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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

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

|         |                                                                                                                                                                                                                                                                                                                                                |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                         |
| 1a      | Name of plan<br>IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN                                                                                                                                                                                                                                                                    |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                             |
| 1c      | Effective date of plan<br>01/01/1983                                                                                                                                                                                                                                                                                                           |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>IRON WORKERS LOCAL UNION NO. 92<br><br>2828 FOURTH AVENUE SOUTH<br>BIRMINGHAM, AL 35233 |
| 2b      | Employer Identification Number (EIN)<br>63-0880818                                                                                                                                                                                                                                                                                             |
| 2c      | Plan Sponsor's telephone number<br>205-323-2205                                                                                                                                                                                                                                                                                                |
| 2d      | Business code (see instructions)<br>238900                                                                                                                                                                                                                                                                                                     |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/12/2025 | DOUG IRWIN                                                   |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                    |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 919                                                                                                                                                                                                                                        |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 852<br><b>6a(2)</b> 924<br><b>6b</b> 0<br><b>6c</b> 55<br><b>6d</b> 979<br><b>6e</b> 3<br><b>6f</b> 982<br><b>6g(1)</b> 919<br><b>6g(2)</b> 982<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 34                                                                                                                                                                                                                                         |

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

**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 \_\_\_\_\_

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

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

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

(b)

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

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

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

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

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

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

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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)

DANIELS IRWIN & AYLOR

223 MADISON ST, STE 112  
MADISON, TN 37115

62-1802605

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 16200                                                                  | 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)

QUINN, CONNOR, WEAVER, DAVIES & ROU

2-20TH ST N, STE930  
BIRMINGHAM, AL 35203

45-1444874

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 16130                                                                  | 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)

INVESTMENT PERFORMANCE SERVICES LLC

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 45000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

JOHN HANCOCK RETIREMENT PLAN

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 19 26<br>27 28      | NONE                                                                                              | 69112                                                                  | 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"/>                          |

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

COMPUSYS OF UTAH, INC.

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

84-0869853

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | NONE                                                                                              | 22500                                                                  | 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)

AFL - AGC BUILDING TRADES

P.O. BOX 1492  
MOBILE, AL 36633

63-0327100

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | NONE                                                                                              | 24924                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MUTUAL FUNDS

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 28                  | NONE                                                                                              | 0                                                                      | 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"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| JOHN HANCOCK RETIREMENT PLAN                            | 15 19 26 27 28                          |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JOHN HANCOCK RETIREMENT 200 BERKELEY STREET<br>BOSTON, MA 02116     | SEE SCHEDULES ATTACHED                                                                                                                                             |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MUTUAL FUNDS                                            | 19 28                                   |                                           |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MUTUAL FUNDS                                                        | SEE SCHEDULES ATTACHED                                                                                                                                             |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                  |                                                      |     |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024       |                                                      |     |
| A Name of plan<br>IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN                    | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                  |                                                      |     |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>IRON WORKERS LOCAL UNION NO. 92 | D Employer Identification Number (EIN)<br>63-0880818 |     |

|                                                                             |                                                                                                                                                                           |                                                                                                       |  |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| Part I                                                                      | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUN             |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK RETIREMENT PLAN     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 04-3159710-202                                                     | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17684425 |  |
|                                                                             |                                                                                                                                                                           |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VALUE EQU |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK RETIREMENT PLAN     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 04-3159710-202                                                     | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2477690  |  |
|                                                                             |                                                                                                                                                                           |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS SMALL/MID CAP VALUE |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK RETIREMENT PLAN     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 04-3159710-202                                                     | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1221372  |  |
|                                                                             |                                                                                                                                                                           |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS INTERNATIONAL FUND |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK RETIREMENT PLAN     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 04-3159710-202                                                     | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1734381  |  |
|                                                                             |                                                                                                                                                                           |                                                                                                       |  |
| 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)**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)

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 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

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

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 710680                | 227610          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 491973                | 609881          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 21086606              | 23117868        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 29243509              | 34173192        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 11152                 | 11602           |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 51543920              | 58140153        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 42840                 | 28973           |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 42840                 | 28973           |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 51501080              | 58111180        |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4531082    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 4531082   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 350        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 670692     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 671042    |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1144004    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1144004   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 86221     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 2868117   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 9300466   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 2470152 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 2470152 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 47424   |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 16200   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 114112  |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 1417    |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 16130   |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 2725    |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 22206   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 220214  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 2690366 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 6610100 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DANIELS, IRWIN & AYLOR, CPAS**

(2) EIN: **62-1802605**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> 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.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                    |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| A Name of plan<br>IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶ 002                                                            |  |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>IRON WORKERS LOCAL UNION NO. 92                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>63-0880818                                            |  |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  | 1                                                                                               |  |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 63-0880818                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | 3 36                                                                                            |  |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 4531082                                                                                      |  |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  | 6b 4531082                                                                                      |  |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  | 6c 0                                                                                            |  |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |  |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

**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\_\_\_\_\_.

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

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

**DECEMBER 31, 2024**

## C O N T E N T S

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**ORGANIZATION AND PURPOSE**

**IRON WORKERS LOCAL UNION NO. 92**

**MONEY PURCHASE PENSION PLAN**

**DECEMBER 31, 2024**

**Date of Agreement and Declaration of Trust**

January 1, 1983

**Office Location**

Mobile, Alabama

**Officers and Trustees**

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

**Purpose of the Plan**

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



## **DANIELS, IRWIN & AYLOR**

CERTIFIED PUBLIC ACCOUNTANTS

### **INDEPENDENT AUDITOR'S REPORT**

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

#### **Opinion**

We have audited the financial statements of the **Iron Workers Local Union No. 92 Money Purchase Pension Plan**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan's benefit obligations of **Iron Workers Local Union No. 92 Money Purchase Pension Plan** as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan's benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

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

#### **Responsibilities of Management for the Financial Statements**

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

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

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

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

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

#### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules for the years ended December 31, 2024 and 2023, together referred to as "supplemental information", are presented for the purpose of additional analyses and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Daniela, Luvin & Aylor*

Certified Public Accountants

September 29, 2025

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

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

**DECEMBER 31,**

|                                          | <b><u>2024</u></b>          | <b><u>2023</u></b>          |
|------------------------------------------|-----------------------------|-----------------------------|
| <b><u>ASSETS</u></b>                     |                             |                             |
| Investments, at contract value:          |                             |                             |
| Common/Collective trust                  | \$ 17,684,425               | \$ 18,469,717               |
| Investments, at fair value:              |                             |                             |
| Common/Collective trusts                 | 5,433,443                   | 2,616,889                   |
| Mutual funds                             | <u>34,173,192</u>           | <u>29,243,509</u>           |
|                                          | 57,291,060                  | 50,330,115                  |
| Receivables:                             |                             |                             |
| Employer contributions                   | 609,881                     | 491,973                     |
| Prepaid expenses                         | 11,602                      | 11,152                      |
| Cash                                     | <u>227,610</u>              | <u>710,680</u>              |
| Total assets                             | <u>58,140,153</u>           | <u>51,543,920</u>           |
| <b><u>LIABILITIES</u></b>                |                             |                             |
| Accounts payable and accrued expense     | <u>28,973</u>               | <u>42,840</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 58,111,180</u></u> | <u><u>\$ 51,501,080</u></u> |

The accompanying notes are an integral part of this statement.

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS****IRON WORKERS LOCAL UNION NO. 92  
MONEY PURCHASE PENSION PLAN****FOR THE YEAR ENDED DECEMBER 31,**

|                                                             | <b><u>2024</u></b>          | <b><u>2023</u></b>          |
|-------------------------------------------------------------|-----------------------------|-----------------------------|
| Additions                                                   |                             |                             |
| Employer contributions                                      | \$ 4,531,082                | \$ 3,767,919                |
| Investment income                                           | 1,815,046                   | 1,576,405                   |
| Realized gains on sale of investments                       | 19,643                      | 32,007                      |
| Total additions                                             | <u>6,365,771</u>            | <u>5,376,331</u>            |
| Deductions                                                  |                             |                             |
| Benefits paid                                               | 2,470,152                   | 4,845,572                   |
| Address trace fees                                          | 0                           | 708                         |
| Administration fees                                         | 47,424                      | 42,812                      |
| Administration fees - John Hancock                          | 69,112                      | 65,884                      |
| Audit fees - annual                                         | 13,000                      | 12,500                      |
| Audit fees - payroll                                        | 3,200                       | 0                           |
| Bank charges                                                | 1,417                       | 1,295                       |
| Cyber liability insurance                                   | 2,530                       | 2,574                       |
| Depreciation expense                                        | 0                           | 52                          |
| Fidelity bond                                               | 205                         | 167                         |
| Fiduciary liability insurance                               | 17,069                      | 17,075                      |
| Investment consulting fees                                  | 45,000                      | 48,750                      |
| Legal fees                                                  | 16,130                      | 7,920                       |
| Office expenses                                             | 350                         | 0                           |
| Printing and mailing                                        | 2,052                       | 2,592                       |
| Trustees' meeting expense                                   | 2,725                       | 3,559                       |
| Total deductions                                            | <u>2,690,366</u>            | <u>5,051,460</u>            |
| Net additions                                               | 3,675,405                   | 324,871                     |
| Unrealized appreciation of assets                           | <u>2,934,695</u>            | <u>3,624,284</u>            |
| <b>Net increase in assets for the year</b>                  | 6,610,100                   | 3,949,155                   |
| Net assets available for benefits<br>at beginning of year   | <u>51,501,080</u>           | <u>47,551,925</u>           |
| <b>NET ASSETS AVAILABLE FOR BENEFITS<br/>AT END OF YEAR</b> | <u><u>\$ 58,111,180</u></u> | <u><u>\$ 51,501,080</u></u> |

The accompanying notes are an integral part of this statement.

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

**DECEMBER 31, 2024**

**NOTE 1 - DESCRIPTION OF THE PLAN**

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

1. **General** - The Plan was established January 1, 1983, as a result of a collective bargaining agreement between the Union and various employers to provide retirement benefits to eligible participants. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is financed by employer contributions as specified in the collective bargaining agreement and earnings from investments. The Board of Trustees is responsible for all aspects of the administration and operation of the Plan.
2. **Contributions/Funding policy** - Each month, the employers of the participants make contributions to the Plan based on the collective bargaining agreement. The collective bargaining agreement currently provides for contributions of \$6.75 per hour worked by participants.
3. **Participant accounts** - On the valuation date, each participant's account is credited with the contributions made for that participant plus an allocation of investment income earned during the period minus an allocation of the Plan's operating expenses for the period. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. **Vesting** - An employee becomes eligible to participate in the Plan once they have completed 250 hours of service in a plan year. An employee becomes vested in their employer contributions over a period of time as their years of vested service increase. A year of service occurs in each plan year in which an employee works at least 1,000 hours of service. A year of service for vesting purposes is not earned in any year that the employee works less than 1,000 hours of service with an employer or employers.

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

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

DECEMBER 31, 2024

#### NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

4. **Vesting (continued)** - Please refer to the Plan Document for the details of the Vesting Schedules. Regardless of the vesting schedules mentioned above, an employee will always be fully vested if, while they are an active employee, they (1) reach the normal retirement age; or (2) become eligible for early retirement; or (3) become permanently and totally disabled; or (4) die. Also, participants are always fully vested in any rollover contributions and their earnings.
5. **Forfeitures** - Forfeitures include contributions made to the Plan for employees who have not met the 250 hours of service requirement for initial eligibility and the non-vested portion of a participant's account at the time that they incur five consecutive one year breaks-in-service. Contributions forfeited are allocated to participants' accounts based on a formula outlined in the Plan Document. Forfeitures are used to offset plan expenses. The amount of forfeitures in past years has exceeded plan expenses; therefore, there is a running balance forward of unused forfeitures. For the years ended December 31, 2024 and 2023, there were no forfeitures. Forfeitures used to offset expenses totaled \$177,566 and \$0, respectively. The ending balance in the Forfeitures Carryover Account was \$6,637 and \$184,203, respectively. The Forfeitures Carryover Account does receive an allocation of investment earnings.
6. **Retirement benefits** - Retirement benefits under the Plan are payable under one of several options selected by the participant:
- A single lump sum payment.
  - Cash installments.
  - One of the following annuities:
    - A life annuity.
    - A life annuity with 5, 10 or 15 year certain.
    - A life annuity with installment refund.
    - A joint and survivor annuity with installment refund and 50%, 75% or 100% spousal survivor benefit.
    - A contingent survivor annuity with installment refund and 50%, 75% or 100% spousal survivor benefit.
    - A fixed period annuity for not less than 60 months or more than their life expectancy or the joint life expectancies of the participant and their beneficiary.
    - A qualified optional survivor annuity.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

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

**DECEMBER 31, 2024**

**NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)**

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

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

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

**DECEMBER 31, 2024**

**NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)**

**9. Termination benefits (continued) -**

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

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

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

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

## **NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

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

**DECEMBER 31, 2024**

#### **NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

- C. **Use of estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
- D. **Payment of benefits** - Benefits are recorded when paid.
- E. **Administrative expenses** - The Plan's expenses are paid by the Plan.
- F. **Subsequent events** - The Plan has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued.

#### **NOTE 3 - PRIORITIES UPON TERMINATION**

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

#### **NOTE 4 - INCOME TAX STATUS**

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

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

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

DECEMBER 31, 2024

#### NOTE 4 - INCOME TAX STATUS (CONTINUED)

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

#### NOTE 5 - EMPLOYER CONTRIBUTIONS RECEIVABLE

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

#### NOTE 6 - INVESTMENTS

The Plan's investment portfolio at December 31, 2024, consisted of:

|                          | <u>Contract/<br/>Fair Value<br/>at<br/>12/31/23</u> | <u>Net<br/>Investments<br/>Purchased<br/>(Sold)</u> | <u>Net<br/>Appreciation<br/>(Depreciation)<br/>in Fair Value</u> | <u>Contract/<br/>Fair Value<br/>at<br/>12/31/24</u> |
|--------------------------|-----------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------|
| Common/Collective trusts | \$21,086,606                                        | \$ 1,953,501                                        | \$ 77,761                                                        | \$23,117,868                                        |
| Mutual funds             | <u>29,243,509</u>                                   | <u>2,072,749</u>                                    | <u>2,856,934</u>                                                 | <u>34,173,192</u>                                   |
|                          | <u>\$50,330,115</u>                                 | <u>\$ 4,026,250</u>                                 | <u>\$ 2,934,695</u>                                              | <u>\$57,291,060</u>                                 |

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

#### NOTE 7 - COMMON/COLLECTIVE TRUST AT CONTRACT VALUE

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

## **NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

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

**DECEMBER 31, 2024**

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

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

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

#### **NOTE 8 - FAIR VALUE MEASUREMENTS**

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

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

**Level 2** - Inputs to the valuation methodology include:

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

# NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

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

DECEMBER 31, 2024

### NOTE 8 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

| Assets at Fair Value as of December 31, 2024 |                     |                     |             |             |
|----------------------------------------------|---------------------|---------------------|-------------|-------------|
|                                              | Total               | Level 1             | Level 2     | Level 3     |
| Common/Collective trusts                     | \$ 5,433,443        | \$ 5,433,443        | \$ 0        | \$ 0        |
| Mutual funds                                 | 34,173,192          | 34,173,192          | 0           | 0           |
|                                              | <u>\$39,606,635</u> | <u>\$39,606,635</u> | <u>\$ 0</u> | <u>\$ 0</u> |
| Assets at Fair Value as of December 31, 2023 |                     |                     |             |             |
|                                              | Total               | Level 1             | Level 2     | Level 3     |
| Common/Collective trusts                     | \$ 2,616,889        | \$ 2,616,889        | \$ 0        | \$ 0        |
| Mutual funds                                 | 29,243,509          | 29,243,509          | 0           | 0           |
|                                              | <u>\$31,860,398</u> | <u>\$31,860,398</u> | <u>\$ 0</u> | <u>\$ 0</u> |

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

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

**DECEMBER 31, 2024**

**NOTE 9 - PARTICIPANT-DIRECTED INVESTMENT PROGRAM**

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

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

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

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

**DECEMBER 31, 2024**

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

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

|                                                                                                                                               | <u>Year Ended<br/>12/31/24</u> | <u>Year Ended<br/>12/31/23</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|
| Realized gains per the<br>financial statements                                                                                                | \$ 19,643                      | \$ 32,007                      |
| Less: Realized gains (losses) attributable<br>to common/collective trusts<br>included in amount reported at<br>Schedule H Part II Item 2b(6)  | (8,460)                        | 870                            |
| Less: Realized gains attributable<br>to registered investment companies<br>included in amount reported at<br>Schedule H Part II Item 2b(10)   | <u>(11,183)</u>                | <u>(32,877)</u>                |
| Realized gains per the<br>Form 5500                                                                                                           | <u>\$ 0</u>                    | <u>\$ 0</u>                    |
| Unrealized gains per the<br>financial statements                                                                                              | \$ 2,934,695                   | \$ 3,624,284                   |
| Less: Unrealized gains attributable<br>to common/collective trusts<br>included in amount reported at<br>Schedule H Part II Item 2b(6)         | (77,761)                       | (174,434)                      |
| Less: Unrealized gains attributable<br>to registered investment companies<br>included in amount reported at<br>Schedule H Part II Item 2b(10) | <u>(2,856,934)</u>             | <u>(3,449,850)</u>             |
| Unrealized gains per the<br>Form 5500                                                                                                         | <u>\$ 0</u>                    | <u>\$ 0</u>                    |

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

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

**DECEMBER 31, 2024**

**NOTE 11 - PLAN AMENDMENT**

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

**NOTE 12 - SUBSEQUENT PLAN AMENDMENT**

Effective with the quarter ending March 31, 2025, the Trustees amended the Plan to implement a quarterly flat-fee charge to each participant account to help cover the cost of the Plan's administrative and operational expenses.

**NOTE 13 - RISKS AND UNCERTAINTIES**

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

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

**NOTE 14 - CONCENTRATION RISK**

During the year, G&R Mineral Services (20.8%), McAbee Construction (16.4%), Precision Stone Setting (13.2%), and H&R Industrial (11.7%) contributed 62.1% of all contributions made to the Plan. A withdrawal by these employers would have a significant impact upon the Plan.

**NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)**

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

**DECEMBER 31, 2024**

**NOTE 15 - EMBEZZLEMENT**

In early 2015, the Trustees learned of a potential embezzlement of funds by an employee terminated in February 2015. The Trustees engaged a forensic auditor to perform an audit of the Money Purchase Pension Plan's and the related Iron Workers Local Union No. 92 Health and Welfare Fund's records back to 2009. The audit disclosed embezzlement by this employee totaling \$45,896.60 from a period of October 2013 to February 2015 from both Funds; \$13,609.20 from the Health and Welfare Fund and \$32,287.40 from the Money Purchase Pension Plan. The Trustees disclosed this information to the U.S. Department of Labor and have filed a lawsuit against the former employee seeking reimbursement. The former employee reimbursed the Money Purchase Pension Plan \$0 during 2024 and 2023, and \$2,020 in totality since the embezzlement.

**NOTE 16 - RELATED-PARTY TRANSACTIONS**

The Fund's plan administrator transitioned from CompuSys of Utah to AFL-AGC Building Trades effective 7-1-24. AFL-AGC Building Trades administers the AFL-AGC Building Trades Welfare Plan, AFL-AGC Building Trades Pension Plan, Coastal Operating Engineers Local No. 653 Apprenticeship Plan, Iron Workers Local No. 92 Money Purchase Pension Plan, Iron Workers Local No. 798 Apprenticeship Plan, and Southeastern Ironworkers Annuity Plan. Common expenses incurred jointly relating to the administration of all of the Plans are paid upfront by the AFL-AGC Building Trades Welfare Plan which is reimbursed monthly by the other plans as allocated based on a cost-sharing agreement.

**NOTE 17 - PARTY-IN-INTEREST TRANSACTIONS**

As described in Note 2, the Plan paid all expenses related to operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA. Of note, AFL-AGC Building Trades is the Fund's plan administrator; Truist Bank is custodian of the Fund's operating checking account; Investment Performance Services, LLC, is the consultant for the Plan's investment portfolio; John Hancock Retirement Plan Services is the Plan's investment custodian, an investment manager, and benefits payer; and Baird Asset Management, BlackRock, Boston Partners, Earnest Partners, Fidelity Investments, Jensen Investment Management, New York Life Investments, Putnam Investments, Vanguard, and WCM Investment Management are investment managers within the John Hancock's investment portfolio.

## **SUPPLEMENTAL INFORMATION**

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR****IRON WORKERS LOCAL UNION NO. 92  
MONEY PURCHASE PENSION PLAN****DECEMBER 31, 2024**

|                                                    | <u>Shares</u>  | <u>Cost</u>       | <u>Contract/<br/>Fair<br/>Value</u> |
|----------------------------------------------------|----------------|-------------------|-------------------------------------|
| <b><u>Common/Collective Trusts</u></b>             |                |                   |                                     |
| Boston Partners Large Cap<br>Value Equity Fund     | 58,284.880     | \$ 2,633,508      | \$ 2,477,690                        |
| Boston Partners Small/Mid Cap<br>Value Equity Fund | 76,145.395     | 984,543           | 1,221,372                           |
| Earnest Partners International Fund                | 68,770.045     | 1,563,197         | 1,734,381                           |
| Putnam Stable Value Fund                           | 17,684,424.580 | <u>17,684,425</u> | <u>17,684,425</u>                   |
|                                                    |                | <u>22,865,673</u> | <u>23,117,868</u>                   |
| <b><u>Mutual Funds</u></b>                         |                |                   |                                     |
| Baird Intermediate Bond Fund                       | 68,724.176     | 697,576           | 705,797                             |
| Baird Small/Mid Cap Growth Fund                    | 67,910.946     | 1,106,787         | 1,172,143                           |
| BlackRock LifePath Index 2030 Fund                 | 18,872.061     | 302,081           | 322,146                             |
| BlackRock LifePath Index 2035 Fund                 | 121,218.497    | 2,086,387         | 2,287,393                           |
| BlackRock LifePath Index 2040 Fund                 | 152,709.566    | 2,624,675         | 3,121,384                           |
| BlackRock LifePath Index 2045 Fund                 | 166,344.856    | 3,134,366         | 3,694,519                           |
| BlackRock LifePath Index 2050 Fund                 | 134,678.354    | 2,491,135         | 3,129,925                           |
| BlackRock LifePath Index 2055 Fund                 | 287,088.863    | 5,374,139         | 6,913,100                           |
| BlackRock LifePath Index 2060 Fund                 | 130,249.046    | 2,266,521         | 2,809,472                           |
| BlackRock LifePath Index 2065 Fund                 | 102,637.307    | 1,414,712         | 1,558,034                           |

**SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

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

**DECEMBER 31, 2024**

|                                                                                    | <u>Shares</u> | <u>Cost</u>          | <u>Contract/<br/>Fair<br/>Value</u> |
|------------------------------------------------------------------------------------|---------------|----------------------|-------------------------------------|
| <u><b>Mutual Funds (Continued)</b></u>                                             |               |                      |                                     |
| BlackRock LifePath Index<br>Retirement Fund                                        | 252,951.237   | \$ 3,421,880         | \$ 3,480,609                        |
| Fidelity 500 Index Fund                                                            | 15,479.305    | 2,091,549            | 3,160,719                           |
| Fidelity International Index Fund                                                  | 1,280.572     | 57,633               | 60,878                              |
| Fidelity Mid Cap Index Fund                                                        | 813.179       | 26,493               | 27,461                              |
| Fidelity Real Estate Index Fund                                                    | 29,347.079    | 51,238               | 47,268                              |
| Fidelity Small Cap Index Fund                                                      | 1,078.665     | 24,487               | 29,858                              |
| Jensen Quality Growth Fund                                                         | 26,743.235    | 1,510,115            | 1,556,991                           |
| NYLI MacKay High Yield<br>Corporate Bond Fund                                      | 3,174.065     | 15,955               | 16,441                              |
| Vanguard FTSE All-World ex-US<br>Small-Cap Index Fund<br>Admiral Shares            | 631.735       | 17,655               | 17,809                              |
| Vanguard Short-Term<br>Inflation-Protected Securities<br>Index Fund Admiral Shares | 2,328.874     | 56,482               | 56,545                              |
| WCM Focused Emerging Markets Fund                                                  | 318.617       | 4,268                | 4,700                               |
|                                                                                    |               | <u>28,776,134</u>    | <u>34,173,192</u>                   |
|                                                                                    |               | <u>\$ 51,641,807</u> | <u>\$ 57,291,060</u>                |

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

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

**FOR THE YEAR ENDED DECEMBER 31, 2024**

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

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

**FOR THE YEAR ENDED DECEMBER 31, 2024**

| <u>Name</u>                                    | <u>Description</u>      | <u>Purchase<br/>Price</u> | <u>Selling<br/>Price</u> | <u>Cost of<br/>Asset</u> | <u>Current<br/>Value<br/>at Time<br/>of Sale</u> | <u>Net Gain<br/>or Loss</u> |
|------------------------------------------------|-------------------------|---------------------------|--------------------------|--------------------------|--------------------------------------------------|-----------------------------|
| Putnam Stable Value Fund                       | Common/Collective Trust | \$                        | \$ 2,960,543             | \$ 2,960,543             | \$ 2,960,543                                     | \$ 0                        |
| Boston Partners Large Cap<br>Value Equity Fund | Common/Collective Trust | 2,632,587                 |                          |                          |                                                  |                             |
| Boston Partners Large Cap<br>Value Equity Fund | Common/Collective Trust | 2,648,752                 |                          |                          |                                                  |                             |

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

**SCHEDULE OF EMPLOYER CONTRIBUTIONS**

**IRON WORKERS LOCAL UNION NO. 92**

**MONEY PURCHASE PENSION PLAN**

**FOR THE YEAR ENDED DECEMBER 31,**

|                                   | <b><u>2024</u></b> | <b><u>2023</u></b> |
|-----------------------------------|--------------------|--------------------|
| AF of L - AGC Building Trades     | \$ 17,891          | \$ 0               |
| American Millwright & Fabrication | 0                  | 3,694              |
| Ashton & Company                  | 0                  | 17,191             |
| Atlas Industrial Contractors      | 84,613             | 68,753             |
| B.H. Craig Construction           | 12,456             | 19,131             |
| BIWTPT                            | 21,675             | 47,912             |
| BSE Industrial Contractors        | 132,190            | 225,250            |
| Barnhart Crane & Rigging          | 0                  | 3,275              |
| Boldt Company                     | 0                  | 212                |
| CR Meyer                          | 11,961             | 6,016              |
| Colburn Construction              | 1,429              | 22,395             |
| Concrete Erectors                 | 28,584             | 6,269              |
| D2 Excavating                     | 2,504              | 0                  |
| D.H. Griffin Contracting          | 1,009              | 0                  |
| Day & Zimmermann NPS              | 0                  | 90,201             |
| Delrose Construction              | 0                  | 11,750             |
| Derr & Isbell                     | 5,706              | 11,294             |
| Dixie Mechanical                  | 243                | 0                  |
| EBCI                              | 0                  | 22,908             |
| G&R Mineral Services              | 649,712            | 813,973            |

**SCHEDULE OF EMPLOYER CONTRIBUTIONS**

**IRON WORKERS LOCAL UNION NO. 92**

**MONEY PURCHASE PENSION PLAN**

**FOR THE YEAR ENDED DECEMBER 31,**

|                                | <b><u>2024</u></b> | <b><u>2023</u></b> |
|--------------------------------|--------------------|--------------------|
| Griffin Industrial Contracting | \$ 612             | \$ 0               |
| H&R Industrial Contractors     | 364,753            | 270,703            |
| Iron Man Iron Works            | 1,588              | 6,350              |
| Iron Mountain Construction     | 116,607            | 168,779            |
| Ironworkers Local Union No. 92 | 88,615             | 48,250             |
| Lee Machinery Movers           | 1,734              | 0                  |
| Lesco Design & Manufacturing   | 17,615             | 16,469             |
| MAC Industrial Services        | 6,594              | 0                  |
| McAbee Construction            | 514,486            | 629,190            |
| McDonough Construction Rentals | 0                  | 322                |
| Midwest Steel                  | 212,572            | 245,860            |
| Milton J. Wood Company         | 86,056             | 0                  |
| National Steel City            | 0                  | 4,525              |
| NKC Conveyor                   | 18,570             | 19,588             |
| Physical Security              | 438                | 17,122             |
| Precision Stone Setting        | 413,605            | 38,381             |
| Progressive Insulation         | 0                  | 10,522             |
| Pullman Power                  | 13,346             | 0                  |
| Schuff Steel                   | 5,409              | 12,298             |
| Silman Industries              | 5,669              | 2,875              |

**SCHEDULE OF EMPLOYER CONTRIBUTIONS**

**IRON WORKERS LOCAL UNION NO. 92**

**MONEY PURCHASE PENSION PLAN**

**FOR THE YEAR ENDED DECEMBER 31,**

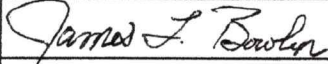
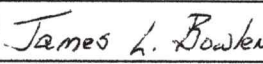
|                                          | <b><u>2024</u></b>         | <b><u>2023</u></b>         |
|------------------------------------------|----------------------------|----------------------------|
| South Valley Electric                    | \$ 6,100                   | \$ 0                       |
| Taylor Consulting                        | 8,192                      | 3,175                      |
| Vulcan Fabricated Metals                 | 0                          | 22,450                     |
| Vulcan Industrial Contractors            | 271,643                    | 109,929                    |
| Weitz Company                            | <u>4,694</u>               | <u>0</u>                   |
|                                          | 3,128,871                  | 2,997,012                  |
| Add: Reciprocal Contributions Received   | 1,499,251                  | 870,947                    |
| Less: Reciprocal Contributions Disbursed | <u>(97,040)</u>            | <u>(100,040)</u>           |
|                                          | \$ <u><u>4,531,082</u></u> | \$ <u><u>3,767,919</u></u> |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

|                                                                                                  |                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                           |                                                                                                                                                                                                                                 |
| For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____                 |                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                              | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |
|                                                                                                  | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____                                                                                                                                  |
| <b>B</b> This return/report is:                                                                  | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                               |
|                                                                                                  | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                |
| <b>C</b> If the plan is a collectively-bargained plan, check here                                | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                              | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                            |
|                                                                                                  | <input type="checkbox"/> special extension (enter description) _____                                                                                                                                                            |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here | ▶ <input type="checkbox"/>                                                                                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                |
| <b>1a</b> Name of plan<br><b>IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE PENSION PLAN</b>                                                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶ <b>002</b>                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan<br><b>01/01/1983</b>                                                                                                                                                          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>IRON WORKERS LOCAL UNION NO. 92</b><br><br><b>2828 FOURTH AVENUE SOUTH</b><br><br><b>BIRMINGHAM AL 35233</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>**-***0818</b><br><br><b>2c</b> Plan Sponsor's telephone number<br><b>205-323-2205</b><br><br><b>2d</b> Business code (see instructions)<br><b>238900</b> |

**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<br>HERE |  |  |                                                              |
|              | Signature of plan administrator                                                     | Date                                                                                 | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |  | 10/1/25                                                                              | Lee Bailey                                                   |
|              | Signature of employer/plan sponsor                                                  | Date                                                                                 | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                                                     |                                                                                      |                                                              |
|              | Signature of DFE                                                                    | Date                                                                                 | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3c</b> Administrator's telephone number |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>4b</b> EIN                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4d</b> PN                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>5</b> 919                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(1)</b> 852<br><b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>6a(2)</b> 924<br><b>b</b> Retired or separated participants receiving benefits ..... <b>6b</b> 0<br><b>c</b> Other retired or separated participants entitled to future benefits ..... <b>6c</b> 55<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>6d</b> 979<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>6e</b> 3<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>6f</b> 982<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>6g(1)</b> 919<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>6g(2)</b> 982<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... <b>6h</b> |                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>7</b> 34                                |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><br>2C 2G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                             |                                                                                                                                                                                                                                                                                                          |

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_



## **Baird Intermediate Bond Fund**

### **Trading Symbols:**

**BIMIX – Institutional Class Shares**

**BIMSX – Investor Class Shares**

## **Summary Prospectus**

**May 1, 2025**

Before you invest, you may want to review the Baird Intermediate Bond Fund's (the "Fund") prospectus, which contains more information about the Fund and its risks. You can find the Fund's prospectus and other information about the Fund, including the Fund's statement of additional information and shareholder reports, online at <http://www.bairdassetmanagement.com/funddocuments>. You may also obtain this information at no cost by calling 1-866-442-2473 or by sending an e-mail request to [prospectus@bairdfunds.com](mailto:prospectus@bairdfunds.com). The Fund's prospectus and statement of additional information, both dated May 1, 2025, are incorporated by reference into this summary prospectus.

## Investment Objective

The investment objective of the Baird Intermediate Bond Fund (the “Fund”) is to seek an annual rate of total return, before fund expenses, greater than the annual rate of total return of the Bloomberg Intermediate U.S. Government/Credit Index.

## Fees and Expenses of the Fund

The table below describes the fees and expenses that you may pay if you buy, hold and sell shares of the Fund. You may pay other fees, such as brokerage commissions and other fees to financial intermediaries, which are not reflected in the table and example below.

### Shareholder Fees

*(fees paid directly from your investment)*

None

### Annual Fund Operating Expenses

*(expenses that you pay each year as a percentage of the value of your investment)*

|                                       | <i>Investor<br/>Class Shares</i> | <i>Institutional<br/>Class Shares</i> |
|---------------------------------------|----------------------------------|---------------------------------------|
| Management Fees                       | 0.25%                            | 0.25%                                 |
| Distribution and Service (12b-1) Fees | 0.25%                            | None                                  |
| Other Expenses                        | <u>0.05%</u>                     | <u>0.05%</u>                          |
| Total Annual Fund Operating Expenses  | 0.55%                            | 0.30%                                 |

## Example

This Example is intended to help you compare the cost of investing in the Fund with the cost of investing in other mutual funds.

The Example assumes that you invest \$10,000 in the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes that your investment has a 5% return each year and that the Fund’s operating expenses remain the same. Although your actual costs may be higher or lower, based on these assumptions your costs would be:

|                            | <b>1 Year</b> | <b>3 Years</b> | <b>5 Years</b> | <b>10 Years</b> |
|----------------------------|---------------|----------------|----------------|-----------------|
| Investor Class Shares      | \$56          | \$176          | \$307          | \$689           |
| Institutional Class Shares | \$31          | \$97           | \$169          | \$381           |



## **Baird Small/Mid Cap Growth Fund**

**Trading Symbols:**

**BSGIX – Institutional Class Shares**

**BSGSX – Investor Class Shares**

## **Summary Prospectus**

**May 1, 2025**

Before you invest, you may want to review the Baird Small/Mid Cap Growth Fund's (the "Fund") prospectus, which contains more information about the Fund and its risks. You can find the Fund's prospectus and other information about the Fund, including the Fund's statement of additional information and shareholder reports, online at <http://www.bairdassetmanagement.com/funddocuments>. You may also obtain this information at no cost by calling 1-866-442-2473 or by sending an e-mail request to [prospectus@bairdfunds.com](mailto:prospectus@bairdfunds.com). The Fund's prospectus and statement of additional information, both dated May 1, 2025, are incorporated by reference into this summary prospectus.

## Investment Objective

The investment objective of the Baird Small/Mid Cap Growth Fund (the “Fund”) is to provide long-term growth of capital.

## Fees and Expenses of the Fund

The table below describes the fees and expenses that you may pay if you buy, hold and sell shares of the Fund. You may pay other fees, such as brokerage commissions and other fees to financial intermediaries, which are not reflected in the table and example below.

### Shareholder Fees

*(fees paid directly from your investment)*

None

### Annual Fund Operating Expenses

*(expenses that you pay each year as a percentage of the value of your investment)*

|                                                                             | <i>Investor<br/>Class Shares</i> | <i>Institutional<br/>Class Shares</i> |
|-----------------------------------------------------------------------------|----------------------------------|---------------------------------------|
| Management Fees                                                             | 0.75%                            | 0.75%                                 |
| Distribution and Service (12b-1) Fees                                       | 0.25%                            | None                                  |
| Other Expenses                                                              | <u>0.18%</u>                     | <u>0.18%</u>                          |
| Total Annual Fund Operating Expenses                                        | 1.18%                            | 0.93%                                 |
| Less: Fee Waiver/Expense Reimbursement <sup>(1)</sup>                       | <u>-0.08%</u>                    | <u>-0.08%</u>                         |
| Total Annual Fund Operating Expenses After Fee Waiver/Expense Reimbursement | 1.10%                            | 0.85%                                 |

<sup>(1)</sup> Robert W. Baird & Co. Incorporated (the “Advisor”) has contractually agreed to waive management fees and/or reimburse other expenses in order to limit the Fund’s total annual fund operating expenses to 1.10% of average daily net assets for the Investor Class shares and 0.85% of average daily net assets for the Institutional Class shares. The Advisor’s expense reimbursement agreement includes fees and expenses incurred by the Fund in connection with the Fund’s investments in other investment companies (to the extent, in the aggregate, such expenses exceed 0.0049% of the Fund’s average daily net assets) and interest expense, but excludes taxes, brokerage commissions and extraordinary expenses. If such excluded expenses were incurred, Fund expenses would be higher. The Advisor is entitled to recoup the fees waived and/or expenses reimbursed within a three-year period from the time the expenses were incurred, provided that the aggregate amount actually paid by the Fund toward the operating expenses in any month (taking into account the recoupment) will not cause the Fund to exceed the lesser of: (1) the expense cap in place at the time of the fee waiver and/or expense reimbursement; or (2) the expense cap in place at the time of the recoupment. The agreement will continue in effect at least through April 30, 2026 and may only be terminated prior to the end of this term by or with the consent of the Board of Directors.

## Example

This Example is intended to help you compare the cost of investing in the Fund with the cost of investing in other mutual funds.

The Example assumes that you invest \$10,000 in the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes that your investment has a 5% return each year and that the Fund’s operating expenses remain the same. Please note that the one-year numbers below are based on the Fund’s net expenses resulting from the fee waiver/expense reimbursement arrangement described above. Although your actual costs may be higher or lower, based on these assumptions your costs would be:

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index 2030 Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index 2030 Fund (“LifePath Index 2030 Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index 2030 Fund will be broadly diversified across global asset classes, with asset allocations becoming more conservative over time.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Class K Shares of LifePath Index 2030 Fund. **You may pay other fees, such as brokerage commissions and other fees to your financial professional or your selected securities dealer, broker, investment adviser, service provider or industry professional (including BlackRock Fund Advisors (“BFA”) and its affiliates) (each, a “Financial Intermediary”), which are not reflected in the table and example below.**

| <b>Annual Fund Operating Expenses</b><br>(expenses that you pay each year as a percentage of the value of your investment) | <b>Class K Shares</b> |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Management Fee <sup>1</sup>                                                                                                | 0.05%                 |
| Distribution and/or Service (12b-1) Fees                                                                                   | None                  |
| Other Expenses <sup>1,3</sup>                                                                                              | 0.04%                 |
| Administration Fee <sup>1</sup>                                                                                            | 0.04%                 |
| Independent Expenses <sup>3</sup>                                                                                          | —                     |
| Acquired Fund Fees and Expenses <sup>1,2</sup>                                                                             | 0.04%                 |
| <b>Total Annual Fund Operating Expenses<sup>2</sup></b>                                                                    | <b>0.13%</b>          |
| Fee Waivers and/or Expense Reimbursements <sup>1,3</sup>                                                                   | (0.04)%               |
| <b>Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements<sup>1,3</sup></b>                  | <b>0.09%</b>          |

<sup>1</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 169, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.

<sup>2</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.

<sup>3</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Class K Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Class K Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes that your investment has a 5% return each year and that the Fund’s operating expenses remain the same. Although your actual costs may be higher or lower, based on these assumptions your costs would be:

|                | <b>1 Year</b> | <b>3 Years</b> | <b>5 Years</b> | <b>10 Years</b> |
|----------------|---------------|----------------|----------------|-----------------|
| Class K Shares | \$9           | \$38           | \$69           | \$162           |

### Portfolio Turnover:

The Fund pays transaction costs, such as commissions, when it buys and sells securities (or “turns over” its portfolio). A higher portfolio turnover rate may indicate higher transaction costs and may result in higher taxes when shares are held in a taxable account. These costs, which are not reflected in annual fund operating expenses or in the Example, affect the Fund’s performance. During the most recent fiscal year, the Fund’s portfolio turnover rate was 26% of the average value of its portfolio.

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index 2035 Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index 2035 Fund (“LifePath Index 2035 Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index 2035 Fund will be broadly diversified across global asset classes, with asset allocations becoming more conservative over time.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Investor P Shares of LifePath Index 2035 Fund. **You may pay other fees, such as brokerage commissions and other fees to your Financial Intermediary (as defined below), which are not reflected in the table and example below.** You may qualify for sales charge discounts if you and your family invest, or agree to invest in the future, at least \$25,000 in the fund complex advised by BlackRock Fund Advisors (“BFA”) or its affiliates. More information about these and other discounts is available from your Financial Intermediary and in the “Details About the Share Class” section on page 164 of the Fund’s prospectus and in the “Purchase of Shares” section on page II-86 of Part II of the Fund’s Statement of Additional Information (the “SAI”).

| <b>Shareholder Fees<br/>(fees paid directly from your investment)</b>                                                       | <b>Investor P<br/>Shares</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price)                                        | 5.25%                        |
| Maximum Deferred Sales Charge (Load) (as a percentage of offering price of redemption proceeds, whichever is lower)         | None <sup>1</sup>            |
| <b>Annual Fund Operating Expenses<br/>(expenses that you pay each year as a percentage of the value of your investment)</b> | <b>Investor P<br/>Shares</b> |
| Management Fee <sup>2</sup>                                                                                                 | 0.05%                        |
| Distribution and/or Service (12b-1) Fees                                                                                    | 0.25%                        |
| Other Expenses <sup>2,4</sup>                                                                                               | 0.09%                        |
| Administration Fee <sup>2</sup>                                                                                             | 0.09%                        |
| Independent Expenses <sup>4</sup>                                                                                           | —                            |
| Acquired Fund Fees and Expenses <sup>2,3</sup>                                                                              | 0.04%                        |
| Total Annual Fund Operating Expenses <sup>3</sup>                                                                           | 0.43%                        |
| Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                                                                    | (0.04)%                      |
| Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                         | 0.39%                        |

<sup>1</sup> A contingent deferred sales charge of 0.10% is assessed on certain redemptions of Investor P Shares made within 18 months after purchase where no initial sales charge was paid at time of purchase as part of an investment of \$1,000,000 or more.

<sup>2</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 175, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.

<sup>3</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.

<sup>4</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Investor P Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Investor P Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index 2040 Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index 2040 Fund (“LifePath Index 2040 Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index 2040 Fund will be broadly diversified across global asset classes, with asset allocations becoming more conservative over time.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Investor P Shares of LifePath Index 2040 Fund. **You may pay other fees, such as brokerage commissions and other fees to your Financial Intermediary (as defined below), which are not reflected in the table and example below.** You may qualify for sales charge discounts if you and your family invest, or agree to invest in the future, at least \$25,000 in the fund complex advised by BlackRock Fund Advisors (“BFA”) or its affiliates. More information about these and other discounts is available from your Financial Intermediary and in the “Details About the Share Class” section on page 164 of the Fund’s prospectus and in the “Purchase of Shares” section on page II-86 of Part II of the Fund’s Statement of Additional Information (the “SAI”).

| <b>Shareholder Fees<br/>(fees paid directly from your investment)</b>                                                       | <b>Investor P<br/>Shares</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price)                                        | 5.25%                        |
| Maximum Deferred Sales Charge (Load) (as a percentage of offering price of redemption proceeds, whichever is lower)         | None <sup>1</sup>            |
| <b>Annual Fund Operating Expenses<br/>(expenses that you pay each year as a percentage of the value of your investment)</b> | <b>Investor P<br/>Shares</b> |
| Management Fee <sup>2</sup>                                                                                                 | 0.05%                        |
| Distribution and/or Service (12b-1) Fees                                                                                    | 0.25%                        |
| Other Expenses <sup>2,4</sup>                                                                                               | 0.09%                        |
| Administration Fee <sup>2</sup>                                                                                             | 0.09%                        |
| Independent Expenses <sup>4</sup>                                                                                           | —                            |
| Acquired Fund Fees and Expenses <sup>2,3</sup>                                                                              | 0.04%                        |
| Total Annual Fund Operating Expenses <sup>3</sup>                                                                           | 0.43%                        |
| Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                                                                    | (0.04)%                      |
| Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                         | 0.39%                        |

- <sup>1</sup> A contingent deferred sales charge of 0.10% is assessed on certain redemptions of Investor P Shares made within 18 months after purchase where no initial sales charge was paid at time of purchase as part of an investment of \$1,000,000 or more.
- <sup>2</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 175, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.
- <sup>3</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.
- <sup>4</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Investor P Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Investor P Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index 2045 Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index 2045 Fund (“LifePath Index 2045 Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index 2045 Fund will be broadly diversified across global asset classes, with asset allocations becoming more conservative over time.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Class K Shares of LifePath Index 2045 Fund. **You may pay other fees, such as brokerage commissions and other fees to your financial professional or your selected securities dealer, broker, investment adviser, service provider or industry professional (including BlackRock Fund Advisors (“BFA”) and its affiliates) (each, a “Financial Intermediary”), which are not reflected in the table and example below.**

| <b>Annual Fund Operating Expenses</b><br>(expenses that you pay each year as a percentage of the value of your investment) | <b>Class K Shares</b> |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Management Fee <sup>1</sup>                                                                                                | 0.05%                 |
| Distribution and/or Service (12b-1) Fees                                                                                   | None                  |
| Other Expenses <sup>1,3</sup>                                                                                              | 0.04%                 |
| Administration Fee <sup>1</sup>                                                                                            | 0.04%                 |
| Independent Expenses <sup>3</sup>                                                                                          | —                     |
| Acquired Fund Fees and Expenses <sup>1,2</sup>                                                                             | 0.05%                 |
| <b>Total Annual Fund Operating Expenses<sup>2</sup></b>                                                                    | <b>0.14%</b>          |
| Fee Waivers and/or Expense Reimbursements <sup>1,3</sup>                                                                   | (0.05)%               |
| <b>Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements<sup>1,3</sup></b>                  | <b>0.09%</b>          |

<sup>1</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 169, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.

<sup>2</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.

<sup>3</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Class K Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Class K Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes that your investment has a 5% return each year and that the Fund’s operating expenses remain the same. Although your actual costs may be higher or lower, based on these assumptions your costs would be:

|                | <b>1 Year</b> | <b>3 Years</b> | <b>5 Years</b> | <b>10 Years</b> |
|----------------|---------------|----------------|----------------|-----------------|
| Class K Shares | \$9           | \$40           | \$74           | \$174           |

### Portfolio Turnover:

The Fund pays transaction costs, such as commissions, when it buys and sells securities (or “turns over” its portfolio). A higher portfolio turnover rate may indicate higher transaction costs and may result in higher taxes when shares are held in a taxable account. These costs, which are not reflected in annual fund operating expenses or in the Example, affect the Fund’s performance. During the most recent fiscal year, the Fund’s portfolio turnover rate was 18% of the average value of its portfolio.

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index 2050 Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index 2050 Fund (“LifePath Index 2050 Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index 2050 Fund will be broadly diversified across global asset classes, with asset allocations becoming more conservative over time.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Investor P Shares of LifePath Index 2050 Fund. **You may pay other fees, such as brokerage commissions and other fees to your Financial Intermediary (as defined below), which are not reflected in the table and example below.** You may qualify for sales charge discounts if you and your family invest, or agree to invest in the future, at least \$25,000 in the fund complex advised by BlackRock Fund Advisors (“BFA”) or its affiliates. More information about these and other discounts is available from your Financial Intermediary and in the “Details About the Share Class” section on page 164 of the Fund’s prospectus and in the “Purchase of Shares” section on page II-86 of Part II of the Fund’s Statement of Additional Information (the “SAI”).

| <b>Shareholder Fees<br/>(fees paid directly from your investment)</b>                                                       | <b>Investor P<br/>Shares</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price)                                        | 5.25%                        |
| Maximum Deferred Sales Charge (Load) (as a percentage of offering price of redemption proceeds, whichever is lower)         | None <sup>1</sup>            |
| <b>Annual Fund Operating Expenses<br/>(expenses that you pay each year as a percentage of the value of your investment)</b> | <b>Investor P<br/>Shares</b> |
| Management Fee <sup>2</sup>                                                                                                 | 0.05%                        |
| Distribution and/or Service (12b-1) Fees                                                                                    | 0.25%                        |
| Other Expenses <sup>2,4</sup>                                                                                               | 0.09%                        |
| Administration Fee <sup>2</sup>                                                                                             | 0.09%                        |
| Independent Expenses <sup>4</sup>                                                                                           | —                            |
| Acquired Fund Fees and Expenses <sup>2,3</sup>                                                                              | 0.05%                        |
| Total Annual Fund Operating Expenses <sup>3</sup>                                                                           | 0.44%                        |
| Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                                                                    | (0.05)%                      |
| Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                         | 0.39%                        |

- <sup>1</sup> A contingent deferred sales charge of 0.10% is assessed on certain redemptions of Investor P Shares made within 18 months after purchase where no initial sales charge was paid at time of purchase as part of an investment of \$1,000,000 or more.
- <sup>2</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 175, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.
- <sup>3</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.
- <sup>4</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Investor P Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Investor P Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index 2055 Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index 2055 Fund (“LifePath Index 2055 Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index 2055 Fund will be broadly diversified across global asset classes, with asset allocations becoming more conservative over time.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Investor P Shares of LifePath Index 2055 Fund. **You may pay other fees, such as brokerage commissions and other fees to your Financial Intermediary (as defined below), which are not reflected in the table and example below.** You may qualify for sales charge discounts if you and your family invest, or agree to invest in the future, at least \$25,000 in the fund complex advised by BlackRock Fund Advisors (“BFA”) or its affiliates. More information about these and other discounts is available from your Financial Intermediary and in the “Details About the Share Class” section on page 164 of the Fund’s prospectus and in the “Purchase of Shares” section on page II-86 of Part II of the Fund’s Statement of Additional Information (the “SAI”).

| <b>Shareholder Fees<br/>(fees paid directly from your investment)</b>                                                       | <b>Investor P<br/>Shares</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price)                                        | 5.25%                        |
| Maximum Deferred Sales Charge (Load) (as a percentage of offering price of redemption proceeds, whichever is lower)         | None <sup>1</sup>            |
| <b>Annual Fund Operating Expenses<br/>(expenses that you pay each year as a percentage of the value of your investment)</b> | <b>Investor P<br/>Shares</b> |
| Management Fee <sup>2</sup>                                                                                                 | 0.05%                        |
| Distribution and/or Service (12b-1) Fees                                                                                    | 0.25%                        |
| Other Expenses <sup>2,4</sup>                                                                                               | 0.09%                        |
| Administration Fee <sup>2</sup>                                                                                             | 0.09%                        |
| Independent Expenses <sup>4</sup>                                                                                           | —                            |
| Acquired Fund Fees and Expenses <sup>2,3</sup>                                                                              | 0.05%                        |
| Total Annual Fund Operating Expenses <sup>3</sup>                                                                           | 0.44%                        |
| Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                                                                    | (0.05)%                      |
| Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                         | 0.39%                        |

<sup>1</sup> A contingent deferred sales charge of 0.10% is assessed on certain redemptions of Investor P Shares made within 18 months after purchase where no initial sales charge was paid at time of purchase as part of an investment of \$1,000,000 or more.

<sup>2</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 175, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.

<sup>3</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.

<sup>4</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Investor P Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Investor P Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index 2060 Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index 2060 Fund (“LifePath Index 2060 Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index 2060 Fund will be broadly diversified across global asset classes, with asset allocations becoming more conservative over time.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Investor P Shares of LifePath Index 2060 Fund. **You may pay other fees, such as brokerage commissions and other fees to your Financial Intermediary (as defined below), which are not reflected in the table and example below.** You may qualify for sales charge discounts if you and your family invest, or agree to invest in the future, at least \$25,000 in the fund complex advised by BlackRock Fund Advisors (“BFA”) or its affiliates. More information about these and other discounts is available from your Financial Intermediary and in the “Details About the Share Class” section on page 164 of the Fund’s prospectus and in the “Purchase of Shares” section on page II-86 of Part II of the Fund’s Statement of Additional Information (the “SAI”).

| <b>Shareholder Fees<br/>(fees paid directly from your investment)</b>                                                       | <b>Investor P<br/>Shares</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price)                                        | 5.25%                        |
| Maximum Deferred Sales Charge (Load) (as a percentage of offering price of redemption proceeds, whichever is lower)         | None <sup>1</sup>            |
| <b>Annual Fund Operating Expenses<br/>(expenses that you pay each year as a percentage of the value of your investment)</b> | <b>Investor P<br/>Shares</b> |
| Management Fee <sup>2</sup>                                                                                                 | 0.05%                        |
| Distribution and/or Service (12b-1) Fees                                                                                    | 0.25%                        |
| Other Expenses <sup>2,4</sup>                                                                                               | 0.09%                        |
| Administration Fee <sup>2</sup>                                                                                             | 0.09%                        |
| Independent Expenses <sup>4</sup>                                                                                           | —                            |
| Acquired Fund Fees and Expenses <sup>2,3</sup>                                                                              | 0.05%                        |
| Total Annual Fund Operating Expenses <sup>3</sup>                                                                           | 0.44%                        |
| Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                                                                    | (0.05)%                      |
| Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                         | 0.39%                        |

<sup>1</sup> A contingent deferred sales charge of 0.10% is assessed on certain redemptions of Investor P Shares made within 18 months after purchase where no initial sales charge was paid at time of purchase as part of an investment of \$1,000,000 or more.

<sup>2</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 175, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.

<sup>3</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.

<sup>4</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Investor P Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Investor P Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index 2065 Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index 2065 Fund (“LifePath Index 2065 Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index 2065 Fund will be broadly diversified across global asset classes, with asset allocations becoming more conservative over time.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Investor P Shares of LifePath Index 2065 Fund. **You may pay other fees, such as brokerage commissions and other fees to your Financial Intermediary (as defined below), which are not reflected in the table and example below.** You may qualify for sales charge discounts if you and your family invest, or agree to invest in the future, at least \$25,000 in the fund complex advised by BlackRock Fund Advisors (“BFA”) or its affiliates. More information about these and other discounts is available from your Financial Intermediary and in the “Details About the Share Class” section on page 164 of the Fund’s prospectus and in the “Purchase of Shares” section on page II-86 of Part II of the Fund’s Statement of Additional Information (the “SAI”).

| <b>Shareholder Fees<br/>(fees paid directly from your investment)</b>                                                       | <b>Investor P<br/>Shares</b> |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price)                                        | 5.25%                        |
| Maximum Deferred Sales Charge (Load) (as a percentage of offering price of redemption proceeds, whichever is lower)         | None <sup>1</sup>            |
| <b>Annual Fund Operating Expenses<br/>(expenses that you pay each year as a percentage of the value of your investment)</b> | <b>Investor P<br/>Shares</b> |
| Management Fee <sup>2</sup>                                                                                                 | 0.05%                        |
| Distribution and/or Service (12b-1) Fees                                                                                    | 0.25%                        |
| Other Expenses <sup>2,4</sup>                                                                                               | 0.09%                        |
| Administration Fee <sup>2</sup>                                                                                             | 0.09%                        |
| Independent Expenses <sup>4</sup>                                                                                           | —                            |
| Acquired Fund Fees and Expenses <sup>2,3</sup>                                                                              | 0.05%                        |
| Total Annual Fund Operating Expenses <sup>3</sup>                                                                           | 0.44%                        |
| Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                                                                    | (0.05)%                      |
| Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                         | 0.39%                        |

- <sup>1</sup> A contingent deferred sales charge of 0.10% is assessed on certain redemptions of Investor P Shares made within 18 months after purchase where no initial sales charge was paid at time of purchase as part of an investment of \$1,000,000 or more.
- <sup>2</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 175, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.
- <sup>3</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.
- <sup>4</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Investor P Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Investor P Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes

# Summary Prospectus

## Key Facts About BlackRock LifePath® Index Retirement Fund

### Investment Objective

The investment objective of BlackRock LifePath® Index Retirement Fund (“LifePath Index Retirement Fund” or the “Fund”), a series of BlackRock Funds III (the “Trust”), is to seek to provide for retirement outcomes based on quantitatively measured risk. In pursuit of this objective, LifePath Index Retirement Fund will be broadly diversified across global asset classes.

### Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell Investor P Shares of LifePath Index Retirement Fund. **You may pay other fees, such as brokerage commissions and other fees to your Financial Intermediary (as defined below), which are not reflected in the table and example below.** You may qualify for sales charge discounts if you and your family invest, or agree to invest in the future, at least \$25,000 in the fund complex advised by BlackRock Fund Advisors (“BFA”) or its affiliates. More information about these and other discounts is available from your Financial Intermediary and in the “Details About the Share Class” section on page 164 of the Fund’s prospectus and in the “Purchase of Shares” section on page II-86 of Part II of the Fund’s Statement of Additional Information (the “SAI”).

| <b>Shareholder Fees</b><br><b>(fees paid directly from your investment)</b>                                                       | <b>Investor P Shares</b> |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price)                                              | 5.25%                    |
| Maximum Deferred Sales Charge (Load) (as a percentage of offering price of redemption proceeds, whichever is lower)               | None <sup>1</sup>        |
| <b>Annual Fund Operating Expenses</b><br><b>(expenses that you pay each year as a percentage of the value of your investment)</b> | <b>Investor P Shares</b> |
| Management Fee <sup>2</sup>                                                                                                       | 0.05%                    |
| Distribution and/or Service (12b-1) Fees                                                                                          | 0.25%                    |
| Other Expenses <sup>2,4</sup>                                                                                                     | 0.09%                    |
| Administration Fee <sup>2</sup>                                                                                                   | 0.09%                    |
| Independent Expenses <sup>4</sup>                                                                                                 | —                        |
| Acquired Fund Fees and Expenses <sup>2,3</sup>                                                                                    | 0.03%                    |
| Total Annual Fund Operating Expenses <sup>3</sup>                                                                                 | 0.42%                    |
| Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                                                                          | (0.03)%                  |
| Total Annual Fund Operating Expenses After Fee Waivers and/or Expense Reimbursements <sup>2,4</sup>                               | 0.39%                    |

<sup>1</sup> A contingent deferred sales charge of 0.10% is assessed on certain redemptions of Investor P Shares made within 18 months after purchase where no initial sales charge was paid at time of purchase as part of an investment of \$1,000,000 or more.

<sup>2</sup> As described in the “Management of the Funds” section of the Fund’s prospectus beginning on page 175, BFA and BlackRock Advisors, LLC (“BAL”) have contractually agreed to reimburse the Fund for Acquired Fund Fees and Expenses up to a maximum amount equal to the combined Management Fee and Administration Fee of each share class through June 30, 2026. In addition, BFA has contractually agreed to waive its management fees by the amount of investment advisory fees the Fund pays to BFA indirectly through its investment in money market funds managed by BFA or its affiliates, through June 30, 2026. The contractual agreements may be terminated upon 90 days’ notice by a majority of the non-interested trustees of the Trust or by a vote of a majority of the outstanding voting securities of the Fund.

<sup>3</sup> Total Annual Fund Operating Expenses do not correlate to the ratio of expenses to average net assets given in the Fund’s most recent Annual Financial Statements and Additional Information, which does not include Acquired Fund Fees and Expenses.

<sup>4</sup> Independent Expenses consist of the Fund’s allocable portion of the fees and expenses of the independent trustees of the Trust, counsel to such independent trustees and the independent registered public accounting firm that provides audit services to the Fund. BAL and BFA have contractually agreed to reimburse, or provide offsetting credits to, the Fund for Independent Expenses through June 30, 2035. After giving effect to such contractual arrangements, Independent Expenses will be 0.00%. Such contractual arrangements may not be terminated prior to July 1, 2035 without the consent of the Board of Trustees of the Trust.

### Example:

This Example is intended to help you compare the cost of investing in Investor P Shares of the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Investor P Shares of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes that your investment has a 5% return each year and that the Fund’s operating expenses remain the same. Although your actual costs may be higher or lower, based on these assumptions your costs would be:

# Fund Summary

**Fund:**  
**Fidelity® 500 Index Fund**

## Investment Objective

Fidelity® 500 Index Fund seeks to provide investment results that correspond to the total return (i.e., the combination of capital changes and income) performance of common stocks publicly traded in the United States.

## Fee Table

The following table describes the fees and expenses that may be incurred when you buy, hold, and sell shares of the fund. **You may pay other fees, such as brokerage commissions, which are not reflected in the tables and examples below.**

### Shareholder fees (fees paid directly from your investment)

None

### Annual Operating Expenses (expenses that you pay each year as a % of the value of your investment)

|                                          |               |
|------------------------------------------|---------------|
| Management fee                           | 0.015%        |
| Distribution and/or Service (12b-1) fees | None          |
| Other expenses                           | 0.000%        |
| <b>Total annual operating expenses</b>   | <b>0.015%</b> |

This **example** helps compare the cost of investing in the fund with the cost of investing in other funds.

Let's say, hypothetically, that the annual return for shares of the fund is 5% and that the fees and the annual operating expenses for shares of the fund are exactly as described in the fee table. This example illustrates the

effect of fees and expenses, but is not meant to suggest actual or expected fees and expenses or returns, all of which may vary. For every \$10,000 you invested, here's how much you would pay in total expenses if you sell all of your shares at the end of each time period indicated:

|          |       |
|----------|-------|
| 1 year   | \$ 2  |
| 3 years  | \$ 5  |
| 5 years  | \$ 8  |
| 10 years | \$ 19 |

# Fund Summary

**Fund:**  
**Fidelity® International Index Fund**

## Investment Objective

Fidelity® International Index Fund seeks to provide investment results that correspond to the total return of foreign stock markets.

## Fee Table

The following table describes the fees and expenses that may be incurred when you buy, hold, and sell shares of the fund. **You may pay other fees, such as brokerage commissions, which are not reflected in the tables and examples below.**

### Shareholder fees

(fees paid directly from your investment)

None

### Annual Operating Expenses

(expenses that you pay each year as a % of the value of your investment)

|                                          |               |
|------------------------------------------|---------------|
| Management fee                           | 0.035%        |
| Distribution and/or Service (12b-1) fees | None          |
| Other expenses                           | 0.000%        |
| <b>Total annual operating expenses</b>   | <b>0.035%</b> |

This **example** helps compare the cost of investing in the fund with the cost of investing in other funds.

Let's say, hypothetically, that the annual return for shares of the fund is 5% and that the fees and the annual operating expenses for shares of the fund are exactly as described in the fee table. This example illustrates the

effect of fees and expenses, but is not meant to suggest actual or expected fees and expenses or returns, all of which may vary. For every \$10,000 you invested, here's how much you would pay in total expenses if you sell all of your shares at the end of each time period indicated:

|          |       |
|----------|-------|
| 1 year   | \$ 4  |
| 3 years  | \$ 11 |
| 5 years  | \$ 20 |
| 10 years | \$ 45 |

# Fund Summary

**Fund:**  
**Fidelity® Mid Cap Index Fund**

## Investment Objective

Fidelity® Mid Cap Index Fund seeks to provide investment results that correspond to the total return of stocks of mid-capitalization United States companies.

## Fee Table

The following table describes the fees and expenses that may be incurred when you buy, hold, and sell shares of the fund. **You may pay other fees, such as brokerage commissions, which are not reflected in the tables and examples below.**

### Shareholder fees

(fees paid directly from your investment)

None

### Annual Operating Expenses

(expenses that you pay each year as a % of the value of your investment)

|                                          |               |
|------------------------------------------|---------------|
| Management fee                           | 0.025%        |
| Distribution and/or Service (12b-1) fees | None          |
| Other expenses                           | 0.000%        |
| <b>Total annual operating expenses</b>   | <b>0.025%</b> |

This **example** helps compare the cost of investing in the fund with the cost of investing in other funds.

Let's say, hypothetically, that the annual return for shares of the fund is 5% and that the fees and the annual operating expenses for shares of the fund are exactly as described in the fee table. This example illustrates the

effect of fees and expenses, but is not meant to suggest actual or expected fees and expenses or returns, all of which may vary. For every \$10,000 you invested, here's how much you would pay in total expenses if you sell all of your shares at the end of each time period indicated:

|          |       |
|----------|-------|
| 1 year   | \$ 3  |
| 3 years  | \$ 8  |
| 5 years  | \$ 14 |
| 10 years | \$ 32 |

# Fund Summary

**Fund:**  
**Fidelity® Real Estate Index Fund**

## Investment Objective

Fidelity® Real Estate Index Fund seeks to provide investment results that correspond to the total return of equity REITs and other real estate-related investments.

## Fee Table

The following table describes the fees and expenses that may be incurred when you buy, hold, and sell shares of the fund. **You may pay other fees, such as brokerage commissions, which are not reflected in the tables and examples below.**

### Shareholder fees

(fees paid directly from your investment)

None

### Annual Operating Expenses

(expenses that you pay each year as a % of the value of your investment)

Management fee

0.07%

Distribution and/or Service (12b-1) fees

None

Other expenses

0.00%

### Total annual operating expenses

---

0.07%

This **example** helps compare the cost of investing in the fund with the cost of investing in other funds.

Let's say, hypothetically, that the annual return for shares of the fund is 5% and that the fees and the annual operating expenses for shares of the fund are exactly as described in the fee table. This example illustrates the

effect of fees and expenses, but is not meant to suggest actual or expected fees and expenses or returns, all of which may vary. For every \$10,000 you invested, here's how much you would pay in total expenses if you sell all of your shares at the end of each time period indicated:

|          |       |
|----------|-------|
| 1 year   | \$ 7  |
| 3 years  | \$ 23 |
| 5 years  | \$ 40 |
| 10 years | \$ 90 |

# Fund Summary

**Fund:**  
**Fidelity® Small Cap Index Fund**

## Investment Objective

Fidelity® Small Cap Index Fund seeks to provide investment results that correspond to the total return of stocks of small-capitalization United States companies.

## Fee Table

The following table describes the fees and expenses that may be incurred when you buy, hold, and sell shares of the fund. **You may pay other fees, such as brokerage commissions, which are not reflected in the tables and examples below.**

### Shareholder fees

(fees paid directly from your investment)

None

### Annual Operating Expenses

(expenses that you pay each year as a % of the value of your investment)

|                                          |               |
|------------------------------------------|---------------|
| Management fee                           | 0.025%        |
| Distribution and/or Service (12b-1) fees | None          |
| Other expenses                           | 0.000%        |
| <b>Total annual operating expenses</b>   | <b>0.025%</b> |

This **example** helps compare the cost of investing in the fund with the cost of investing in other funds.

Let's say, hypothetically, that the annual return for shares of the fund is 5% and that the fees and the annual operating expenses for shares of the fund are exactly as described in the fee table. This example illustrates the

effect of fees and expenses, but is not meant to suggest actual or expected fees and expenses or returns, all of which may vary. For every \$10,000 you invested, here's how much you would pay in total expenses if you sell all of your shares at the end of each time period indicated:

|          |       |
|----------|-------|
| 1 year   | \$ 3  |
| 3 years  | \$ 8  |
| 5 years  | \$ 14 |
| 10 years | \$ 32 |

**SUMMARY  
PROSPECTUS**

9/30/2024

# The Jensen Quality Growth Fund

Class J Shares JENSX

Class I Shares JENIX

Class R Shares JENRX

Class Y Shares JENYX

Before you invest, you may want to review the Jensen Quality Growth Fund's (the "Fund") prospectus, which contains more information about the Funds and their risks. You can find the Fund's prospectus and other information about the Funds online at <https://www.jenseninvestment.com/individual/how-to-invest/>. You may also obtain this information at no cost by calling 800-992-4144 or by sending an email request to [funds@jenseninvestment.com](mailto:funds@jenseninvestment.com). The Fund's prospectus and statement of additional information, both dated September 30, 2024, are incorporated by reference into this summary prospectus

## Investment Objective

The objective of The Jensen Quality Growth Fund Inc. (the "Fund"), is long-term capital appreciation.

## Fees and Expenses of the Fund

This table describes the fees and expenses that you may pay if you buy, hold and sell shares of the Fund. You may pay other fees, such as brokerage commissions and other fees to financial intermediaries, which are not reflected in the table and example below.

Shareholder Fees  
(fees paid directly from your investment)

| Class J | Class I | Class R | Class Y |
|---------|---------|---------|---------|
| None    | None    | None    | None    |

Annual Fund Operating Expenses  
(expenses that you pay each year as a percentage of the value of your investment)

|                                                     | Class J      | Class I      | Class R      | Class Y      |
|-----------------------------------------------------|--------------|--------------|--------------|--------------|
| Management Fees                                     | 0.48%        | 0.48%        | 0.48%        | 0.48%        |
| Distribution and Shareholder Servicing (12b-1) Fees | 0.25%        | None         | 0.50%        | None         |
| Shareholder Servicing Fee <sup>(1)(3)</sup>         | None         | 0.08%        | 0.16%        | 0.00%        |
| Other Expenses <sup>(2)</sup>                       | <u>0.08%</u> | <u>0.04%</u> | <u>0.21%</u> | <u>0.04%</u> |
| Total Annual Fund Operating Expenses                | 0.81%        | 0.60%        | 1.35%        | 0.52%        |

<sup>(1)</sup> Class I shares are subject to an annual shareholder servicing fee not to exceed 0.10% of average daily net assets of the Class I shares.

<sup>(2)</sup> Other Expenses include custodian, transfer agency, and other customary Fund expenses not listed above and are based on the previous fiscal year's expenses. In addition, Other Expenses for the Class J shares include sub-transfer agency fees paid to certain financial intermediaries who maintain omnibus accounts in the Fund and provide shareholder recordkeeping and servicing to their customers who own shares of the Fund.

<sup>(3)</sup> Class R shares are subject to an annual shareholder servicing fee not to exceed 0.25% of average daily net assets of the Class R shares.

## Example

This example is intended to help you compare the cost of investing in the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in Class J or Class R or \$250,000 in Class I or \$1,000,000 in Class Y of the Fund for the time periods indicated and then redeem all of your shares at the end of those periods. The Example also assumes that your investment has a



## NYLI MacKay High Yield Corporate Bond Fund

**Class/Ticker**    **A MHCA**X    **Investor MHHIX**    **C MYHC**X    **I MHYIX**    **R2 MHYRX**    **R3 MHYTX**    **R6 MHYSX**    **SIMPLE MHHSX**

Before you invest, you may want to review the Fund's Prospectus, which contains more information about the Fund and its risks. You can find the Fund's Prospectus, reports to shareholders and other information about the Fund by going online to [dfinview.com/NYLIM](http://dfinview.com/NYLIM), by calling 800-624-6782 or by sending an e-mail to [NYLIShareholderServices@nylim.com](mailto:NYLIShareholderServices@nylim.com). The Fund's Prospectus and Statement of Additional Information, both dated February 28, 2025, as may be amended from time to time, are incorporated by reference into this Summary Prospectus.

### Investment Objective

The Fund seeks maximum current income through investment in a diversified portfolio of high-yield debt securities. Capital appreciation is a secondary objective.

### Fees and Expenses of the Fund

The table below describes the fees and expenses that you may pay if you buy, hold and sell shares of the Fund. **You may pay other fees, such as brokerage commissions and other fees to financial intermediaries, which are not reflected in the table and example below.** You may qualify for sales charge discounts if you and your family invest, or agree to invest in the future, at least \$100,000 in the Fund. In addition, different financial intermediary firms and financial professionals may impose different sales loads and waivers. More information about these and other discounts or waivers is available from your financial professional, in the "Information on Sales Charges" section starting on page 196 of the Prospectus and Appendix A – Intermediary-Specific Sales Charge Waivers and Discounts, and in the "Alternative Sales Arrangements" section on page 147 of the Statement of Additional Information.

|                                                                                                                            | Class A           | Investor Class    | Class C | Class I | Class R2 | Class R3 | Class R6 | SIMPLE Class |
|----------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|---------|---------|----------|----------|----------|--------------|
| <b>Shareholder Fees</b> (fees paid directly from your investment)                                                          |                   |                   |         |         |          |          |          |              |
| Maximum Sales Charge (Load) Imposed on Purchases (as a percentage of offering price)                                       | 4.50%             | 4.00%             | None    | None    | None     | None     | None     | None         |
| Maximum Deferred Sales Charge (Load) (as a percentage of the lesser of the original offering price or redemption proceeds) | None <sup>1</sup> | None <sup>1</sup> | 1.00%   | None    | None     | None     | None     | None         |
| <b>Annual Fund Operating Expenses</b> (expenses that you pay each year as a percentage of the value of your investment)    |                   |                   |         |         |          |          |          |              |
| Management Fees (as an annual percentage of the Fund's average daily net assets) <sup>2</sup>                              | 0.53%             | 0.53%             | 0.53%   | 0.53%   | 0.53%    | 0.53%    | 0.53%    | 0.53%        |
| Distribution and/or Service (12b-1) Fees                                                                                   | 0.25%             | 0.25%             | 1.00%   | None    | 0.25%    | 0.50%    | None     | 0.50%        |
| Other Expenses                                                                                                             | 0.18%             | 0.36%             | 0.36%   | 0.18%   | 0.28%    | 0.28%    | 0.03%    | 0.18%        |
| Total Annual Fund Operating Expenses                                                                                       | 0.96%             | 1.14%             | 1.89%   | 0.71%   | 1.06%    | 1.31%    | 0.56%    | 1.21%        |

1. No initial sales charge applies on investments of \$1 million or more (and certain other qualified purchases referenced within "Information on Sales Charges" in the Shareholder Guide). However, a contingent deferred sales charge of 1.00% may be imposed on certain redemptions made within 18 months of the date of purchase on shares that were purchased without an initial sales charge. For more information on contingent deferred sales charges, see "Sales Charges" in the Shareholder Guide.
2. The management fee is as follows: 0.60% on assets up to \$500 million; 0.55% on assets from \$500 million to \$5 billion; 0.525% on assets from \$5 billion to \$7 billion; 0.50% on assets from \$7 billion to \$10 billion; 0.49% on assets from \$10 billion to \$15 billion; and 0.48% on assets over \$15 billion, plus a fee for fund accounting services previously provided by New York Life Investment Management LLC under a separate fund accounting agreement. This fund accounting services fee amounted to 0.01% of the Fund's average daily net assets.

### Example

The Example is intended to help you compare the cost of investing in the Fund with the cost of investing in other mutual funds. The Example assumes that you invest \$10,000 in the Fund for the time periods indicated whether or not you redeem all of your shares at the end of those periods (except as indicated with respect to Class C shares). The Example reflects Class C shares converting into Investor Class shares in years 9-10; expenses could be lower if you are eligible to convert to Class A shares instead. The Example also assumes that your investment has a 5% return each year and that the Fund's operating expenses remain the same. The Example reflects the contractual fee waiver and/or expense reimbursement arrangement, if applicable, for the current duration of the arrangement only. Although your actual costs may be higher or lower, based on these assumptions your costs would be:

| Expenses After | Class A  | Investor Class | Class C                |                                      | Class I | Class R2 | Class R3 | Class R6 | SIMPLE Class |
|----------------|----------|----------------|------------------------|--------------------------------------|---------|----------|----------|----------|--------------|
|                |          |                | Assuming no redemption | Assuming redemption at end of period |         |          |          |          |              |
| 1 Year         | \$ 544   | \$ 512         | \$ 192                 | \$ 292                               | \$ 73   | \$ 108   | \$ 133   | \$ 57    | \$ 123       |
| 3 Years        | \$ 742   | \$ 748         | \$ 594                 | \$ 594                               | \$ 227  | \$ 337   | \$ 415   | \$ 179   | \$ 384       |
| 5 Years        | \$ 957   | \$ 1,003       | \$ 1,021               | \$ 1,021                             | \$ 395  | \$ 585   | \$ 718   | \$ 313   | \$ 665       |
| 10 Years       | \$ 1,575 | \$ 1,731       | \$ 2,016               | \$ 2,016                             | \$ 883  | \$ 1,294 | \$ 1,579 | \$ 701   | \$ 1,466     |



# Vanguard FTSE All-World ex-US Small-Cap Index Fund Summary Prospectus

February 28, 2025

## **Admiral™ Shares**

Vanguard FTSE All-World ex-US Small-Cap Index Fund Admiral Shares (VFSAX)

**The Fund's statutory Prospectus and Statement of Additional Information dated February 28, 2025, as may be amended or supplemented, are incorporated into and made part of this Summary Prospectus by reference.**

**Before you invest, you may want to review the Fund's Prospectus, which contains more information about the Fund and its risks. You can find the Fund's Prospectus and other information about the Fund online at [www.vanguard.com/prospectus](http://www.vanguard.com/prospectus) and <https://personal.vanguard.com/us/literature/reports/MFs>. You can also obtain this information at no cost by calling 800-662-7447 or by sending an email request to [online@vanguard.com](mailto:online@vanguard.com).**

**The Securities and Exchange Commission (SEC) has not approved or disapproved these securities or passed upon the adequacy of this prospectus. Any representation to the contrary is a criminal offense.**

## Investment Objective

The Fund seeks to track the performance of a benchmark index that measures the investment return of stocks of international small-cap companies.

## Fees and Expenses

The following tables describe the fees and expenses you may pay if you buy, hold, and sell Admiral Shares of the Fund. **You may pay other fees, such as brokerage commissions and other fees to financial intermediaries, which are not reflected in the tables and example below.**

### Shareholder Fees

(Fees paid directly from your investment)

|                                                                                       |      |
|---------------------------------------------------------------------------------------|------|
| Sales Charge (Load) Imposed on Purchases                                              | None |
| Purchase Fee                                                                          | None |
| Sales Charge (Load) Imposed on Reinvested Dividends                                   | None |
| Redemption Fee                                                                        | None |
| Account Service Fee Per Year<br>(for certain fund account balances below \$5,000,000) | \$25 |

### Annual Fund Operating Expenses

(Expenses that you pay each year as a percentage of the value of your investment)

|                                      |       |
|--------------------------------------|-------|
| Management Fees                      | 0.14% |
| 12b-1 Distribution Fee               | None  |
| Other Expenses                       | 0.03% |
| Total Annual Fund Operating Expenses | 0.17% |

### Example

The following example is intended to help you compare the cost of investing in the Fund's Admiral Shares with the cost of investing in other mutual funds. It illustrates the hypothetical expenses that you would incur over various periods if you were to invest \$10,000 in the Fund's shares. This example assumes that the shares provide a return of 5% each year and that total annual fund operating expenses remain as stated in the preceding table. You would incur these



# Vanguard Short-Term Inflation-Protected Securities Index Fund Summary Prospectus

January 31, 2025

## **Admiral™ Shares**

Vanguard Short-Term Inflation-Protected Securities Index Fund Admiral Shares (VTAPX)

**The Fund's statutory Prospectus and Statement of Additional Information dated January 31, 2025, as may be amended or supplemented, are incorporated into and made part of this Summary Prospectus by reference.**

**Before you invest, you may want to review the Fund's Prospectus, which contains more information about the Fund and its risks. You can find the Fund's Prospectus and other information about the Fund online at [www.vanguard.com/prospectus](http://www.vanguard.com/prospectus) and <https://personal.vanguard.com/us/literature/reports/MFs>. You can also obtain this information at no cost by calling 800-662-7447 or by sending an email request to [online@vanguard.com](mailto:online@vanguard.com).**

**The Securities and Exchange Commission (SEC) has not approved or disapproved these securities or passed upon the adequacy of this prospectus. Any representation to the contrary is a criminal offense.**

## Investment Objective

The Fund seeks to track the performance of a benchmark index that measures the investment return of inflation-protected public obligations of the U.S. Treasury with remaining maturities of less than 5 years.

## Fees and Expenses

The following tables describe the fees and expenses you may pay if you buy, hold, and sell Admiral Shares of the Fund. **You may pay other fees, such as brokerage commissions and other fees to financial intermediaries, which are not reflected in the tables and example below.**

### Shareholder Fees

(Fees paid directly from your investment)

|                                                                                       |      |
|---------------------------------------------------------------------------------------|------|
| Sales Charge (Load) Imposed on Purchases                                              | None |
| Purchase Fee                                                                          | None |
| Sales Charge (Load) Imposed on Reinvested Dividends                                   | None |
| Redemption Fee                                                                        | None |
| Account Service Fee Per Year<br>(for certain fund account balances below \$5,000,000) | \$25 |

### Annual Fund Operating Expenses

(Expenses that you pay each year as a percentage of the value of your investment)

|                                      |       |
|--------------------------------------|-------|
| Management Fees                      | 0.05% |
| 12b-1 Distribution Fee               | None  |
| Other Expenses                       | 0.01% |
| Total Annual Fund Operating Expenses | 0.06% |

Summary Prospectus

April 30, 2025

*Before you invest, you may want to review the Fund's prospectus, which contains more information about the Fund and its risks. You can find the Fund's Statutory Prospectus and Statement of Additional Information and other information about the Fund online at <https://www.wcminvest.com/fund/WCMEX>. You may also obtain this information at no cost by calling 1-888-988-9801 or by sending an e-mail request to [fundliterature@wcminvest.com](mailto:fundliterature@wcminvest.com). The Fund's Statutory Prospectus and Statement of Additional Information, both dated April 30, 2025, as each may be amended or supplemented, are incorporated by reference into this Summary Prospectus.*

**Investment Objective**

The investment objective of the WCM Focused Emerging Markets Fund (the "Fund") is long-term capital appreciation.

**Fees and Expenses of the Fund**

This table describes the fees and expenses that you may pay if you buy, hold, and sell shares of the Fund. **You may pay other fees, such as brokerage commissions and other fees to financial intermediaries, which are not reflected in the table and example below.**

|                                                                                                                            | Investor<br>Class Shares |  | Institutional<br>Class Shares |  |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|--|-------------------------------|--|
| Shareholder Fees<br><i>(fees paid directly from your investment)</i>                                                       |                          |  |                               |  |
| Maximum sales charge (load) imposed on purchases                                                                           | None                     |  | None                          |  |
| Maximum deferred sales charge (load)                                                                                       | None                     |  | None                          |  |
| Wire fee                                                                                                                   | \$20                     |  | \$20                          |  |
| Overnight check delivery fee                                                                                               | \$25                     |  | \$25                          |  |
| Retirement account fees (annual maintenance fee)                                                                           | \$15                     |  | \$15                          |  |
| Annual Fund Operating Expenses<br><i>(expenses that you pay each year as a percentage of the value of your investment)</i> |                          |  |                               |  |
| Management fees                                                                                                            | 1.00%                    |  | 1.00%                         |  |
| Distribution (Rule 12b-1) fee                                                                                              | 0.25%                    |  | None                          |  |
| Other expenses                                                                                                             | 0.31%                    |  | 0.31%                         |  |
| Shareholder service fee                                                                                                    | 0.09%                    |  | 0.09%                         |  |
| Interest expense                                                                                                           | 0.01%                    |  | 0.01%                         |  |
| All other expenses                                                                                                         | 0.21%                    |  | 0.21%                         |  |
| Total annual fund operating expenses                                                                                       | 1.56%                    |  | 1.31%                         |  |
| Fees waived and/or expenses reimbursed <sup>1</sup>                                                                        | (0.05%)                  |  | (0.05%)                       |  |
| Total annual fund operating expenses after waiving fees and/or reimbursing expenses <sup>1</sup>                           | 1.51%                    |  | 1.26%                         |  |

<sup>1</sup> The Fund's advisor has contractually agreed to waive its fees and/or pay for operating expenses of the Fund to ensure that total annual fund operating expenses (excluding any taxes, leverage interest, brokerage commissions, dividend and interest expenses on short sales, acquired fund fees and expenses (as determined in accordance with Form N-1A), professional fees related to services for the collection of foreign tax reclaims, expenses incurred in connection with any merger or reorganization, and extraordinary expenses such as litigation expenses) do not exceed 1.50% and 1.25% of the average daily net assets of the

An investment cannot be made directly into an index.

<sup>14</sup>Bloomberg U.S. Treasury U.S. TIPS Index measures the performance of rules-based, market value-weighted inflation-protected securities issued by the U.S. Treasury. It is a subset of the Global Inflation-Linked Index (Series-L). An investment cannot be made directly into an index.

<sup>15</sup>S&P 500 Index is an unmanaged index and is widely regarded as the standard for measuring large-cap U.S. stock market performance. Results assume the reinvestment of all capital gain and dividend distributions. An investment cannot be made directly into an index.

<sup>16</sup>The MSCI World Ex USA Small Cap Index captures small cap representation across 23 of 24 Developed Markets countries (excluding USA). The index covers approximately 14% of the free float-adjusted market capitalization in each country. It is not possible to invest directly in an index.

An investment cannot be made directly into an index.

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

FEE AND EXPENSE INFORMATION

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

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

| NAME / TYPE OF OPTION                                                         | TOTAL ANNUAL OPERATING EXPENSE |             | REDEMPTION FEES |        | Additional Information |
|-------------------------------------------------------------------------------|--------------------------------|-------------|-----------------|--------|------------------------|
|                                                                               | As a %                         | Per \$1,000 | %               | # Days |                        |
| Stable Value                                                                  |                                |             |                 |        |                        |
| Putnam Stable Value Fund                                                      | 0.37%                          | \$ 3.70     | N/A             | N/A    |                        |
| Money Market                                                                  |                                |             |                 |        |                        |
| JPMorgan U.S. Government Money Market Fund (Class Capital)                    | 0.18%                          | \$ 1.80     | N/A             | N/A    |                        |
| Income                                                                        |                                |             |                 |        |                        |
| Baird Intermediate Bond Fund (Institutional Class)                            | 0.30%                          | \$ 3.00     | N/A             | N/A    |                        |
| NYL Mackay High Yield Corporate Bond Fund (Class R6)                          | 0.56%                          | \$ 5.60     | N/A             | N/A    |                        |
| Vanguard Short Term Inflation Protected Securities Index Fund (Admiral Class) | 0.06%                          | \$ 0.60     | N/A             | N/A    |                        |
| Vanguard Total Bond Market Index Fund (Admiral Shares)                        | 0.05%                          | \$ 0.50     | N/A             | N/A    |                        |
| Target Date                                                                   |                                |             |                 |        |                        |
| BlackRock LifePath Index 2060 Fund (Class K)                                  | 0.14%                          | \$ 1.40     | N/A             | N/A    |                        |
| BlackRock LifePath Index 2065 Fund (Class K)                                  | 0.15%                          | \$ 1.50     | N/A             | N/A    |                        |
| BlackRock LifePath Index Retirement Fund (Class K)                            | 0.13%                          | \$ 1.30     | N/A             | N/A    |                        |
| BlackRock LifePath Index 2030 Fund (Class K)                                  | 0.13%                          | \$ 1.30     | N/A             | N/A    |                        |
| BlackRock LifePath Index 2035 Fund (Class K)                                  | 0.14%                          | \$ 1.40     | N/A             | N/A    |                        |
| BlackRock LifePath Index 2040 Fund (Class K)                                  | 0.14%                          | \$ 1.40     | N/A             | N/A    |                        |
| BlackRock LifePath Index 2045 Fund (Class K)                                  | 0.14%                          | \$ 1.40     | N/A             | N/A    |                        |
| BlackRock LifePath Index 2050 Fund (Class K)                                  | 0.14%                          | \$ 1.40     | N/A             | N/A    |                        |
| BlackRock LifePath Index 2055 Fund (Class K)                                  | 0.14%                          | \$ 1.40     | N/A             | N/A    |                        |

## Fees and Expenses

| NAME / TYPE OF OPTION                                                   | TOTAL ANNUAL OPERATING EXPENSE |             | REDEMPTION FEES |        | Additional Information |
|-------------------------------------------------------------------------|--------------------------------|-------------|-----------------|--------|------------------------|
|                                                                         | As a %                         | Per \$1,000 | %               | # Days |                        |
| <b>Growth &amp; Income</b>                                              |                                |             |                 |        |                        |
| Boston Partners Large Cap Value Equity CIT (Class C)                    | 0.52%                          | \$ 5.20     | N/A             | N/A    |                        |
| Fidelity 500 Index Fund                                                 | 0.02%                          | \$ 0.20     | N/A             | N/A    |                        |
| Fidelity Real Estate Index Fund                                         | 0.07%                          | \$ 0.70     | N/A             | N/A    |                        |
| <b>Growth</b>                                                           |                                |             |                 |        |                        |
| Baird Small/Mid Cap Growth Fund (Institutional Class)                   | 0.92%                          | \$ 9.20     | N/A             | N/A    |                        |
| Boston Partners Small Mid Cap Value Equity Fund (Share Class A)         | 0.91%                          | \$ 9.10     | N/A             | N/A    |                        |
| Fidelity Mid Cap Index Fund                                             | 0.03%                          | \$ 0.30     | N/A             | N/A    |                        |
| Fidelity Small Cap Index Fund                                           | 0.03%                          | \$ 0.30     | N/A             | N/A    |                        |
| Jensen Quality Growth Fund (Class J)                                    | 0.81%                          | \$ 8.10     | N/A             | N/A    |                        |
| <b>International</b>                                                    |                                |             |                 |        |                        |
| EARNEST Partners International Fund (Class 1)                           | 0.85%                          | \$ 8.50     | N/A             | N/A    |                        |
| Fidelity International Index Fund                                       | 0.04%                          | \$ 0.40     | N/A             | N/A    |                        |
| Vanguard FTSE All-World ex-US Small Capital Index Fund (Shares Admiral) | 0.17%                          | \$ 1.70     | N/A             | N/A    |                        |
| WCM Focused Emerging Markets Fund (Institutional Class)                 | 1.27%                          | \$ 12.70    | N/A             | N/A    |                        |

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

Please visit [myplan.johnhancock.com](https://myplan.johnhancock.com) for a glossary of investment terms relevant to this plan. The glossary is intended to help you better understand your options.

PLAN-RELATED INFORMATION

PLAN ADMINISTRATIVE EXPENSES

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

ACCESS TO INFORMATION

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

PARTICIPANT EXPENSES

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

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

ABILITY TO DIRECT INVESTMENTS

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

RESTRICTED INVESTMENTS

The following funds have restrictions as described below:

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

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

## **ABOUT RISK**

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

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

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

Marketing support services are provided by John Hancock Distributors LLC.

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

RS120715225908

01895 IRON WORKERS LOCAL UNION NO. 92

63-0880818

FYE: 12/31/2024

**Federal Statements**

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

**Plan: 002**

**Plan transactions in excess of 5% of plan assets**

| <u>Name</u>                 |       |  | <u>Purchase</u> | <u>Selling</u> | <u>Lease</u>  |                 | <u>Cost of</u> | <u>Current</u> | <u>Net Gain</u> |
|-----------------------------|-------|--|-----------------|----------------|---------------|-----------------|----------------|----------------|-----------------|
| <u>Description</u>          |       |  | <u>Price</u>    | <u>Price</u>   | <u>Rental</u> | <u>Expenses</u> | <u>Asset</u>   | <u>Value</u>   | <u>or Loss</u>  |
| PUTNAM STABLE VALUE FUND    |       |  |                 |                |               |                 |                |                |                 |
| COMMON/COLLECTIVE           | TRUST |  | \$              | \$ 2960543     | \$            | \$              | \$ 2960543     | \$ 2960543     | \$              |
| BOSTON PARTNERS LARGE CAP V |       |  |                 |                |               |                 |                |                |                 |
| COMMON/COLLECTIVE           | TRUST |  | 2632587         |                |               |                 |                |                |                 |
| BOSTON PARTNERS LARGE CAP V |       |  |                 |                |               |                 |                |                |                 |
| COMMON/COLLECTIVE           | TRUST |  | 2648752         |                |               |                 |                |                |                 |

01895 IRON WORKERS LOCAL UNION NO. 92

63-0880818

**Federal Statements**

**IRON WORKERS LOCAL UNION NO. 92 MONEY PURCHASE**  
**Plan: 002**

**Assets Held for Investment**

| <u>Party in Interest</u> | <u>Identity</u>        | <u>Description</u>   | <u>Cost</u>  | <u>Current Value</u> |
|--------------------------|------------------------|----------------------|--------------|----------------------|
|                          | BOSTON PARTNERS LARG   | COMMON/COLLECTIVE TR | \$ 2,633,508 | \$ 2,477,690         |
|                          | BOSTON PARTNERS SMAL   | COMMON/COLLECTIVE TR | 984,543      | 1,221,372            |
|                          | EARNEST PARTNERS INT   | COMMON/COLLECTIVE TR | 1,563,197    | 1,734,381            |
|                          | PUTNAM STABLE VALUE    | COMMON/COLLECTIVE TR | 17,684,425   | 17,684,425           |
|                          | BAIRD INTERMEDIATE B   | MUTUAL FUND          | 697,576      | 705,797              |
|                          | BAIRD SMALL/MID CAP    | MUTUAL FUND          | 1,106,787    | 1,172,143            |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 302,081      | 322,146              |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 2,086,387    | 2,287,393            |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 2,624,675    | 3,121,384            |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 3,134,366    | 3,694,519            |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 2,491,135    | 3,129,925            |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 5,374,139    | 6,913,100            |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 2,266,521    | 2,809,472            |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 1,414,712    | 1,558,034            |
|                          | BLACKROCK LIFEPATH I   | MUTUAL FUND          | 3,421,880    | 3,480,609            |
|                          | FIDELITY 500 INDEX F   | MUTUAL FUND          | 2,091,549    | 3,160,719            |
|                          | FIDELITY INTERNATIONAL | MUTUAL FUND          | 57,633       | 60,878               |
|                          | FIDELITY MID CAP IND   | MUTUAL FUND          | 26,493       | 27,461               |
|                          | FIDELITY REAL ESTATE   | MUTUAL FUND          | 51,238       | 47,268               |
|                          | FIDELITY SMALL CAP I   | MUTUAL FUND          | 24,487       | 29,858               |
|                          | JENSEN QUALITY GROWT   | MUTUAL FUND          | 1,510,115    | 1,556,991            |
|                          | NYLI MACKAY HIGH YIE   | MUTUAL FUND          | 15,955       | 16,441               |
|                          | VANGUARD FTSE ALL-WO   | MUTUAL FUND          | 17,655       | 17,809               |
|                          | VANGUARD SHORT-TERM    | MUTUAL FUND          | 56,482       | 56,545               |
|                          | WCM FOCUSED EMERGING   | MUTUAL FUND          | 4,268        | 4,700                |