employer Identification Number (EIN) 73-6145795

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	1683	12636
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)		
(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)	44641295	50410114
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1908034	1558621
(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	32	11
f Total assets (add all amounts in lines 1a through 1e)	1f	46551044	51981382
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		98
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	98
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	46551044	51981284

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)	1734890	
(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)		1734890
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(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)	258969	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		258969
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	56486067	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	55675283	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		810784
(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)		4931250
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7735893

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2092561	
(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)		2092561
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)	124091	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	89001	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		213092
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2305653

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5430240
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: MORROW & CO., LLC CPAS

(2) EIN: 48-1142797

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		1000000
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.)			
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 567254.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>73-6145795</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-1590850

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 TRADE MECHANICAL CONTRACTORS, INC.

b EIN 73-1388040

c Dollar amount contributed by employer 102740

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) 3.20

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

a Name of contributing employer 1902 METAL WORKS

b EIN 88-3483620

c Dollar amount contributed by employer 122575

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) 3.20

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

a Name of contributing employer ACP SHEET METAL CO. INC.

b EIN 73-1034890

c Dollar amount contributed by employer 140390

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) 3.20

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

a Name of contributing employer ALLSTATE SHEET METAL

b EIN 73-1168645

c Dollar amount contributed by employer 107161

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) 3.20

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

a Name of contributing employer HARRISON-ORR AIR CONDITIONING

b EIN 73-0996242

c Dollar amount contributed by employer 272733

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) 3.20

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

a Name of contributing employer MATHERLY MECHANICL

b EIN 73-0771855

c Dollar amount contributed by employer 230146

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) 3.20

(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 UNITED MECHANICAL

b EIN 73-0996242 **c** Dollar amount contributed by employer 241344

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) 3.20

(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: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	0
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	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 _____.

SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN

JUNE 30, 2024 AND 2023

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All other supplemental schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted, as they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
Oklahoma City, OK

Report on the Financial Statements***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements***

We have performed an audit of the accompanying financial statements of Sheet Metal Local No. 124 Supplemental Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits - modified cash basis as of June 30, 2024, and the related statement of changes in net assets available for benefits - modified cash basis for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Sheet Metal Local No. 124 Supplemental Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution (Empower Trust Company, LLC) as of and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

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

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

Basis for Opinion on the 2024 Financial Statements

We conducted our audit 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 Sheet Metal Local No. 124 Supplemental Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting for the Financial Statements

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified 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 this matter.

Responsibilities of Management for the Financial Statements

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sheet Metal Local No. 124 Supplemental Retirement 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.

Auditors' Responsibilities for the Audit of 2024 the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Sheet Metal Local No. 124 Supplemental Retirement 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 Sheet Metal Local No. 124 Supplemental Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

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

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

Other Matters

2024 Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are for purposes of additional analysis and are not a required part of the financial statements but are supplementary information, some of which is 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Auditor's Report on the 2023 Financial Statements

The financial statements of Sheet Metal Workers Local No. 124 Pension Plan as of June 30, 2023, were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated March 23, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with the modified cash basis of accounting in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Morrow & Co., LLC
Wichita, Kansas

April 4, 2025

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
JUNE 30, 2024 AND 2023**

	2024	2023
ASSETS		
Investments		
At Fair Value (Note 3)	<u>\$ 34,798,404</u>	<u>\$ 32,601,863</u>
Cash	<u>2,181</u>	<u>2,910</u>
Property and Equipment		
Computer Equipment	2,076	2,076
Accumulated Depreciation	<u>(2,065)</u>	<u>(2,044)</u>
Total Property and Equipment	<u>11</u>	<u>32</u>
Total Assets	<u>34,800,596</u>	<u>32,604,805</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 34,800,596</u></u>	<u><u>\$ 32,604,805</u></u>

The accompanying notes are an integral part to the financial statements.

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

	2024	2023
ADDITIONS		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 3,287,486	\$ 2,349,370
Realized Gains (Losses)	(295,784)	75,090
Interest and Dividends	1,120,878	1,179,795
	4,112,580	3,604,255
Other Income:		
Miscellaneous	-	526
Contributions:		
Employers	1,376,273	1,301,412
Employees	246,642	214,342
	1,622,915	1,515,755
Total Additions	5,735,495	5,120,536
DEDUCTIONS		
Deductions From Net Assets		
Attributed to:		
Benefits Paid	3,396,785	2,498,992
Administrative Expenses	142,919	113,227
Total Deductions	3,539,704	2,612,220
NET INCREASE (DECREASE)	2,195,791	2,508,317
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	32,604,805	30,096,488
END OF YEAR	\$ 34,800,596	\$ 32,604,805

The accompanying notes are an integral part of the financial statements.

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Sheet Metal Workers Local No. 124 Supplemental Retirement Plan (the Plan) is provided for general information purposes only. Participants of the Plan should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established in 1976 as a multi-employer defined contribution plan that is sponsored by the Joint Board of Trustees (Trustees) of the Sheet Metal Workers Local No. 124 Supplemental Retirement Plan pursuant to a collective bargaining agreement between the Sheet Metal Workers Local No. 124 and the Sheet Metal Contractors Association of Oklahoma. The Plan was amended and restated with an effective Date of January 1, 2015. Union employees are eligible to participate immediately upon employment with an employer that has agreed to be bound by the collective bargaining agreement.

The Plan participates in the International Reciprocal Agreement for sheet metal workers pension funds. The agreement is designed to meet the needs of employees in protecting their rights when they work under the jurisdiction of two or more pension funds. Accordingly, pro rata benefits are provided for employees who otherwise lack sufficient service hours to be eligible for any retirement because their years of employment were

The Plan is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). The collective bargaining agreement specified the amounts of contributions to be made to the Plan by participating employers on behalf of eligible employees/participants. Effective January 1, 1992, the Plan was amended to allow participants to make additional voluntary, before-tax contributions to the Plan's 401(k) feature. Individuals become Plan participants in the 401(k) feature by completing and submitting a salary reduction agreement at any time he or she is initially classified as an Eligible Employee as long as such election is made no later than 30 days from the date of hire. Elections will be effective as of the first day of any subsequent payroll period. A participant may increase or decrease his elective deferral amount prior to January 1 and July 1 of each year.

Employer Contributions

By the terms of the collective bargaining agreement, employers contribute the current specified rate per labor hour. The Plan provides for the deduction of plan administration expenses from participant accounts on a

Employee Contributions

Participants may elect to have their employer remit a percentage of their compensation to the Plan. These contributions are termed "elective deferrals" and are allocated to a separate deferral contribution account. All Plan participants are eligible to make elective deferrals to the maximum amount permitted by law.

Investment Options

Upon enrollment into the Plan, a participant may direct employee and employer contributions in any investment option available at the time. The net assets allocated to the investment options as of June 30, 2024 and 2023 are provided in detail in Note 3. Participants may change their investment options at any time.

Participant Accounts

Each participant's account is credited with the participant's contribution, the employer's contribution, and the allocation of investment earnings or losses. Allocations are based on participant account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the total current value of the participant's vested account balance.

Vesting

Participants are always 100% vested in their rollover account, their elective deferral account, and actual earnings thereon. Participants become 100% vested in employer contributions upon completion of 1,000 hours of service within a 30-month period.

(continued)

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 1. DESCRIPTION OF THE PLAN (Continued)

Payment of Benefits

The Plan does not provide for a fixed dollar amount of retirement benefits. Actual retirement benefits depend on the total value of a participant's account balance at the time of retirement. Normal retirement age (65 or 30 years of active service in Sheet Metal Workers Local No. 124, whichever occurs first) or a minimum of two years after termination of employment results in the optional distribution of a participant's account balance. Participants with a balance of \$5,000 or more are allowed to continue participating.

Certain minimum distributions must begin no later than April 1 of the subsequent calendar year in which the participant attains age 73, even if the participant continues covered employment. Terminated or retired participants are treated as follows:

1. If the account balance is \$1,000 or less, the entire account balance is distributed to the participant.
2. If the account balance is greater than \$1,000 but less than \$5,000, the entire account balance is rolled into an IRA for the participant.
3. If the account balance is \$5,000 or greater, the participant has the option of leaving the entire balance invested in the Plan, have the entire balance rolled to an IRA, or have the entire balance distributed out to them.

Forfeitures

The non-vested portion of the employer account can be deemed a forfeiture after the participant has ceased employment for at least 30 months. Participants not completing the vesting requirement forfeit their employer account balance. Amounts that are forfeited are first used to restore any amounts required under the Plan, then to defray reasonable administrative expenses or reduce employer contribution.

No forfeitures were used to reduce employer contributions in 2024 and 2023. Forfeitures are used to fund administrative expenses. The Plan did not experience forfeitures for the year ended June 30, 2024 and 2023.

Hardship Withdrawals

Hardship withdrawals can be distributed up to 100% of the participant's account balance attributable to their non-forfeitable accrued benefit, excluding earnings on elective deferrals. A hardship withdrawal may be made only upon the participant's immediate and heavy financial need. The following are the only needs considered

1. The payment of qualified medical expenses for the participant, spouse, or dependents.
2. The payment necessary to prevent a participant's eviction from their principal residence or foreclosure on the mortgage of their principal residence.
3. The costs directly related to the purchase of the participant's principal residence (excluding mortgage payments).
4. The payment of tuition and related educational fees for the next twelve months of post-secondary education for the participant, spouse, or dependents.
5. The payment of burial or funeral expenses for immediate family members.
6. Expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under Internal Revenue Code Section 165.

Risk and Uncertainties

The Plan invests in a variety of investment funds. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments 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 - modified cash

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies is presented to assist in understanding the Plan's financial statements. The financial statements and notes are representations of the Plan's management, who is responsible for their integrity and objectivity.

Basis of Accounting

The accompanying financial statements are stated on the modified cash basis of accounting which generally recognizes income and/or reimbursements when received and disbursements when made. This presentation differs from the accrual basis of accounting under U.S. generally accepted accounting principles since certain revenue and the related assets are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligation is incurred.

Plan Investments

Empower Trust Company, LLC and Empower Annuity Insurance Company of America, the Custodians for the Plan, hold all the Plan's investment assets and manage various investment funds on behalf of the Plan. Financial information relating to investments held by the Custodians is included in the accompanying financial statements based on information provided by the Custodians. That information has not been audited by the

Valuation of Investments

Investments are valued at market value as determined and certified by the Custodian as of the Plan's year end. The fair value of these investments may fluctuate subsequent to year end due to changes in economic

Cash and Cash Equivalents

The Plan considers cash on deposit with banks and interest-bearing investments subject to immediate withdrawal as cash for financial reporting purposes. Cash equivalents include investments in money market instruments with an original maturity of three months or less.

Contributions

All contributions are recorded when received by the Plan.

Payment of Benefits

Benefits are recorded when paid.

Prior Year Financial Statements

The financial statements for the year ended June 30, 2023, were audited by Bryan, Little, Haley, & Kent, P.C., who expressed an unmodified opinion on those financial statements. We have audited the financial statements of Sheet Metal Workers Local No. 124 Supplemental Retirement Plan for the year ended June 30, 2024, and our opinion is expressed in the accompanying report.

Reclassifications

Certain prior year amounts have been reclassified to conform with the current year presentation.

Estimates

The preparation of financial statements in conformity with the modified cash basis of account requires management to make estimates and assumptions that affect: (1) the reported amounts of assets and liabilities, (2) disclosures such as contingencies, and (3) the reported amounts of revenues and expenses included in such financial statements. Actual results could differ from those estimates.

NOTE 3. Certification by Fund Custodian (Unaudited)

The Plan's investments are held by Empower Trust Company, LLC and Empower Annuity Insurance Company of America (the Custodians). The Custodians have certified the following investment information:

- Investments as shown in the statements of net assets available for benefits - modified cash basis
- Investment income as shown in the statements of changes in net assets - modified cash basis
- Investment information included in the accompanying schedule of assets held at end of year

(continued)

SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 3. CERTIFICATION BY FUND CUSTODIAN (UNAUDITED) (Continued)

Investments, at fair value:	2024	2023
Balanced/Asset Allocation		
JPMorgan SmartRetirement Blend Inc R6	\$ -	\$ 39,106
JPMorgan SmartRetirement Blend 2020 R6	-	50,569
JPMorgan SmartRetirement Blend 2025 R6	-	199,486
JPMorgan SmartRetirement Blend 2030 R6	-	69,890
JPMorgan SmartRetirement Blend 2035 R6	-	237,081
JPMorgan SmartRetirement Blend 2040 R6	-	309,684
JPMorgan SmartRetirement Blend 2045 R6	-	266,184
JPMorgan SmartRetirement Blend 2050 R6	-	470,280
JPMorgan SmartRetirement Blend 2055 R6	-	180,821
JPMorgan SmartRetirement Blend 2060 R6	-	272,710
American Funds 2010 Target Date R6	17,663	-
American Funds 2020 Target Date R6	67,293	-
American Funds 2025 Target Date R6	229,214	-
American Funds 2030 Target Date R6	116,538	-
American Funds 2035 Target Date R6	253,816	-
American Funds 2040 Target Date R6	662,133	-
American Funds 2045 Target Date R6	372,835	-
American Funds 2050 Target Date R6	657,012	-
American Funds 2055 Target Date R6	303,505	-
American Funds 2060 Target Date R6	461,581	-
American Funds 2065 Target Date R6	24,015	-
International Funds		
MFS Emerging Markets Equity R6	-	10,061
T. Rowe Price Overseas Stock I	2,289,251	2,185,360
Vanguard Developed Markets Index Admiral	-	40,797
Vanguard Developed Markets Index Ins Pls	-	14
Small/Mid Cap Funds		
Franklin Small Cap Value R6	-	1,356,846
Goldman Sachs Small/Mid Cap Growth R6	-	2,837,488
Clearbridge Small Cap Growth IS	-	7,954
Vanguard Small Cap Index Adm	1,488,806	-
JPMorgan Mid Cap Value R6	-	1,336,372
Fidelity Mid Cap Index	3,992,253	-
Large Cap Funds		
Alger Capital Appreciation Instl Y	-	3,341,156
JHancock Disciplined Value R6	-	3,607,010
JPMorgan US Equity R6	-	410,228
MFS Massachusetts Investors Gr Stk R6	9,306,305	5,379,554
American Funds Fundamental Investors R6	-	401,125
Vanguard 500 Index Admiral	1,393,312	188,175
Vanguard Total Stock Mkt Idx Adm	-	6,692
Putnam Large Cap Value R6	4,144,929	-
Specialty Funds		
Cohen & Steers Real Estate Securities Z	430,044	471,935

(continued)

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 3. CERTIFICATION BY FUND CUSTODIAN (UNAUDITED) (Continued)

Bond Funds		
Principal High Yield R6	\$ -	\$ 905,539
Pioneer Strategic Income K	-	3,493,401
Vanguard Core Bond Admiral	416,129	20,997
Pimco Income Instrl	4,573,169	-
Stable Value Funds		
Putnam Stable Value Fund	<u>3,598,601</u>	<u>4,505,348</u>
Investments certified by Custodian	<u>\$ 34,798,404</u>	<u>\$ 32,601,863</u>
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 3,287,486	\$ 2,349,370
Realized Gains (Losses)	(295,784)	75,090
Interest and Dividends	<u>1,120,878</u>	<u>1,179,795</u>
Gross Investment Income	<u>\$ 4,112,580</u>	<u>\$ 3,604,255</u>

NOTE 4. FAIR VALUE MEASUREMENTS

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

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 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.

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.

Mutual Funds

Fair value is measured using quoted market prices that are available on an active market.

Common/Collective Investment Trust (a)

Valued at the NAV of units of the individual fund. The NAV, as provided by the trustee of the invested fund, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV or NAV equivalent. The common/collective trust fund held by the Plan files an annual report on Form 5500 as a direct filing entity

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of June 30, 2024 and 2023.

(continued)

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 4. FAIR VALUE MEASUREMENTS (Continued)

<u>Assets at Fair Value as of June 30, 2024</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Balanced/Asset Allocation	\$ 3,165,605	\$ -	\$ -	\$ 3,165,605
International	2,289,251	-	-	2,289,251
Small/Mid Cap	5,481,059	-	-	5,481,059
Large Cap	14,844,546	-	-	14,844,546
Specialty	430,044	-	-	430,044
Bond Funds	4,989,298	-	-	4,989,298
Total assets in the fair value hierarchy	<u>\$ 31,199,803</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 31,199,803</u>
Common/collective trust funds measured at Net Asset Value - (a)				<u>3,598,601</u>
Total investments				<u>\$ 34,798,404</u>

<u>Assets at Fair Value as of June 30, 2023</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Balanced/Asset Allocation	\$ 2,095,811	\$ -	\$ -	\$ 2,095,811
International	2,236,232	-	-	2,236,232
Small/Mid Cap	5,538,660	-	-	5,538,660
Large Cap	13,333,940	-	-	13,333,940
Specialty	471,935	-	-	471,935
Bond Funds	4,419,937	-	-	4,419,937
Total assets in the fair value hierarchy	<u>\$ 28,096,515</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 28,096,515</u>
Common/collective trust funds measured at Net Asset Value - (a)				<u>4,505,348</u>
Total investments				<u>\$ 32,601,863</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits - modified cash basis.

NOTE 5. FEDERAL INCOME TAXES

The plan obtained its latest determination letter on January 20, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 6. PLAN TERMINATION

Although they have not expressed an interest to do so, the trustees have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested and shall not thereafter be subject to forfeiture.

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023**

NOTE 7. CONCENTRATION OF RISK

The Plan maintains checking accounts primarily in one financial institution. Accounts at the institution are insured by the Federal Deposit Insurance Corporation up to \$250,000. Plan investments are uninsured.

The Plan's employer contributions are received from construction contractors located in Oklahoma. For the years ended June 30, 2024 and 2023, a group of four contractors represented about 51% of total employer

NOTE 8. RECIPROCAL TRANSFERS

The Plan has reciprocal agreements with other funds, which provide for the transfer of contributions and eligibility credits of individual members to and from their local trust fund. For the years ended June 30, 2024 and 2023, the Plan received \$323 and \$2,487 reciprocal contributions from other local funds, respectively.

The reciprocal contributions received from or paid to other locals are included in the statement of changes in net assets available for benefits - modified cash basis.

NOTE 9. SUBSEQUENT EVENTS

Subsequent events were evaluated for recognition and disclosure through April 4, 2025, the date through which these financial statements were available to be issued, and no events regarding disclosure were identified.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO 5500

As of June 30, 2024 and 2023 the audited financial statements reconciled with Form 5500 with the exception of minor reclassifications of certain expenses.

SUPPLEMENTARY SCHEDULES

**SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
SCHEDULES OF ADMINISTRATIVE EXPENSES (MODIFIED CASH BASIS)
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
Administrator	\$ 26,034	\$ 31,601
Investment Fees	57,045	21,812
Computer Expense	337	1,098
Software	2,085	300
Insurance	7,807	8,094
Participant Fees	30,730	23,847
Legal and Accounting	17,590	25,691
Office	809	256
Data Storage	461	310
Depreciation	21	207
Miscellaneous	-	13
	<u>\$ 142,919</u>	<u>\$ 113,227</u>

See independent auditors' report.

SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
EIN 73-6145795 PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (UNAUDITED)
(HELD AT END OF YEAR)
June 30, 2024

* Denotes party-in-interest

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) COST	(e) CURRENT VALUE
	American Funds 2010 Trgt Date Retire R6	Mutual fund, 1,503.26 shares	\$ 16,578	\$ 17,663
	American Funds 2020 Trgt Date Retire R6	Mutual fund, 4,948.03 shares	62,561	67,293
	American Funds 2025 Trgt Date Retire R6	Mutual fund, 14,922.77 shares	210,083	229,214
	American Funds 2030 Trgt Date Retire R6	Mutual fund, 6,775.48 shares	106,686	116,538
	American Funds 2035 Trgt Date Retire R6	Mutual fund, 13,379.89 shares	224,422	253,816
	American Funds 2040 Trgt Date Retire R6	Mutual fund, 32,697.94 shares	596,334	662,133
	American Funds 2045 Trgt Date Retire R6	Mutual fund, 17,881.75 shares	322,199	372,835
	American Funds 2050 Trgt Date Retire R6	Mutual fund, 31,986.94 shares	566,382	657,012
	American Funds 2055 Trgt Date Retire R6	Mutual fund, 11,686.76 shares	261,816	303,505
	American Funds 2060 Trgt Date Retire R6	Mutual fund, 26,241.12 shares	397,692	461,581
	American Funds 2065 Trgt Date Retire R6	Mutual fund, 1,406.86 shares	21,620	24,015
	T. Rowe Price Overseas Stock I	Mutual fund, 175,825.7 shares	2,310,718	2,289,251
	Cohen & Steers Real Estate Securities Z	Mutual fund, 26,047.49 shares	536,885	430,044
	Vanguard Small Cap Index Adm	Mutual fund, 14,233.32 shares	1,298,428	1,488,806
	Fidelity Mid Cap Index	Mutual fund, 127,020.45 shares	3,432,733	3,992,253
	MFS Massachusetts Investors Gr Stk R6	Mutual fund, 203,772.82 shares	8,544,042	9,306,305
	Putnam Large Cap Value R6	Mutual fund, 118,358.9 shares	3,531,623	4,144,929
	Vanguard 500 Index Admiral	Mutual fund, 2,765.82 shares	1,185,994	1,393,312
	PIMCO Income Instl	Mutual fund, 436,371.09 shares	4,590,070	4,573,169
	Vanguard Core Bond Admiral	Mutual fund, 23,483.56 shares	414,127	416,129
	Putnam Stable Value Fund	Stable value fund	3,598,611	3,598,601
			<u>\$ 32,229,604</u>	<u>\$ 34,798,404</u>

SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
EIN 73-6145795 PLAN #002
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS (UNAUDITED)
June 30, 2024

Units	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
3,317	Goldman Sachs Small/Mid Cap Growth R6	(series of transactions) \$ 69,635	\$ N/A	\$ 69,635	\$ 69,635	\$ N/A
135,910	Goldman Sachs Small/Mid Cap Growth R6	(series of transactions) N/A	2,655,544	3,589,718	2,655,544	(934,174)
150,829	Fidelity Mid Cap Index	(series of transactions) \$ 4,075,033	\$ N/A	\$ 4,075,033	\$ 4,075,033	\$ N/A
23,808	Fidelity Mid Cap Index	(series of transactions) N/A	691,725	642,563	691,725	49,162
1,775	Alger Capital Appreciation Instl Y	(series of transactions) \$ 60,197	\$ N/A	\$ 60,197	\$ 60,197	\$ N/A
101,067	Alger Capital Appreciation Instl Y	(series of transactions) N/A	3,265,930	4,142,304	3,265,930	(876,374)
1,570	Jhancock Disciplined Value R6	(series of transactions) \$ 35,036	\$ N/A	\$ 35,036	\$ 35,036	\$ N/A
167,029	Jhancock Disciplined Value R6	(series of transactions) N/A	3,685,098	3,875,189	3,685,098	(190,091)
132,627	Putnam Large Cap Value R6	(series of transactions) \$ 3,956,647	\$ N/A	\$ 3,956,647	\$ 3,956,647	\$ N/A
14,269	Putnam Large Cap Value R6	(series of transactions) N/A	452,070	422,566	452,070	29,503
447,636	PIMCO Income Instl	(series of transactions) \$ 4,708,577	\$ N/A	\$ 4,708,577	\$ 4,708,577	\$ N/A
11,265	PIMCO Income Instl	(series of transactions) N/A	118,006	118,507	118,006	(501)
138,100	Pioneer Strategic Income K	(series of transactions) \$ 1,247,519	\$ N/A	\$ 1,247,519	\$ 1,247,519	\$ N/A
516,174	Pioneer Strategic Income K	(series of transactions) N/A	4,809,310	5,257,332	4,809,310	(448,022)

Plan investments are participant directed, however the trustees have the power to add and remove funds that participants can invest in. The above funds were either added or subtracted at the direction of the trustees. The transactions above contain both participant directed and trustee directed purchases and sales.

Attachment to 2023 Schedule MB to Form 5500, Line 26
Sheet Metal Workers Local No. 124 Pension Plan
EIN 73-6145795
Plan Number 001

Schedule of Active Participant Data

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	13	17	2	-	-	-	-	-	-	-	-	32
25-29	15	19	11	1	-	-	-	-	-	-	-	46
30-34	5	11	14	2	2	-	-	-	-	-	-	34
35-39	5	7	6	9	10	1	-	-	-	-	-	38
40-44	2	7	5	8	7	8	3	-	-	-	-	40
45-49	1	3	6	3	6	5	6	1	-	-	-	31
50-54	2	4	4	3	3	6	5	4	-	-	-	31
55-59	2	3	-	5	5	4	10	9	1	-	-	39
60-64	1	2	3	2	2	3	11	3	2	-	-	29
65-69	-	-	-	-	-	-	-	1	-	-	-	1
70+	-	-	-	-	-	-	-	-	-	-	-	-
Total	46	73	51	33	35	27	35	18	3	-	-	321

Attachment to 2023 Schedule MB to Form 5500, Line 6
Sheet Metal Workers Local No. 124 Pension Plan
EIN 73-6145795
Plan Number 001

Appendix B – Summary of Actuarial Assumptions

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been prescribed by statute and regulation or selected to reasonably anticipate future experience with respect to these variables. For nonprescribed assumptions, we monitor the demographic experience of the Plan each year for material gains and losses arising from the assumptions and recommend adjustments accordingly. Other actuarial assumptions could also be reasonable and would yield different results.

ECONOMIC ASSUMPTIONS

Interest Rates

Funding and FASB ASC Topic 960: 6.50% per year (effective July 1, 2021)

Rationale for Funding: The basis shown was selected by the plan sponsor, which were limited to available options prescribed by law.

Rationale for FASB ASC Topic 960: The basis chosen was selected by the plan sponsor, and reflects the plan sponsors best estimate of trust returns over the 10-20 year horizon based on current market conditions.

Current Liability: 2.72% per year

Asset Returns

6.50% per year (effective July 1, 2021)

Rationale: This reflects the best estimate of trust returns over the 10-20 year horizon based on current market conditions.

Expenses

Interest rate is assumed to be net of plan expenses.

DEMOGRAPHIC ASSUMPTIONS

Mortality Rates

Pri-2012 mortality tables with Blue Collar Adjustments, male and female rates, projected fully generationally using Scale MP-2021, with nonannuitant rates before benefit commencement and healthy annuitant rates after benefit commencement. For beneficiaries of deceased participants, Pri-2012 mortality tables with Blue Collar Adjustments, male and female rates, projected fully generationally using Scale MP-2021, with contingent annuitant rates. For disabled lives, Pri-2012 Disabled mortality tables, male and female rates, projected fully generationally using Scale MP-2021

Rationale for Funding: The basis chosen was selected by the plan sponsor, which were limited to available options prescribed by law.

Rationale for FASB ASC Topic 960: The basis chosen was selected by the plan sponsor, and reflects the plan sponsors best estimate of anticipated mortality experience.

**Attachment to 2023 Schedule MB to Form 5500, Line 6
Sheet Metal Workers Local No. 124 Pension Plan
EIN 73-6145795
Plan Number 001**

Retirement Ages

Members are assumed to retire at age 65.

Due to the small number of terminations and retirements, there was insufficient data to develop plan specific retirement rates. Instead, retirement rates were based on general market trends, while also taking into account plan specific features and general observations from the participant data.

Termination Rates

T-3 LESS 51 GAT M. Sample rates are shown in the following table:

Age	Rate
20	6.58%
25	5.27
30	4.83
35	4.47
40	3.84
45	3.21
50	1.52
55	0.33
60	0.00

Due to the small number of terminations, there was insufficient data to develop plan specific termination rates.

Disability Rates

1952 Disability Table, Period 2, Benefit 5, with six month waiting period. Sample disability rates are shown in the following table:

Age	Rate
20	0.08%
25	0.10
30	0.11
35	0.13
40	0.16
45	0.22
50	0.35
55	0.71
60	1.26
65	0.00

Attachment to 2023 Schedule MB to Form 5500, Line 6
Sheet Metal Workers Local No. 124 Pension Plan
EIN 73-6145795
Plan Number 001

Future Hours Worked

For the purpose of determining future benefits, it is assumed each participant will continue to work the same number of hours in future years.

Optional Forms

Liabilities include no load to account for the value of optional annuity forms.

Change in Assumptions Since Prior Year

Interest Rate for Current Liability: From 2.16% per year to 2.72% per year as required by statute.

Mortality: The projection scale was changed from MP-2020 to MP-2021 to reflect an additional year of mortality improvement experience. Mortality was updated to better reflect anticipated life spans.

Attachment to 2023 Schedule MB to Form 5500, Line 6
Sheet Metal Workers Local No. 124 Pension Plan
EIN 73-6145795
Plan Number 001

Appendix C – Summary of Principal Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Definitions

Plan: Sheet Metal Workers Local No. 124 Pension Plan (EIN: 73-6145795, PN: 001)

Effective Date: July 1, 1969

Plan Year: July 1 through June 30

Employer: An employer who now has or may hereafter have a Collective Bargaining Agreement in effect with the Union requiring payments to Sheet Metal Workers Local No. 124, Pension trust Fund and any other Employer who, with the consent of the Trustees, shall make like payments or Contributions to said Plan, all for the purpose hereinafter provided.

Employee: Members in good standing in Local No. 124 of Sheet Metal Workers International Association and on whose behalf Contributions are made to the Fund, including all salaried Employees of Local No. 124 of Sheet Metal Workers International Association for whom such Local Unions shall make Contributions to this Fund.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Benefit Credits:

"Past Service Benefit Credits" shall mean one-half (1/2) credit for each Year of Service multiplied by the number of years of membership in Local No. 124 prior to July 1, 1969.

"Future Service Benefit Credits" shall mean the number of years credited to an Employee for his service in Covered Employment on or after July 1, 1969. An Employee who works in Covered Employment during any Plan Year will receive Future Service benefit Credits during that Plan year in accordance with the following table:

**Attachment to 2023 Schedule MB to Form 5500, Line 6
Sheet Metal Workers Local No. 124 Pension Plan
EIN 73-6145795
Plan Number 001**

Hours Worked	Credits
2,400 or more	1.50
2,000 but less than 2,400	1.25
1,600 but less than 2,000	1.00
1,200 but less than 1,600	0.80
800 but less than 1,200	0.50
400 but less than 800	0.25
Less than 400	0.00

Eligibility for Participation

An Employee will be eligible on the date on which he is classified as being in Covered employment. Participation will become effective as of the first day of the month that is coincident with or immediately following his date of eligibility.

Normal Retirement

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which he attains the age of 65.

Normal Retirement Benefit: Effective for terminations on or after July 1, 2020, \$48.00 per Benefit Credit accrued prior to July 1, 2000, plus \$35.00 per Benefit Credit accrued between July 1, 2000 and June 30, 2020, plus \$13.50 per Benefit Credit accrued on and after July 1, 2020.

Early Retirement

Early Retirement Date: After attaining age 55 and accruing either 10 years of Full Benefit Credits or 10 Years of Service, a Participant may elect early retirement on the first day of any calendar month following the termination of Service.

Early Retirement Benefit: Accrued benefit reduced by $\frac{1}{2}$ of one percent for each month Early Retirement Date precedes Normal Retirement Date.

Disability Retirement

Disability Retirement Date: The first day of the month with respect to which the Participant's Social Security disability becomes payable.

Disability Retirement Benefit: If a Participant has accumulated less than five Full Future Service Credits, a lump sum disability payment equal to \$30.00 times each $\frac{1}{4}$ credit of Benefit Service Credit. If a Participant has accumulated five Full Future Benefit Service Credits, a monthly benefit equal to the benefit accrued to the date of disability actuarially reduced to the amount he would be entitled to receive at Early Retirement Date.

The full accrued benefit is payable when the Participant attains Normal Retirement Age.

Attachment to 2023 Schedule MB to Form 5500, Line 6
Sheet Metal Workers Local No. 124 Pension Plan
EIN 73-6145795
Plan Number 001

Termination Benefit

A Participant who has five (5) Full Credits has a nonforfeitable right to 100% of his or her Accrued Benefit.

Death Benefits

Pre-Retirement Death Benefit: For Death of Participants during the period when eligible for a vested benefit, a benefit payable to surviving spouse equal to 50% of the amount which would have been payable to the Participant under an actuarially equivalent Joint & Survivor Annuity beginning on the day the Participant would have been first eligible to retire. Prior to eligibility for a vested benefit, a lump sum benefit payable equal to one-half of the actual contributions made on a Participant's behalf, to a maximum of \$2,000.

Post-Retirement Death Benefit: None except as provided by the annuity form elected.

Forms of Pension Payment

Normal Form: Annuity payable for life with 60 monthly payments guaranteed.

Optional Forms: Life Annuity, Joint and Survivor Annuity, and Life Annuity with 120 monthly payments guaranteed.

Changes in Plan Provisions Since Prior Year

None.

Attachment to 2023 Schedule MB to Form 5500, Line 8b(1)
Sheet Metal Workers Local No. 124 Pension Plan
EIN 73-6145795
Plan Number 001

Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Expected Annual Benefit Payments</u>
2023-2024	2,016,000
2024-2025	2,104,000
2025-2026	2,204,000
2026-2027	2,308,000
2027-2028	2,349,000
2028-2029	2,458,000
2029-2030	2,520,000
2030-2031	2,542,000
2031-2032	2,581,000
2032-2033	2,607,000

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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.**

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

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

▶ **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 <u>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>73-6145795</u>

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


1a Enter the valuation date: Month 07 Day 01 Year 2023

b Assets

(1) Current value of assets	1b(1)	<u>46428888</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>49064767</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	
(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)	<u>31698101</u>
(c) Normal cost under entry age normal method	1c(2)(c)	<u>434955</u>
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>30928768</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	<u>0</u>
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>50300663</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>423598</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>1922038</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>1922038</u>

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		<u>03/26/2025</u>
	Signature of actuary	Date
	<u>MICHAEL SUDDUTH</u>	<u>23-06248</u>
	Type or print name of actuary	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>314-446-5607</u>
	Firm name	Telephone number (including area code)
	<u>500 N. BROADWAY, SUITE 1750, SAINT LOUIS, MO 63102</u>	
	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

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

Schedule MB (Form 5500) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	46428888
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	244	24000658
(2) For terminated vested participants	185	10228298
(3) For active participants:		
(a) Non-vested benefits		278740
(b) Vested benefits		15792967
(c) Total active	321	16071707
(4) Total	750	50300663
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
01/01/2024	1734890				
			Totals ▶	3(b)	1734890
					3(c)
					0
					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	158.6%
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: • 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..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	2.72 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate.....	6d	6.50 %
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	4.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.8 %
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> 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)	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	720640

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		46842
e Total charges. Add lines 9a through 9d	9e		767482
Credits to funding standard account:			
f Prior year credit balance, if any	9f		22378817
g Employer contributions. Total from column (b) of line 3	9g		1734890
		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		1504510
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	8289883	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	0	
(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		25618217
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		24850735
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		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
EIN 73-6145795 PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (UNAUDITED)
(HELD AT END OF YEAR)
June 30, 2024

* Denotes party-in-interest

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) COST	(e) CURRENT VALUE
	American Funds 2010 Trgt Date Retire R6	Mutual fund, 1,503.26 shares	\$ 16,578	\$ 17,663
	American Funds 2020 Trgt Date Retire R6	Mutual fund, 4,948.03 shares	62,561	67,293
	American Funds 2025 Trgt Date Retire R6	Mutual fund, 14,922.77 shares	210,083	229,214
	American Funds 2030 Trgt Date Retire R6	Mutual fund, 6,775.48 shares	106,686	116,538
	American Funds 2035 Trgt Date Retire R6	Mutual fund, 13,379.89 shares	224,422	253,816
	American Funds 2040 Trgt Date Retire R6	Mutual fund, 32,697.94 shares	596,334	662,133
	American Funds 2045 Trgt Date Retire R6	Mutual fund, 17,881.75 shares	322,199	372,835
	American Funds 2050 Trgt Date Retire R6	Mutual fund, 31,986.94 shares	566,382	657,012
	American Funds 2055 Trgt Date Retire R6	Mutual fund, 11,686.76 shares	261,816	303,505
	American Funds 2060 Trgt Date Retire R6	Mutual fund, 26,241.12 shares	397,692	461,581
	American Funds 2065 Trgt Date Retire R6	Mutual fund, 1,406.86 shares	21,620	24,015
	T. Rowe Price Overseas Stock I	Mutual fund, 175,825.7 shares	2,310,718	2,289,251
	Cohen & Steers Real Estate Securities Z	Mutual fund, 26,047.49 shares	536,885	430,044
	Vanguard Small Cap Index Adm	Mutual fund, 14,233.32 shares	1,298,428	1,488,806
	Fidelity Mid Cap Index	Mutual fund, 127,020.45 shares	3,432,733	3,992,253
	MFS Massachusetts Investors Gr Stk R6	Mutual fund, 203,772.82 shares	8,544,042	9,306,305
	Putnam Large Cap Value R6	Mutual fund, 118,358.9 shares	3,531,623	4,144,929
	Vanguard 500 Index Admiral	Mutual fund, 2,765.82 shares	1,185,994	1,393,312
	PIMCO Income Instl	Mutual fund, 436,371.09 shares	4,590,070	4,573,169
	Vanguard Core Bond Admiral	Mutual fund, 23,483.56 shares	414,127	416,129
	Putnam Stable Value Fund	Stable value fund	3,598,611	3,598,601
			<u>\$ 32,229,604</u>	<u>\$ 34,798,404</u>

SHEET METAL LOCAL NO. 124 SUPPLEMENTAL RETIREMENT PLAN
EIN 73-6145795 PLAN #002
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS (UNAUDITED)
June 30, 2024

Units	(b) Description Of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
3,317	Goldman Sachs Small/Mid Cap Growth R6	(series of transactions) \$ 69,635	\$ N/A	\$ 69,635	\$ 69,635	\$ N/A
135,910	Goldman Sachs Small/Mid Cap Growth R6	(series of transactions) N/A	2,655,544	3,589,718	2,655,544	(934,174)
150,829	Fidelity Mid Cap Index	(series of transactions) \$ 4,075,033	\$ N/A	\$ 4,075,033	\$ 4,075,033	\$ N/A
23,808	Fidelity Mid Cap Index	(series of transactions) N/A	691,725	642,563	691,725	49,162
1,775	Alger Capital Appreciation Instl Y	(series of transactions) \$ 60,197	\$ N/A	\$ 60,197	\$ 60,197	\$ N/A
101,067	Alger Capital Appreciation Instl Y	(series of transactions) N/A	3,265,930	4,142,304	3,265,930	(876,374)
1,570	Jhancock Disciplined Value R6	(series of transactions) \$ 35,036	\$ N/A	\$ 35,036	\$ 35,036	\$ N/A
167,029	Jhancock Disciplined Value R6	(series of transactions) N/A	3,685,098	3,875,189	3,685,098	(190,091)
132,627	Putnam Large Cap Value R6	(series of transactions) \$ 3,956,647	\$ N/A	\$ 3,956,647	\$ 3,956,647	\$ N/A
14,269	Putnam Large Cap Value R6	(series of transactions) N/A	452,070	422,566	452,070	29,503
447,636	PIMCO Income Instl	(series of transactions) \$ 4,708,577	\$ N/A	\$ 4,708,577	\$ 4,708,577	\$ N/A
11,265	PIMCO Income Instl	(series of transactions) N/A	118,006	118,507	118,006	(501)
138,100	Pioneer Strategic Income K	(series of transactions) \$ 1,247,519	\$ N/A	\$ 1,247,519	\$ 1,247,519	\$ N/A
516,174	Pioneer Strategic Income K	(series of transactions) N/A	4,809,310	5,257,332	4,809,310	(448,022)

Plan investments are participant directed, however the trustees have the power to add and remove funds that participants can invest in. The above funds were either added or subtracted at the direction of the trustees. The transactions above contain both participant directed and trustee directed purchases and sales.

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

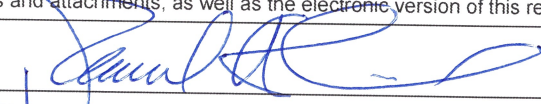
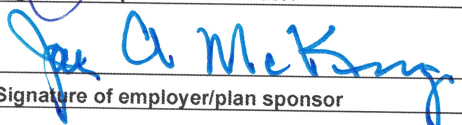
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final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

Part II Basic Plan Information—enter all requested information

1a Name of plan SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	07/01/1994
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) SHEET METAL WORKERS LOCAL NO. 124 PENSION PLAN COX, HOLSTED & DIMICK, PC 3717 NW 63RD ST STE 100 OKLAHOMA CITY, OK 73116-1925		2b Employer Identification Number (EIN)	73-6145795
		2c Plan Sponsor's telephone number	405-848-4848
		2d Business code (see instructions)	331200

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		<u>04-04-25</u>	<u>RICHARD A. Dimick</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>4-7-25</u>	<u>JOE A. MCKENZIE</u>
	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)
v. 230728

Sheet Metal Workers Local No. 124 Pension Plan

Authorization to Sign and Submit 2023 Form 5500 Filing

I, Richard A Dimick, acting as Plan Administrator, and Joe E. McKenzie, acting for the Employer/Plan Sponsor of the Sheet Metal Workers Local No. 124 Pension Plan, authorize Milliman, Inc. to electronically submit the 2023 Form 5500 Return for the Plan.


Richard A. Dimick Date 04-04-25


Joe E. McKenzie Date 4-7-25