

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: IRONWORKERS EMPLOYEES' BENEFIT CORPORATION 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/12/1978
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 95-3084599
2c Plan Sponsor's telephone number: 626-792-7337
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	132
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	132
	6a(2)	109
	6b	
	6c	23
	6d	132
	6e	1
	6f	133
	6g(1)	0
6g(2)	133	
6h	14	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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 type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan IRONWORKERS EMPLOYEES' BENEFIT CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKER EMPLOYEES BENEFIT CORPORATION 401(K) PLAN	D Employer Identification Number (EIN) 95-3084599	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

VOYA RETIREMENT INSURANCE

PO BOX 990067
HARFORD, CT 06199

71-0294708

(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?
13	NONE	30904	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan IRONWORKERS EMPLOYEES' BENEFIT CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 IRONWORKER EMPLOYEES BENEFIT CORPORATION 401(K) PLAN	D Employer Identification Number (EIN) 95-3084599

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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	830312	848151
(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)		0
(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)	12471804	14927715
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13302116	15775866
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	33137	6234
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	33137	6234
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13268979	15769632

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)	1088168	
(B) Participants.....	2a(1)(B)	168078	
(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)		1256246
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)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1518982
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2775228

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	243671	
(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)		243671
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)	30904	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		30904
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		274575

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2500653
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: **MCMENOMY & ASSOCIATES CPA LLP**

(2) EIN: **46-1559312**

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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

SCHEDULE R (Form 5500) <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> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>IRONWORKERS EMPLOYEES' BENEFIT CORPORATION 401(K) 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>IRONWORKER EMPLOYEES BENEFIT CORPORATION 401(K) PLAN</u>	D Employer Identification Number (EIN) <u>95-3084599</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

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

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 7

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	<u>1256246</u>
6 b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>1256246</u>
6 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	<u>0</u>

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

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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	
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	

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702844A.



McMENOMY & ASSOCIATES CPAs, LLP

Members of American Institute of Certified Public Accountants
California Society of Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Directors of Ironworker Employees'
Benefit Corporation 401(k) Plan
Pasadena, California

Opinion

We have audited the accompanying financial statements of Ironworkers Employees' Benefit Corporation 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA) which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Ironworkers Employees' Benefit Corporation 401(k) Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the periods then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Ironworkers Employees' Benefit Corporation 401(K) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Ironworkers Employees' Benefit Corporation 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ironworkers Employees' Benefit Corporation 401(k) Plan internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ironworkers Employees' Benefit Corporation 401(k) Plan ability to continue as a going concern for a reasonable period of time.

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

Supplementary Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i- schedule of assets held at year end on December 31, 2024, and Schedule H, Line 4j – schedule of reportable transaction or series of transaction in excess of 5% of the fair value of plan assets as of December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance GAAS.

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

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

McManey + Associates CPAs LLP

Certified Public Accountants

Upland, California
May 30, 2025

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a)	(b) Identity of issue, borrower, lessor or similar party	Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
Mutual Funds-				
	Vanguard	28,391.435	Vanguard Target Retirement Income Fund	371,888
	Vanguard	40,510.094	Vanguard Target Retirement 2020 Fund	1,072,707
	Vanguard	76,444.295	Vanguard Target Retirement 2025 Fund	1,428,744
	Vanguard	39,857.400	Vanguard Target Retirement 2030 Fund	1,509,798
	Vanguard	166,138.774	Vanguard Target Retirement 2035 Fund	3,984,008
	Vanguard	59,343.020	Vanguard Target Retirement 2040 Fund	2,564,805
	Vanguard	42,045.293	Vanguard Target Retirement 2045 Fund	1,247,857
	Vanguard	14,782.633	Vanguard Target Retirement 2050 Fund	736,767
	Vanguard	7,499.277	Vanguard Target Retirement 2055 Fund	417,035
	Vanguard	4,635.493	Vanguard Target Retirement 2060 Fund	237,569
	Vanguard	391.205	Vanguard Target Retirement 2065 Fund	13,152
	Arcadian	142.673	Aradian AI Country Wide	1,965
	Pimco	18,424.352	Pimco Inflation Res MultAsset Fund Ins	145,459
	Morley	22,460.740	Morley Stable Vaule Fund 25-I	662,583
	Fidelity	19,745.125	Fidelity 500 Index Fund	296,983
	Fidelity	205.017	Fidelity Ext Market Index Fund	18,632
	Fidelity	106.520	Fidelity Total International Index Fund	1,845
	Black Rock	7,316.790	Black Rock Adv SMID Cap Fund K	215,918
	Total assets held at year end			<u>\$ 14,927,715</u>

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS IN

EXCESS OF 5% OF THE FAIR VALUE OF PLAN ASSETS

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Fair value of asset on transaction date	(i) Net gain or (loss)
Voya Financial	Vanguard Mutual Funds unrealized gain on investments 72 purchase transactions	\$ 993,759	\$ -	\$ -	\$ -	\$ 993,759	\$ 993,759	\$ -
Voya Financial	Vanguard Mutual Funds employer contributions non elective 1 purchase transaction	830,312	-	-	-	830,312	830,312	-

IRONWORKER EMPLOYEES' BENEFIT
CORPORATION 401(K) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

IRONWORKER EMPLOYEES' BENEFIT CORPORATION
401(K) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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Statement of net assets available for plan benefits at December 31, 2024 and 2023	5
Statement of changes in net assets available for plan benefits for years ended December 31, 2024 and 2023	6
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<u>Other Financial Information</u>	
Schedule H, Line 4i – Schedule of assets held at year end on December 31, 2024	16
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McMENOMY & ASSOCIATES CPAs, LLP

Members of American Institute of Certified Public Accountants
California Society of Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Directors of Ironworker Employees'
Benefit Corporation 401(k) Plan
Pasadena, California

Opinion

We have audited the accompanying financial statements of Ironworkers Employees' Benefit Corporation 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA) which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Ironworkers Employees' Benefit Corporation 401(k) Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the periods then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Ironworkers Employees' Benefit Corporation 401(K) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Ironworkers Employees' Benefit Corporation 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ironworkers Employees' Benefit Corporation 401(k) Plan internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Ironworkers Employees' Benefit Corporation 401(k) Plan ability to continue as a going concern for a reasonable period of time.

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

Supplementary Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i- schedule of assets held at year end on December 31, 2024, and Schedule H, Line 4j – schedule of reportable transaction or series of transaction in excess of 5% of the fair value of plan assets as of December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance GAAS.

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

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

McMenamy + Assent CPAs LLP

Certified Public Accountants

Upland, California
May 30, 2025

IRONWORKER EMPLOYEES' BENEFIT CORPORATION
401 K PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value (Note 2)	<u>\$ 14,927,715</u>	<u>\$ 12,471,804</u>
Receivables -		
Contributions receivable (Note 3)	<u>848,151</u>	<u>830,312</u>
Total receivables	<u>848,151</u>	<u>830,312</u>
Total assets	<u>15,775,866</u>	<u>13,302,116</u>
Liabilities:		
Deferred contributions income	<u>6,234</u>	<u>33,137</u>
Total liabilities	<u>6,234</u>	<u>33,137</u>
Net assets available for benefits	<u>\$ 15,769,632</u>	<u>\$ 13,268,979</u>

The accompanying notes are an integral part of these financial statements

IRONWORKER EMPLOYEES' BENEFIT CORPORATION
401 K PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions to Fund:		
Investment income -		
Net appreciation in fair value of investments	\$ 993,759	\$ 1,358,579
Dividends earned	525,223	325,089
Net investment income	1,518,982	1,683,668
Employer payments -		
Contributions from employer	1,088,168	1,023,691
Contributions from participants	168,078	100,506
Total employer and participant contributions	1,256,246	1,124,197
Total additions to Fund	2,775,228	2,807,865
Deductions from Fund:		
Benefits paid to participants	243,671	44,093
Administrative fees and expenses	30,904	29,260
Total deductions from Fund	274,575	73,353
Net additions to Fund for year	2,500,653	2,734,512
Net assets available for benefits:		
Balance at beginning of year	13,268,979	10,534,467
Balance at end of year	\$ 15,769,632	\$ 13,268,979

The accompanying notes are an integral part of these financial statements

IRONWORKER EMPLOYEES' BENEFIT CORPORATION
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 1: Plan description:

Effective June 12, 1978, the Plan was established by Ironworker Employees' Benefit Corporation and is funded through a trust fund. The Plan is a defined contribution 401(k) Plan covering employees (as defined by the Plan) of the Ironworker Trust.

Effective June 1, 2022, the plan fiscal year was changed to December 31, and the plan was converted from a money purchase plan to a 401(k) plan.

Participation –

An Employee included under the prior provisions of the Plan as of the effective date shall continue to participate in accordance with the provisions of this amended and restated Plan. Any Employee of the Employer who is not receiving a contribution on his or her behalf to the California Ironworkers Field Pension Trust and/or the California and Vicinity Field Ironworkers Annuity Trust Fund which are collectively bargained plans, shall become a Participant on the first day of the first month after he has attained age 18 and completed One (1) Year of Service. Notwithstanding the previous sentence, the following categories of employees of the California Field Iron Workers Apprenticeship Training and Journeyman Retraining Fund shall not be eligible to participate in the Plan: Apprenticeship Trust Director, Coordinators, and Instructors. Each participant's account is credited with the Employer contributions and the participant contributions and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Investments of the Plan are self-directed by the participants.

For purposes of participation in the plan, a year of service will be credited to the employee if he completes 1,000 Hours of Service during the 12-month period on which the plan maintains its records. The plan will maintain its records on a fiscal year basis June 1 through May 31. Each succeeding computation periods after the initial computation period will begin with the plan year which includes the first anniversary of the employee's employment commencement date in which case an employee will be credited with a year of eligibility service in each computation period that the employee completes at least 1,000 Hours of Service.

Service –

A Participant's eligibility for benefits under the Plan shall be based on his period of Service during a Plan Year. A Plan Year during which an Employee completes less than 501 Hours of Service shall constitute a Break in Service.

Hours of Service –

Hours of Service shall include the following:

- (a) Each hour for which an Employee is paid, or entitled to payment, for the performance of duties for the Employer.
- (b) Up to 501 hours for any single continuous period during which the Employee performs no duties but is directly or indirectly paid or entitled to payment by the Employer

(Regardless of whether employment has terminated) due to vacation, holiday, illness, incapacity including disability, layoff, jury duty, military duty, or leave of absence; excluding, however, any period for which a payment is made or due under this Plan

or under a plan maintained solely for the purpose of complying with workmen's compensation or unemployment compensation or disability insurance laws, or solely to reimburse the Employee for medical or medically related expenses. An Employee shall be deemed to be directly or indirectly paid, or entitled to payment by the Employer regardless of whether such payment is (i) made by or due from the Employer directly, or (ii) made indirectly through a trust fund, insurer or other entity to which the Employer contributes or pays premiums.

- (c) Each hour for which back pay, irrespective of mitigation of damages, is either awarded or agreed to by the Employer, without duplication of hours provided, above, and subject to the 501-hour restriction for periods described in the foregoing subparagraph (b).

The foregoing provisions shall be administered in accordance with Department of Labor rules set forth in Section 2530.200b-2 of the Rules and Regulations for Minimum Standards for Employee Benefit Plans. In addition to, but not in duplication of the foregoing provisions, an Employee shall receive Hours of Service credit for any period of Authorized Leave of Absence, and for any period of accrued vacation for which Compensation is paid upon termination of employment. However, no Hours-of-Service credit shall be granted for a period attributable to any severance pay granted upon termination of employment.

Participation and Service Upon Reemployment –

Except for the continuing participation in Trust Fund Income of a Former Participant, Participation in the Plan shall cease upon termination of employment with the Employer.

Termination of employment may have resulted from Retirement, death, voluntary or involuntary termination of employment, unauthorized absence, or by failure to return to active employment with the Employer or to retire by the date on which an Authorized Leave of Absence expired.

Upon an Employee's termination of employment, a Year during which the Employee completes less than 501 Hours of Service due to a termination of employment shall constitute a Break in Service.

Upon the reemployment of an Employee, the following rules shall apply in determining his Participation in the Plan:

- (a) Participation: Before 5 Consecutive one-year Breaks in Service – if the Employee is rehired before he has 5 consecutive one-year Breaks in Service, he shall participate in the Plan as of the date of his reemployment, if he previously was a Participant, or if he was not previously a Participant, the first day following his reemployment on which he has completed the requirements of the plan. For the purpose of determining when an Employee completes the requirements, Hours of Employment during his prior period of employment shall be recognized. In addition, if a terminated Participant is rehired before he has 5 consecutive one-year Breaks in Service, he may also be entitled to a beginning Employer Contribution Account.

After 5 consecutive one-year Breaks in Service – if an Employee (whether or not previously a Participant) is rehired after he has 5 consecutive one-year Breaks in Service and after cancellation of pre-break Service, he must meet the requirements for participation in the Plan as if he were a new Employee. If an Employee is rehired after he has 5 consecutive one-year

Breaks in Service but prior to cancellation of his pre-break Service, he shall recommence Participation as of the date of his reemployment, if he previously was a Participant, or the first day following his reemployment on which he has completed the requirements the plan. For the purpose of determining when an Employee completes the requirements of the plan, Hours of Employment during his prior period of employment will be recognized.

- (b) Service: For Vested Participants – in the case of a Participant who was vested when his prior period of employment terminated, any Service attributable to his prior period of employment shall not be cancelled and shall be reinstated as of the date of his reparticipation.

For Other Employees – in the case of a reemployed Employee who was not a Participant in the Plan during his prior period of employment, or in the case of a Participant who was not vested when his prior period of employment terminated any Service attributable to his prior period of employment shall be cancelled as of the later of the date he has 5 consecutive one-year Breaks in Service or the date the number of his consecutive years of Break in Service equals the aggregate number of his years of pre-break Service. If Service attributable to his prior period of employment is not cancelled pursuant to the preceding sentence, it shall be reinstated upon his commencing or recommencing Participant.

Inactive Status –

In the event that any participant fail, in any Year of his employment, to accumulate 1,000 Hours of Service, his Employer Contribution Account shall be placed on inactive status. In such case, such Year shall not be considered as a period of Service for the purposes of determining the Participant's vested interest, and the Participant shall not share in the Employer's contribution for any such year, but he shall continue to receive Income allocations in accordance with plan rules and regulations. In the event such Participant accumulates 1,000 Hours of employment in a subsequent Year, his Employer Contribution Account shall revert to active status with full rights and privileges under this Plan restored.

Employer Contributions –

The Employer shall, for each Year, pay to the Trustee an amount for allocation to the Account of Participants who are in the employ of the Employer on the last day of the Plan Year and whose Account were not placed on inactive status for such Plan Year in accordance with the provisions of the Plan. Such contribution shall be an amount equal to 15.0% of each Participant's Compensation for the Plan Year. 3.0% is paid with each payroll with the remainder 12.0% paid after year end when vesting requirements of the plan have been met. However, in no event shall the Employer Contribution exceed the annual addition limit set for in the Plan. "Compensation" means the total of all amounts paid to a Participant by the Employer for personal services as determined by the Participant W-2 statement, and does not include bonus, wages for overtime, premium pay, relocation expenses, shift differential pay, taxable fringe benefits amounts paid for vacation or sick time not taken or any amount paid that is in excess of the Employer's standard eight-hour day.

A Participant must be employed on the last day of the Plan Year to share in the Employer Contributions for the Plan Year, and he or she must have completed at least 1,000 Hours of Service in that Plan Year.

All contributions of the Employer shall be paid to the Trustee, and payment shall be made no later than the date prescribed by law for filing the Employer's federal income tax returns, including extensions which have been granted for the filing of such tax return.

Employee Contributions-

The employee is allowed to defer and reduce compensation by a specific percentage or dollar amount and have that amount contributed to the Plan on a pre-tax basis as a salary deferral.

The taxable income of the participant is reduced by the deferral contribution, so the participant pays less in federal and state income taxes. The participant is permitted to revoke the salary deferral election at any time during the Plan year. Effective January 1, 2023, the plan included an automatic salary deferral feature. The election will remain in effect until the participant modifies or terminates the feature. The automatic amount withheld feature will be equaled to the percentage of compensation set forth in the following table:

Plan year	Automatic Deferral Percentage
1	3%
2	4%
3	5%
4 to 10 years and thereafter	6%

Return of Contribution –

The Trustee, upon written request from the Employer, shall return to the Employer the amount of the Employee's contribution made by the Employer by mistake of fact or the amount of the Employer's contribution disallowed as a deduction under Section 404 of the Code. The Trustee shall not return any portion of the Employer's contribution under the provisions of this paragraph more than one year after:

- (a) the date of determination that the Employer made the contribution by mistake of fact; or,
- (b) the date of disallowance of the contribution as a deduction, and then, only to the extent of the disallowance. The Trustee shall not increase the amount of the Employer's contribution returnable under this paragraph for any earnings attributable to the contribution, but the Trustee shall decrease the Employer's contribution returnable for any losses, attributable to the contribution. The Trustee may require the Employer to furnish it whatever evidence the Trustee deems necessary to enable the Trustee to confirm the amount the Employer has requested to returned is properly returnable under Section 403 of ERISA.

Disposition of Forfeitures –

Upon termination of employment, death, disability or retirement, a Participant's Forfeiture, if any, shall be first used to pay the administrative expenses of the Plan and then shall be allocated to each Account on a pro-rata basis.

If a Participant forfeits any portion of his Account due to a distribution on termination of covered employment, and the Participant resumes covered employment, then the amount so forfeited, without any adjustment for the earnings, expenses, losses or gains of the assets credited to his Account since the date forfeited, shall be re-credited to his Account if he meets all of the following requirements:

- (a) they again become an Employee before the date he incurs five-consecutive one year Break in Service following the date complete distribution of his vested interest was made to him; and,
- (b) they repay the Plan the amount previously distributed to him, without interest, within five years of his reemployment date.

Upon such an actual or deemed repayment, the provisions of the Plan shall thereafter apply as if no forfeiture had occurred. The amount to be re-credited pursuant to his paragraph shall be derived first from the forfeitures, if any, which as of the date of re-crediting have yet to be applied

as provided and, to the extent such forfeitures are insufficient, from a special contribution to be made by the Employer.

Participant Accounts -

The Plan Administrator shall create and maintain adequate records to disclose the interest in the Trust of each Participant, Former Participant and Beneficiary. Such records shall be in the form of individual accounts, and credits and charges shall be made to such accounts in the manner herein described. The maintenance of individual accounts is only for accounting purposes, and a segregation of the assets of the Trust Fund to each account shall not be required. Distributions and withdrawals made from an account shall be charged to the account as of the date paid.

Account Adjustments –

Each Account shall be allocated a pro-rata share of the Trust earnings or losses for the Plan Year based on the ending Account balance prior to income allocation. Such allocations of earnings and losses shall be made on an annual basis.

Vesting Schedule –

A Participant who has an Hour of Service after June 1, 2007, shall be vested in, and entitled to receive, an amount equal to a percentage of the balance of his Employer Contribution Account, if any. Effective June 1, 2007, such percentage shall be determined in accordance with the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
1	0
2	20
3	40
4	60
5	80
6	100

This schedule shall be in effect for all Plan Years after May 31, 2007 in which the Plan is not in Top Heavy Status.

Retirement or Disability Benefits –

If a Participant's employment with the Employer is terminated at or after he attains age 62, or if his employment is terminated at an earlier age because of Disability, he shall be entitled to receive the vested amount in his account.

Payment of benefits due under this Section shall be made in accordance with the plan document.

Death Benefits –

In the event that the termination of employment of a Participant is caused by his death, his Beneficiary shall be vested in, and paid the vested amount in his account.

Termination for Other Reasons –

If a Participant's employment with the Employer is terminated before age 62 for any reason other than Disability or death, the Participant shall be entitled to the vested amount credited to his Account.

Payment of Benefits –

Notwithstanding anything in the Plan to the contrary, a Participant or Beneficiary must make an application for benefits in accordance with Plan provisions before any benefit payments are made from the Plan.

Payment of benefits to a Participant who does not have a Spouse shall be made in the form of a single life annuity. Effective January 1, 2001, if the present value of the payment is \$5,000 or less, then payment shall be in the form of a lump sum.

If the present value of the lump-sum payment is in excess of \$5,000, the Participant may elect to receive payment of benefits in the form of a lump sum.

Payment of benefits to a Participant who has a Spouse shall be made by the purchase of an immediate 50% contingent annuity or 75% contingent annuity, where the Spouse is named as the contingent annuitant unless the Participant and his Spouse elect payment in the form of a lump sum. The Participant and his Spouse may make such election on forms provided by the Plan Administrator at any time prior to payment of benefits. The Participant shall be supplied with written information concerning the financial effect of election of the lump-sum payment in lieu of the 50% contingent annuity or 75% contingent annuity, not more than 180 or less than 30 days prior to the date of payment of benefits commences. If the Participant and his Spouse elect the lump-sum payment, the election form shall carry the Spouse's consent in writing to such election and the Spouse's signed acknowledgment of the effect of such election. The Spouse's signature on such an election form must be witnessed by the Plan Administrator or a notary public. The Participant and his Spouse who have elected to waive the qualified joint and survivor annuity may revoke the election in writing at any time during the 180-day period ending on the Annuity Starting Date.

Loans to Participants –

Loans from the Plan to Participants are not permitted.

Direct Rollovers –

Notwithstanding any provision of the Plan to the contrary, a participant may elect, at the time and in the manner prescribed by the Plan Administrator, a direct rollover of a lump sum paid under this Article that is at least \$200; provided a said lump sum is an eligible rollover distribution. To elect a direct rollover, a Participant or Former Participant must complete a written election form provided by the Plan Administrator. The Participant or Former Participant may elect to rollover only a portion of an eligible rollover distribution provided such portion is at least \$500. The Participant or Former Participant must identify on the election form the eligible retirement plan that is to receive direct rollover.

Rollovers may be accepted from all participants who are employees as well as any eligible employee, even prior to meeting eligibility conditions to be a participant.

Participant termination –

A participant who terminates his employment with the employer for any reason other than death, total and permanent disability or normal retirement age, will be entitled to receive his vested account balance.

Plan termination –

In accordance with the procedures set forth in this Article, the Employer may terminate the Plan at any time. In the event of the dissolution, merger, consolidation or reorganization of the Employer, the Plan shall terminate, and the Trust Fund shall be liquidated unless the Plan is continued by a successor to the Employer.

Partial Termination:

Upon termination of the Plan by the Employer with respect to a group of Participants, the Trustee shall, in accordance with the directions of the Plan Administrator, allocate and segregate for the benefit of the Employees then or theretofore employed by the Employer with respect to which the Plan is being terminated the proportionate interest of such Participants in the Trust Fund. The funds so allocated and segregated shall be used by the Trustee to pay benefits to or on behalf of Participants in accordance with the plan document.

Liquidation of the Trust Fund:

Upon termination or partial termination of the Plan, the accounts of all Participants affected thereby shall become fully vested, and the Plan Administrator may direct the Trustee: (a) to continue to administer the Trust Fund and pay account balances to Participants affected by the termination upon their termination of employment or to their Beneficiaries upon such a Participant's death, until the Trust Fund has been liquidated, or (b) to distribute the assets remaining in the Trust Fund, after payment of any expenses properly chargeable thereto, to Participants, Former Participants and Beneficiaries in proportion to their respective account balances.

In the event the Plan Administrator directs liquidation of the Trust Fund pursuant to (a) above, the expenses of administering the Plan and Trust, if not paid by the Employer, shall be paid from the Trust Fund.

Manner of Distribution:

To the extent that no discrimination in value results, any distribution after termination of the Plan may be made, in whole or in part, in cash, in securities or other assets in kind, or in non-transferable annuity contracts, as the Plan Administrator (in its discretion) may determine. All non-cash distributions shall be valued at fair market value at the date of distribution.

Note 2: Summary of accounting policies:

Basis of accounting –

The financial statements of the Plan are prepared under the accrual method of accounting, recognizing revenue when earned and expenses are recognized when incurred.

Investment valuation and income recognition –

The Plan's investments which are traded on a national securities exchange are stated at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standard Codification (FASB ASC 820). Fair Value Measurement and Disclosures. Under FASB ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Mutual funds are valued at a quoted price reported in the active market in which the securities are traded. Investment income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. All investments held by the plan are self-directed by the participant.

Payment of benefits-

Benefits are recorded when paid.

Use of estimates –

The presentation of the Plan's financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Subsequent events:

In accordance with FASB ASC Topic 855, Subsequent Events, management has evaluated the possibility of subsequent events existing the Plan's financial statements through May 30, 2025 the date which the financial statements were available for issuance, The Plan has determined that there are no material events that would require recognition to or disclosure in the Plan's financial statements through this date.

Note 3: Contributions receivable:

Contributions receivable represent contributions received from employer subsequent to year end for hours worked during the month of December and prior months. Under SFAS No. 116, Accounting for contributions received, and contributions made, contributions received are recorded as unrestricted net assets depending on the absence or existence and nature of any contribution restrictions.

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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. All investments held by the Plan are self-directed by the participants.

The following is a description of valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31 2024 and 2023:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 14,927,715	\$ -	\$ -	\$ 14,927,715
	<u>\$14,927,715</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,927,715</u>

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 12,471,804	\$ -	\$ -	\$ 12,471,804
	<u>\$ 12,471,804</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,471,804</u>

Note 5: Risks and Uncertainties:

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

Note 6: Plan Amendments:

Effective June 1, 2022, the plan name was changed from Ironworker Employees' Benefit Corporation Money Purchase Plan to the Ironworker Employees' Benefit Corporation 401(K) Plan and the year end was change from fiscal year May 31 to calendar year December 31. All assets were transferred to the new plan effective June 1 2022.

Note 7: Income tax status:

The Plan has received a determination letter from the Internal Revenue Service dated June 30, 2020 stating that the Plan is qualified under the Internal Revenue Code (IRC). Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan administrator and Plan's Legal Counsel believes that the Plan is currently designed and being operated, in compliance with the applicable requirements of the IRC, and therefore, they believe the Plan was qualified and tax-exempt as of the financial statement date.

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

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

(a)	(b) Identity of issue, borrower, lessor or similar party	Shares	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
Mutual Funds-				
	Vanguard	28,391.435	Vanguard Target Retirement Income Fund	371,888
	Vanguard	40,510.094	Vanguard Target Retirement 2020 Fund	1,072,707
	Vanguard	76,444.295	Vanguard Target Retirement 2025 Fund	1,428,744
	Vanguard	39,857.400	Vanguard Target Retirement 2030 Fund	1,509,798
	Vanguard	166,138.774	Vanguard Target Retirement 2035 Fund	3,984,008
	Vanguard	59,343.020	Vanguard Target Retirement 2040 Fund	2,564,805
	Vanguard	42,045.293	Vanguard Target Retirement 2045 Fund	1,247,857
	Vanguard	14,782.633	Vanguard Target Retirement 2050 Fund	736,767
	Vanguard	7,499.277	Vanguard Target Retirement 2055 Fund	417,035
	Vanguard	4,635.493	Vanguard Target Retirement 2060 Fund	237,569
	Vanguard	391.205	Vanguard Target Retirement 2065 Fund	13,152
	Arcadian	142.673	Aradian AI Country Wide	1,965
	Pimco	18,424.352	Pimco Inflation Res MultiAsset Fund Ins	145,459
	Morley	22,460.740	Morley Stable Vaule Fund 25-I	662,583
	Fidelity	19,745.125	Fidelity 500 Index Fund	296,983
	Fidelity	205.017	Fidelity Ext Market Index Fund	18,632
	Fidelity	106,520	Fidelity Total International Index Fund	1,845
	Black Rock	7,316.790	Black Rock Adv SMID Cap Fund K	215,918
	Total assets held at year end			<u>\$ 14,927,715</u>

Cost not applicable to participant-directed investments

IRONWORKER EMPLOYEES' BENEFIT CORPORATION

YEAR ENDED DECEMBER 31, 2024

401 K PLAN

FEDERAL ID NUMBER 95-3084599

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS IN

EXCESS OF 5% OF THE FAIR VALUE OF PLAN ASSETS

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Fair value of asset on transaction date	(i) Net gain or (loss)
Voya Financial	Vanguard Mutual Funds unrealized gain on investments 72 purchase transactions	\$ 993,759	\$ -	\$ -	\$ -	\$ 993,759	\$ 993,759	\$ -
Voya Financial	Vanguard Mutual Funds employer contributions non elective 1 purchase transaction	830,312	-	-	-	830,312	830,312	-